EARLY INTERVENTION COLORADO STATE PLAN

UNDER PART C
OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT

2009

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Federal Fiscal Year 2009-10

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EARLY INTERVENTION COLORADO STATE PLAN

Under Part C of the
Individuals with Disabilities Education Act

Federal Fiscal Year 2009-2010

SECTION I: GENERAL APPLICATION REQUIREMENTS

Introduction: The Colorado System of Early Intervention Supports and Services

Colorado participates in Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), hereafter referred to as Part C, through the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with developmental delays or disabilities and their families. In enacting Part C, Congress made clear that the success of this initiative requires interagency and community collaboration in providing and paying for appropriate early intervention services. Congress also recognized the need to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources, including public and private insurance coverage. In the legislative declaration of the Colorado Revised Statutes (CRS) 27-10.5-101 (1) (i), one of the purposes of early intervention services is, "To recognize the efficacy of early intervention services and supports in minimizing developmental delays and reducing the future education costs to our society."

The Colorado Department of Human Services (CDHS) is authorized as set forth in CRS 27-10.5-102 (12) to administer early intervention services to infants and toddlers, birth through two years of age. State funds are appropriated to CDHS by the Colorado General Assembly to provide early intervention services, however, the level of state funding by itself does not fully meet the demand for early intervention services. Colorado utilizes a funding hierarchy and coordinated system of payments to ensure that all available funding sources for early intervention services are accessed, and twenty Community Centered Boards (CCBs) and Local Interagency Coordinating Councils (LICCs) are utilized to assure that federal, state, local and private resources are well coordinated in local communities to assist families to meet the needs of their infants and toddlers with developmental delays or disabilities.

The Colorado Department of Human Services, Division for Developmental Disabilities (DDD) is the lead agency for Part C in Colorado, and the program is referred to as Early Intervention Colorado. With the advisement and assistance of the Colorado Interagency Coordinating Council (CICC) (Appendix A), DDD has developed a conceptual framework that guides and directs the system of early intervention supports and services. The CICC promotes the following vision:

> *The Colorado Interagency Coordinating Council will support a wide range of activities that promote inclusive communities that enhance participation and the growth, development and quality of life for children birth to three and their families in a culturally competent manner.*

CICC guiding values influence all components of the system and include:

- Children and families are valued for their unique capacities, experiences, and potential.
- Families have the right and responsibility to make decisions on behalf of their children and themselves.
- Parent leadership is valued as an essential aspect of the statewide system of early intervention.
- Communities are enhanced by recognizing and honoring the diversity among all people.
- Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities.
- Creative, flexible, and collaborative approaches to services allow for individual child, family, and community differences.

The Memorandum of Understanding (MOU) for the implementation of a comprehensive early intervention system in Colorado among the Colorado Departments of Human Services (CDHS), Education (CDE), Public Health and Environment (CDPHE), and Health Care Policy and Financing (CDHCPF) and the Division of Insurance (DOI) articulates the interagency commitment, as well as statutory and regulatory authority for the implementation of a statewide, comprehensive, coordinated system of early intervention services for all infants and toddlers who are eligible for early intervention services and their families. (Appendix B).

Colorado complies with the obligation to allow for public comment concerning the Annual Application for federal funds under Part C. The Annual Application for the Colorado Infants and Toddlers Program (i.e., Early Intervention Colorado Program) is made available statewide to a variety of professional and parent organizations, and reviewed by members of various groups comprised of representatives from a wide range of constituents. Public participation elements documented in Appendix C include:

- Official Notice of Public Hearings, and
- The dissemination plan for information regarding Public Hearings that was mailed to a broad list of Colorado early intervention providers, advocates, and parents.

A. DEFINITIONS

The State of Colorado has accepted the Part C definitions as set forth in 20 U.S.C. 1432. Appendix F of the 2009 Early Intervention Colorado State Plan includes additional descriptions of allowable early intervention services for clarification and implementation in Colorado.

B. LEAD AGENCY

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(10)(A)-(F) and 1440

The Colorado Department of Human Services, Division for Developmental Disabilities (DDD) is the designated lead agency that administers Part C for the State of Colorado.

DDD, with the guidance of the CICC, has the single line of responsibility on behalf of the state to:

1. Administer and supervise programs and activities receiving assistance as set forth in 20 U.S.C. 1433, and the monitoring of programs and activities used by Colorado to implement Part C, whether or not such programs or activities are receiving assistance made available as set forth in 20 U.S.C. 1433, to ensure that the State complies with Part C
2. Identify and coordinate all available resources within the state from federal, state, local, and private sources
3. Assign financial responsibility in accordance with 20 U.S.C. 1437(a)(2) to the appropriate agencies
4. Develop procedures to ensure that services are provided to infants and toddlers with developmental delays or disabilities and their families under Part C in a timely manner pending the resolution of any disputes among public agencies or service providers
5. Resolve intra- and interagency disputes, and
6. Enter into formal interagency operating agreements that define the financial responsibility of each agency to pay for early intervention services, consistent with state law, and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

C. STATE INTERAGENCY COORDINATING COUNCIL

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(15) and 1441

The Colorado Interagency Coordinating Council (CICC) was established on April 20, 1987. The members of the CICC are appointed by the Governor and are representative of the population of the State of Colorado in accordance with Part C.

The CICC selects parent Co-Chairpersons, who have served as parent representatives on the council and assures that these members will not be representatives of DDD. The CICC selects an Executive Committee that is composed of the Co-Chairpersons, additional parent(s) and other members of the CICC to support the functioning of the Council and provide a mechanism for leadership and decision-making.

The current CICC membership is comprised as follows:

- At least 20% of the members are parents of children 12 years or younger with developmental disabilities, including parents from diverse populations, parents of infants and toddlers with developmental disabilities who have knowledge and experience with programs for infants and toddlers with developmental delays or disabilities
- At least 20% of the members are public or private early intervention service providers, including one pediatrician
- At least one member is from the Colorado General Assembly

- Nine members represent the various state agencies providing or paying for early intervention services and who have sufficient authority to engage in policy planning and implementation of early intervention requirements on behalf of their agency
- One member from the state educational agency responsible for preschool services to children with disabilities who has sufficient authority to engage in policy planning and implementation on behalf of that agency
- One member from the agency responsible for state governance of insurance
- One representative of Native American populations in the state
- One member representing a Head Start agency
- One member representing a state agency responsible for child care, and
- One member representing personnel preparation.

CICC members sign a statement assuring individual compliance with the code of ethics. CICC members are prohibited from voting on matters that provide a direct financial benefit to them and from participating in matters that would appear to be a conflict of interest.

The CICC, as delineated by Part C, advises and assists the lead agency on how to:

- Develop and implement policies that constitute the statewide system of early intervention supports and services
- Achieve full participation, coordination and cooperation of all appropriate public agencies in the state
- Implement an effective statewide system by establishing a process that includes seeking information from public and private service providers, service coordinators, early childhood coordinators, administrators, Child Find staff, health providers, parents and others about any federal, state, or local policies that impede timely service delivery, and taking steps to ensure policy problems identified are resolved
- Resolve of disputes, to the extent appropriate
- Develop policies and procedures to facilitate a smooth, seamless system of transition for toddlers with developmental delays or disabilities to preschool services under Part B, or other services or programs, as appropriate
- Evaluate the overall effectiveness of early intervention efforts in Colorado, specifically as those efforts relate to the accomplishment of the CICC values and policy directions, and
- Prepare and submit an annual report to the Governor and the Secretary about the status of the system of early intervention services operated in the state that includes the information required by the Secretary for the reporting year.

The CICC meets quarterly. Notices of meetings and agendas are distributed to CCBs and other early intervention partners. The general public is invited to each meeting and given the opportunity for input and comment. DDD notifies the general public of the CICC meetings by the following:

- Notices and dates of the CICC meetings are posted on the Early Intervention Colorado website at www.eicolorado.org
- Local early intervention program coordinators at the CCBs are notified and requested to disseminate the dates and agendas to the Local Interagency Coordinating Council and other constituents, and
- Announcement of the meeting dates and locations are published in the Parent Training and Information Center (PEAK) calendar.

The CICC meetings are held in facilities that are accessible. Interpreters are provided as necessary for persons whose primary language is not English or persons with hearing impairments, and other supports and services for both CICC members and participants are arranged when needed. The CICC uses Part C funds to pay for these supports and services. Minutes of the meetings are also posted on the Early Intervention Colorado website.

At the local level, Colorado uses Local Interagency Coordinating Councils (LICCs) that are established and maintained by the CCBs and are comprised of members who are parents, public and/or private providers of early intervention services, members who are representatives of local governmental agencies involved in the provision of, or payment for, early intervention services, and other community partners.

Each CCB is required to have family representatives on their LICC who represent the diversity of their community. Family leadership funds are available to each CCB in order to support family leadership on the LICC(s) for their service area through mentorship, childcare and mileage stipends, and various training activities identified in Appendix H.

D. DESCRIPTION OF USE OF FUNDS

Authority: IDEA, Part C, 20 U.S.C. 1433, 1435, 1438, and 1443

1. Lead Agency and CICC Maintenance and Implementation Activities

   DDD, with the advice and assistance of the CICC, uses federal Part C funds to maintain and implement the Colorado statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for all eligible children and their families in Colorado.

2. Use of Funds by DDD

   DDD uses early intervention state and federal funds that are reasonable and necessary to administer the Colorado early intervention system for eligible infants and toddlers and their families. Budget expenditure categories and amounts, including descriptions of the major activities and contracts, are noted in the Budget section of the annual federal Part C application.

DDD and the CICC ensure:

a) All requirements under Part C are implemented
b) Financial responsibility is assigned to the appropriate agency
c) Sources of fiscal and other supports for early intervention services are identified, and
d) Interagency operating agreements are developed.

3. Use of Funds by the CICC

As authorized under Part C, the CICC uses funds to:

a) Conduct hearings and forums
b) Reimburse CICC members for reasonable and necessary expenses for attending CICC meetings and performing CICC duties (including child care for parent representatives)
c) Hire staff, and
d) Obtain the supports and services of professional, technical, and clerical personnel, as necessary to carry out the performance of its functions.

Except as provided above, CICC members serve without compensation from funds under Part C.

4. Direct Services

DDD contracts with twenty CCBs to deliver community-based services to adults and children with developmental disabilities (Appendix D). CCBs are private non-profit organizations designated in state statute at CRS 27-10.5-102 (3) and 105 as the single entry point into the long-term service and support system for persons with developmental disabilities. Each CCB has a non-overlapping geographic service region of one to ten counties serving from 101 to 2,160 individuals each. CCBs are responsible for intake, eligibility determination, service plan development, arranging for services, delivery of services, monitoring, and many other functions. Additionally, CCBs are responsible for assessing service area needs and developing plans and priorities to meet those needs. CCBs either deliver services directly and/or use Program Approved Service Agencies and other Service Provider Organizations to provide services and supports to individuals receiving services.

Federal Part C funds are targeted to assist CCBs in the delivery, improvement and expansion of the system of early intervention services to infants and toddlers and their families. CCBs provide service coordination and direct early intervention services, or contract for such services with independent providers, for eligible children and their families. Funding to the CCBs is designated through an annual contract that requires the CCBs to meet Part C assurances and state early intervention rules.

5. Collaborative Efforts

DDD explores interagency, collaborative opportunities to maximize resources through contracts, joint funding or in-kind contributions to implement the statewide system of early intervention services. Contracts are developed annually on an as needed basis to meet current needs and areas of focus.

E. EQUITABLE DISTRIBUTION OF RESOURCES

Authority: IDEA, Part C, 20 U.S.C. 1437(a)(7)

Funds are awarded equitably to CCBs under Part C so as to ensure that funds are available in all areas of the State, which include rural, urban, and suburban areas. Funds are distributed to CCBs through annual contracts based on a funding formula that takes into account the known and projected demand around the state. Funding levels are based on the population of children referred for services and children served that are birth through two years of age as captured by the Child Count data.

Authority: General Education Provisions Act (GEPA), Section 427 Requirements

DDD takes steps to address equitable access to, and participation in, Part C for all eligible participants. The primary strategies for ensuring equitable access and to address barriers are incorporated into the Early Intervention Colorado State Plan. Some of the barriers to equitable access and participation include:

1. Language and cultural differences: There are many families in Colorado who do not speak English and whose access to any public program, including Part C, may be limited. The majority of these families are Spanish speaking. Actions to address these barriers include printing the majority of materials in Spanish, as well as English, and translating video and audio materials into Spanish. CCBs are required to address outreach to underrepresented groups, including those with cultural and linguistic differences. Additional translation and interpreter services are made available as necessary.
2. Indian Nations: In addition to their respective cultures, both the Ute Mountain Ute and Southern Ute Indian reservations are sovereign nations. Each has certain protocols to be respected and recognized when referrals are made to serve those children and families who may qualify for early intervention services. DDD collaborates with a Native American Indian tribal consultant in the Office of the Lieutenant Governor and the Denver Indian Family Resource Center to assess and develop public awareness activities that will meet the needs of families living in the Southern Ute and Ute Mountain Ute Tribal Nations in southwest Colorado, as well as other areas of the state.
3. Qualified Personnel in Rural Areas: The provision of services in rural geographic regions of Colorado is a challenge due to shortages of qualified early intervention staff. DDD is working with the National Early Childhood Technical Assistance Center (NECTAC), Mountain Plains Regional Resource Center (MPRRC), and independent contractors to explore innovative practices for provider recruitment and retention in rural, underserved areas of the state.
4. Homeless: Assisting families who have young children with developmental delays or disabilities and are experiencing homelessness creates unique challenges for the state. A representative from the CDE Office of Homeless Education serves as a member on the CICC and is a key collaborator with DDD staff. DDD staff has provided information to the CCBs regarding the Family Resource Centers in their areas. Family Resource Centers assist families who are facing impoverished conditions with accessing resources in their communities. In addition, CCBs are required to distribute public awareness information to homeless shelters, ensure that child identification services occur in the community, and provide access to services to this population.

F. ANNUAL PERFORMANCE REPORT

Authority: IDEA, Part C, 20 U.S.C. 1416(b)(2)(C)(ii)(II) and 1442

As lead agency for Part C, DDD submits an Annual Performance Report (APR) to the Secretary of the United States Department of Education and the public on the status towards meeting the target measurements in the State Performance Plan (SPP) during the grant year. The report covers the 12 months of the previous grant period ending June 30th of that grant year, and includes:

1. A description of progress or slippage in meeting the "measurable and rigorous targets" found in the SPP, and
2. Required federal tables for reporting:
   - The number of children receiving early intervention services
   - Program settings where early intervention services are provided
   - Exit status of children leaving early intervention services, and
   - Dispute resolution under Part C.

In addition, DDD reports annually to the public on the performance of each CCB early intervention program in meeting the targets in the SPP. Both the state annual report and CCB performance reports are posted on the ECC website at www.eicolorado.org.

G. ANNUAL DATA COLLECTION REPORT

Authority: IDEA, Part C, 20 U.S.C. 1418, 1435(a)(14) and 1442

DDD compiles data on a statewide basis using:

1. Child Count data and measurements that are collected for the SPP Indicators from CCBs (Early Intervention Programs) in the state, and
2. Data that is required to be reported under Part C, and other information that the Secretary may require, including:
   - The requirement to disaggregate the data
   - Reporting of data by gender
   - Reporting the number of due process hearing requests filed and hearings conducted, and
   - Mediations held and settlement agreements reached through mediation.

SECTION II: POLICES, PROCEDURES, METHODS, AND DESCRIPTIONS

A. PUBLIC AWARENESS PROGRAM

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(6)

1. Policy

Colorado has a public awareness program that focuses on the early identification of infants and toddlers who have developmental delays or disabilities, especially to inform parents with premature infants, or infants with other physical or mental conditions associated with learning or developmental complications on the availability of early intervention services. DDD is responsible to develop and disseminate information materials for primary referral sources, as well as for parents and the general public. Primary referral sources include hospitals, physicians, other health providers, childcare providers and other public and non-profit agencies.

2. Procedures

The statewide public awareness program utilizes specific goals and strategies to heighten awareness and provide information about early intervention services and to facilitate access for families into the public early intervention system. The statewide public awareness efforts are available to assist local communities in their local outreach efforts and dissemination of information to primary referral sources, especially hospitals and other health care practices. In addition to specific statewide initiatives, communities develop locally based, coordinated public awareness programs utilizing materials provided by the state, as well as locally generated materials and strategies. Public awareness efforts include newspaper articles, public service announcements, conducting public forums, presentations and training activities. Technical assistance and support are offered to these communities through a wide variety of resources.

a) Website

The DDD website at www.eicolorado.org serves as a central directory of information and resources for all components of the early intervention system. It includes links to local contacts and resources, directories of service agencies, laws and regulations, links to other websites, information specifically for families, early intervention professionals and referral sources, public reports on the performance of each CCB, and various documents and publications. The website is advertised on all printed state public awareness materials.

b) Statewide Toll Free Number

DDD maintains a statewide toll-free telephone number (1-888-777-4041) in both English and Spanish that provides general recorded information about early intervention services and routing to each Community Centered Board (CCB) and the state office. The toll free number is advertised on all printed state public awareness materials and posted on the Early Intervention Colorado website.

c) Printed Materials and other Products

All Early Intervention Colorado publications and products have an identifiable look with the Early Intervention Colorado logo.

Publications and products are widely disseminated throughout the state to parents, early intervention providers, professional groups, advocates, broad community groups, medical and health personnel (including hospitals, clinics, and physician offices), libraries, and other public places. Materials are ordered and disseminated locally by CCBs, as well as health, medical, education, and human service agencies and service providers. The majority of materials are available in both English and Spanish and can be ordered on the Early Intervention Colorado website.

d) Physician Outreach

Outreach to physicians is a targeted strategy at state and local levels. Materials have been developed, in conjunction with the Assuring Better Child Health and Development (ABCD) Project, which specifically target this primary referral source. A notebook, Colorado's ABCD Project: An Introduction to Developmental Services for Colorado's Health Care Providers, is used as a reference tool for health care providers. It is available to assist early intervention system partners to approach this audience. This notebook and all related materials can be ordered on the Early Intervention Colorado website.

B. CENTRAL DIRECTORY

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(7)

1. Policy

DDD maintains a website at www.eicolorado.org that serves as a central directory of information and resources for all components of the early childhood system.

2. Procedures

The Early Intervention Colorado website contains information about, and provides links to, local early intervention programs and professionals across the state who provide assistance to eligible children and their families, including contact information via telephone, fax, letter, and e-mail. The website also contains directories of service agencies, laws and regulations, links to other websites, information specifically for families and service providers, research and demonstration projects being conducted in the state and various documents and publications.

The Central Directory is available to any person or locale, free of charge, through access to the website from personal computers, at public libraries, or through state office or local CCBs and is available in various formats, including downloading from the website or direct mail. The Central Directory is

updated as needed by the Early Intervention Colorado staff at DDD and is available to the general public in each geographic region, including rural areas, and accessible to persons with disabilities.

Each CCB website is required to include a link to the state Central Directory through the website. Additionally, each community provides a local resource registry of qualified service providers. These registries and the information contained within are made available in multiple formats (e.g., electronically, paper) and updated at least annually.

C. COMPREHENSIVE CHILD FIND SYSTEM

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(5) and 1437(a)(6)

1. Policy

Colorado has a comprehensive child find system that includes participation by primary referral sources, rigorous standards for appropriately identifying infants and toddlers with developmental delays or disabilities and timelines for making referrals to local early intervention programs. Included in the child find referrals are children who are homeless or wards of the state who may be showing delays and the mandatory referral of any child, birth through two years of age, who is involved in a substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.

2. Procedures

DDD is responsible to assure that Colorado has a statewide, comprehensive, coordinated, multidisciplinary, interagency child identification system. As set forth in CRS 27-10.5 and 22-20-118, Child Find responsibilities are clearly identified and shared between DDD and CDE at the state level and CCBs and local administrative units that are comprised of school districts or Boards of Cooperative Educational Services at the local level. Shared responsibility for meeting child identification requirements include procedures for public awareness, referral, intake, evaluation and assessment, eligibility determination, IFSP development, transition at three years of age, service coordination, complying with timelines and meeting qualified personnel standards. In most areas of the state, the administrative units conduct multidisciplinary evaluation and assessment while CCBs are responsible for referral and intake processes, service coordination and the development of the IFSP. Local Interagency Coordinating Councils, which have membership from administrative units and CCBs, as well as other key stakeholders, have responsibility for ensuring the local child identification process is:

- Family centered
- Easily accessible
- On-going and available throughout the twelve month calendar year
- Culturally and linguistically appropriate
- A collaborative, interagency effort that coordinates with other related community activities, such as Early and Periodic Screening, Diagnosis, and Treatment, Diagnostic & Evaluation Clinics, etc.

- Staffed by appropriately trained personnel at the screening level and appropriate, licensed personnel at the evaluation and assessment level
- Coordinated so that the completion of evaluation and assessment activities occurs early enough in the IFSP process to allow completion of the IFSP within the 45 calendar day timeline from the point of referral, and
- Planned to include the involvement of, at a minimum, one representative of the evaluation and assessment team in the continued development of the IFSP following the eligibility determination.

The administrative unit, CCB and other LICC members work collaboratively to develop child identification procedures, strategies for using a coordinated information management system and an evaluation model designed to assess the effectiveness of the process. Interagency processes must be in place to ensure the referral for eligibility determination of any child, birth through two years of age, who are involved in a substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

3) Key Components of the Child Find Process

The following brief descriptions provide an overview of the subcomponents involved in a collaborative child find process for infants and toddlers.

a) Public Awareness: See Section A of the Early Intervention Colorado State Plan for a full description.

b) Referral: As set forth in CRS 27-10.5-140 (1), referrals from the community are accepted and families are assisted in connecting with the appropriate agency for intake and service coordination. CCBs assign a service coordinator and notify the appropriate administrative unit within three working days of receipt of a referral. The notification to the administrative unit contain at least the following information:

   - The name and date of birth of the child
   - The parent(s) name, address, telephone number, primary language spoken, and
   - The name and telephone number of the service coordinator.

c) Intake: Once a referral has been made, local procedures dictate how information about the child and family is to be collected, the information to be provided to the parents regarding their rights and the scheduling of screening and evaluations to determine a child's current levels of development. Service coordination begins as soon as a referral is made so that families are informed about the process, primary contacts and procedural safeguards. As set forth in CRS 27-10.5-102 (3), CCBs are the single entry point into the developmental disabilities system. CCBs assign a service coordinator to each child who is referred for services within three working days. CCBs and administrative units determine through their interagency operating agreements what information, at a minimum, is available at the time of the evaluation, and how such information should be collected and by whom.

d) Screenings: Screenings include generic community services that are available to all families, generally for children from birth up to age six or individual child screenings that involve broad assessment methods to identify if a child has areas of concern that may warrant a more in depth

evaluation to determine if the child's development is on target or possibly delayed and in need of intervention. Children who are identified as needing further evaluation are scheduled for a multidisciplinary evaluation.

e) Evaluation: See Section E of the Early Intervention Colorado State Plan for a full description.

f) Assessment and IFSP Development: See Section G of the Early Intervention Colorado State Plan for a full description.

g) Transition at Age Three: See Section J of the Early Intervention Colorado State Plan for a full description.

h) Procedural Safeguards: See section M of the Early Intervention Colorado State Plan for a full description.

i) Interagency Operating Agreements: Interagency operating agreements among all involved state departments, as well as local early intervention agencies, define the responsibilities and processes for a comprehensive system of child identification, including the policies and procedures for referral for early intervention services of a child, birth through two years of age, who is involved in a substantiated case of child abuse or neglect or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal substance exposure.

D. ELIGIBILITY

Authority: IDEA, Part C, 20 U.S.C. 1432(5)(A), 1433, 1434, 1435(a)(1), and 1437(a)(7), and CRS 27-10.5-105 (2) (d)

1. Policy

Early intervention services are available to all infants and toddlers, birth through two years of age, who have a developmental delay or who have a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development. Early intervention services are also available in all geographic areas within the state for eligible infants and toddlers, and their families, including eligible Native American Indian infants and toddlers residing on a reservation in Colorado, as well as eligible infants and toddlers who are homeless, or who are wards of the state.

In Colorado, the rigorous definition of a "developmental delay" means an infant or toddler who has a 25 percent or greater delay in one or more areas of development when compared with chronological age or the equivalence of 1.5 standard deviations or more below the mean in one or more areas of development. This definition provides consistent statewide implementation for eligibility determination that is understandable to families and professionals, and is defensible upon appeal.

The rigorous definition takes into consideration the requirements of 34 CFR 303.300 and CRS 27-10.5-105 (2) (d). Colorado is targeting an identification rate of 2.5% of the children in Colorado from birth through two years of age. The eligibility criteria used to establish the presence of a developmental delay involves two inter-related elements; the criteria itself and the evaluation procedures, including the use of informed clinical opinion, used to measure current levels of development.

2. Procedures

a) Infants and Toddlers with Developmental Delays

An infant or toddler with a developmental delay means a child, birth through two years of age, who is experiencing a significant delay in development, as assessed by appropriate, qualified professionals using appropriate diagnostic methods and procedures, in one or more of the following areas:

- Cognitive development
- Communication development
- Physical development, including vision and hearing
- Social or emotional development, and
- Adaptive development.

The results from appropriate diagnostic instruments, combined with other sources of information gathered as part of an informed clinical opinion decision making process, must meet the following specified benchmark measurements in order for a child to be determined eligible:

- Equivalence of 25% or greater delay in one or more areas of development when compared with chronological age, or
- Equivalence of 1.5 standard deviations or more below the mean in one or more areas of development.

A child with a developmental delay is eligible for early intervention services based on the determination of a multidisciplinary eligibility team, which includes two or more appropriate, qualified professionals, with at least one of whom is qualified in the area of concern, and who have completed an evaluation of the child described in Section E. The service coordinator works with the multidisciplinary eligibility team to facilitate the evaluations; ensuring that all of the appropriate evaluations are completed and the eligibility decision is properly documented.

At a minimum, a multidisciplinary eligibility team considers the written documentation of the evaluation results, with a review of pertinent records related to a child's current health status and medical history, and family report.

If a child does not meet the criteria to determine eligibility for early intervention services, but a multidisciplinary eligibility team has general concerns about the child's development, then planning occurs with the parent(s) to either monitor their child's development through periodic screening at intervals determined by the team, or a re-evaluation is scheduled at a future time as determined by the team.

The qualified professional in the primary area of concern may contact the state Early Intervention Colorado office to request technical assistance and guidance on the methods, procedures and conclusions used to make a determination regarding a child's eligibility. However, the final determination for eligibility determination still rests with the local multidisciplinary eligibility team.

b) Infants and Toddlers with Diagnosed Physical or Mental Conditions with a High Probability of Resulting in Significant Delays in Development

Infants and toddlers with an established condition means a child, birth through two years of age, with a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development, and who may or may not be exhibiting delays in development at the time of diagnosis as assessed by a qualified medical professional utilizing appropriate diagnostic methods and procedures. DDD maintains a database of physical and mental conditions that establish a child's eligibility for early intervention services. This database has been developed and is periodically reviewed and updated by a panel of physicians with expertise in young children with developmental delays or disabilities. This database is located on the Early Intervention Colorado website at www.eicolorado.org.

Colorado has chosen not to use an at-risk category for Part C eligibility. However, DDD does recognize eligibility for state-funded early intervention services for an infant or toddler who lives with one or both parents who have a developmental disability in accordance with CRS 27-10.5-102 (12). Children identified under this category are not automatically eligible for services funded by Part C.

E. TIMELY, COMPREHENSIVE, MULTIDISCIPLINARY EVALUATION AND ASSESSMENT

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(3), ECEA (4.01), CRS 22-20-118 and 27-10.5-140

1. Policy

DDD, in collaboration with the Colorado Department of Education, is responsible for a statewide system of early intervention supports and services that includes the provision of a timely, comprehensive, multidisciplinary evaluation and assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs.

2. Procedures

Evaluation Procedures Used to Determine Developmental Delay

"Evaluation" means the procedures used to determine a child's initial or continuing eligibility under Part C of IDEA, including but not limited to:

a) Determining the status of the child in each of the developmental areas, including:
   1) Adaptive development
   2) Cognitive development
   3) Communication development
   4) Physical development, including vision and hearing, and
   5) Social or emotional development

b) Identifying the child and family's unique strengths and needs

c) Identifying any early intervention services that might serve the child and family's needs, and

d) Identifying priorities and concerns of the family and resources to which the family has access.

"Assessment" means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C of IDEA to identify:

a) the child's unique strengths and needs and the services appropriate to meet those needs and the resources, and

b) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their eligible infant or toddler.

A multidisciplinary evaluation team consists of at least two early childhood professionals who are appropriately qualified in their areas of expertise, with at least one of whom is qualified in the area of concern. The service coordinator works with the multidisciplinary evaluation team to facilitate the evaluations, ensuring that all of the appropriate evaluations are completed and properly documented.

A child is evaluated to determine if there is a developmental delay based on the informed clinical opinion of a multidisciplinary evaluation team of appropriate, qualified professionals. The determination is supported by information gathered through multiple and appropriate methods and procedures that indicate a child has the equivalence of a 25% or greater delay in one or more areas of development when compared with chronological age, or the equivalence of 1.5 standard deviations or more below the mean in one or more areas of development.

At a minimum, a multidisciplinary evaluation team gathers information from a review of pertinent records related to a child's current health status and medical history, family report, and the results of appropriate diagnostic methods and procedures that may include:

- Developmental history
- Additional reports from other sources
- Routines based interviews
- Observation of the child
- Language samples
- Play-based evaluations
- Criterion referenced instruments, such as developmental checklists, that are appropriate, reliable, and predictive, and/or
- Norm referenced instruments that are appropriate, reliable, and predictive.

The results of the evaluation are documented in a written description that clearly identifies what specific observable or absent behavior or skill is indicative of a significant delay in one or more areas of development and how a child's development is affected.

Documentation for a significant delay of a child's development may be influenced by factors unique to each child, such as:

- The quality of the skill performed
- Inconsistencies in skill performance or skills that exist in isolation

- The level of effort of a child to demonstrate a skill or of the evaluator to elicit a skill, including the time or structure necessary to demonstrate a skill
- Parent report of typical performance compared to performance during evaluation
- The age of a child (i.e., the younger the age, the greater the need for clinical interpretation)
- General prognosis when taken into consideration in combination with medical, developmental, and other factors, or
- Sensory concerns.

A multidisciplinary evaluation team may use information provided by a norm-referenced instrument, if it is appropriate, considering a child, the child's development and the limitations of norm-referenced instruments for young children whose development may vary from typical development. However, this information is to be used in conjunction with, not in isolation of, information gathered through other appropriate methods and procedures and cannot be used as the sole source of information in making a decision about the presence of a significant delay in development. This is particularly important for very young infants and/or when a child is performing within his/her appropriate age range but patterns of development are different from his/her peers (i.e., findings are atypical of normal development). In that case, additional information is considered to determine if the child has a significant delay in development. Common areas of atypical development include:

- Atypical sensory-motor development: muscle tone, reflex or postural reaction responses, oral-motor skills and sensory processing
- Atypical language or cognition: state-regulation, attention span, perseveration, information processing, and
- Atypical social or emotional patterns: social responsiveness, affective development, attachment patterns, and self-targeted behaviors.

An assessment of the child's unique needs in each of the developmental areas includes the identification of the services necessary to meet those needs. In addition, a family assessment may be conducted that:

a) is voluntary on the part of the family
b) is conducted by personnel trained to utilize appropriate methods and procedures
c) is based on information provided by the family through a personal interview, and
d) incorporates the family's description of its resources, priorities, and concerns related to enhancing the child's development.

Evaluation and assessment methods, tools, and procedures are administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so. Evaluation and assessment procedures and methods used are selected and administered so as not to be racially or culturally discriminatory.

F. SERVICE COORDINATION

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(4), 2 C.C.R.503-1(16.410)

1. Policy

Service coordination, in accordance with federal and state requirements, is provided for each infant and toddler from the point of referral through transition at three years of age in order to ensure the rights, procedural safeguards, and services that are authorized under Part C and the Colorado early intervention system.

2. Procedures

All children who are referred for early intervention services are assigned a service coordinator within three working days of the date of referral. Personnel who provide service coordination as an entitled service under Part C are required to meet the standards of the hiring agency and complete 25 hours of Service Coordination Core Training and seven hours of state IFSP training.

Service coordination functions include the following:

a) Ensure that a family is informed of their rights under Part C of the Individuals with Disabilities Education Act, and CRS27-10.5 and 22-20-118, and how to exercise them

b) Gather required information to be entered into the DDD statewide data system, Community Contract and Management System (CCMSweb) for all referrals and children who are determined to be eligible

c) Coordinate the performance of evaluations and assessments to ensure an eligibility determination is made within 45 calendar days from the date of referral

d) Facilitate and participate in the development of an Individualized Family Service Plan (IFSP) and the initial IFSP meeting within 45 calendar days from the date of referral

e) Ensure services authorized in the IFSP are initiated within 28 calendar days of parental consent for early intervention services

f) Ensure that a family has been given reasonable choice in the selection of available and qualified early intervention services providers

g) Monitor implementation of the IFSP and the quality of services provided and review and update the IFSP according to required timelines

h) Monitor a family's satisfaction with services

i) Inform a family of the availability of advocacy services

j) Coordinate with medical and health providers, if appropriate

k) Ensure timely transition planning for toddlers approaching three years of age, and

l) Assist a family with dispute resolution, if needed.

G. INDIVIDUALIZED FAMILY SERVICE PLAN

Authority: IDEA, Part C, 20 U.S.C. 1432(4)(A)-(H) and 1436

1. Policy

Each infant and toddler who is eligible for early intervention services has an Individualized Family Service Plan (IFSP) developed and implemented in accordance with the requirements in Part C and CRS 27-10.5.

2. Procedures

a) IFSP Development and Review

The IFSP is a process that uses a written plan to document current levels of development and early intervention services needed by a child eligible for early intervention services and the child's family. The IFSP process:

- Is family directed and developed jointly by the family, other individuals of the family's choice, members of the multidisciplinary assessment team, the service coordinator and appropriate qualified personnel providing early intervention services
- Is based on the multidisciplinary evaluation and assessment information and the family's concerns, resources and priorities
- Includes the services to be provided in the family's identified natural environment(s) that are necessary to enhance the child's development and the capacity of the family to meet the needs of the child
- Is culturally sensitive
- Identifies and organizes the formal and informal community resources and funding sources that can facilitate the achievement of a family's outcomes for their child and family
- Uses results of evaluations and assessments that are conducted
- Develops, implements, reviews, and keeps current the IFSP document for each eligible child
- Is the responsibility of service coordination that is available at no cost to the family, and
- Includes an explanation and copy of procedural safeguards available to families.

The IFSP clearly designates what early intervention services are to be provided, who will provide and fund those early intervention services, when the services will start and end, and the intensity and how frequently they will be provided. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline a specific early intervention service. Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each child eligible for early intervention services in achieving the outcomes of the child's IFSP. However, an agency or person is not responsible if a child does not achieve the growth projected in the child's IFSP.

A state prescribed IFSP form, Appendix E, has been adopted. Communities are required to use this form and may not alter the template in any way. The form is available in English and Spanish. An infant IFSP is also available for use with a newborn who is in a hospital or newly discharged.

IFSP development and review procedures include:

1) A meeting to complete an initial IFSP conducted within 45 calendar days of the date of referral for a child who has had an evaluation/assessment for the first time and is determined to be eligible for early intervention services.

2) A periodic review of an IFSP for a child and the child's family every six months, or more frequently if conditions warrant or if the family requests such a review sooner than six months. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made, whether modifications or revisions of the outcomes are necessary, and what early intervention services are needed and how they will be provided. The review may be carried out by a face-to-face meeting or by any other means that is acceptable to the parents and other participants. The review of the IFSP must include prior written notification to family members. Parental signature that confirms participation in the review and consent for any new services is required.

3) An annual meeting is conducted to evaluate the IFSP for a child and the child's family. It is revised, as appropriate, to ensure that results of current evaluations and assessments and ongoing information about the child and family are updated and used to determine what early intervention services will be provided. The annual review of the IFSP constitutes a repeat of the entire IFSP process, including prior written notification to the family, presentation and explanation of all procedural safeguards and parental signatures.

4) A requirement that the IFSP meetings be:
   - In settings that are accessible and convenient to families
   - In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so, and
   - Scheduled with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

5) The initial IFSP is developed within a reasonable time after the multidisciplinary assessment and no longer than 45 calendar days from the date of referral.

6) The contents of the IFSP are developed in collaboration with the parent(s), other family members, and other team members. Informed written consent from the parent(s) must be obtained prior to the provision of any early intervention services described in the IFSP. If a parent does not provide written consent for a particular early intervention service, or withdraws consent after providing it, that service is not provided. Early intervention services are provided for which parental consent is obtained. Withdrawal of consent for one service does not prevent the provision of other services for which the family continues to give consent.

7) Families are provided a copy of the IFSP in English. If a family's language is other than English, the IFSP document is translated and a copy provided to the family unless it is clearly not feasible to do so.

8) Services identified on the IFSP begin as soon as possible, but no later than 28 calendar days from the date of parental consent to early intervention services. The timely initiation of services applies to the initial IFSP, as well as any subsequent reviews or annual updates of the IFSP in which a new service is added.

9) Provisions may be made for an eligible child and their family to receive early intervention services prior to the completion of evaluation and assessment when those supports and services are determined by qualified professionals to be immediately necessary and when the following conditions are met:

   - Parental consent is obtained
   - An IFSP meeting is held at which an interim IFSP is developed that includes: the name of the service coordinator who will be responsible for the implementation of the interim IFSP and coordination with other agencies and persons, and the early intervention services that have been determined to be needed immediately by the child and the child's family, and
   - The evaluation and assessment are completed within 45 days of the date of referral.

b) Participants in IFSP Meetings and Periodic Reviews

Procedures have been developed that ensure each initial and annual IFSP meeting includes the following participants:

1) The parent(s), legal guardian or surrogate parent acting as the "parent"
2) Other family members, as requested by the family
3) An advocate or person outside of the family, if the parent requests that the person participate
4) The service coordinator
5) The person(s) directly involved in the evaluation and assessment process for an initial evaluation; or the person(s) involved in ongoing assessment if the child is already in services, and
6) The person(s) who will be providing early intervention services to the child or the family, as appropriate.

The participants at IFSP meetings are determined, in consultation with the parent(s), according to the roles to be represented. If a person involved in the evaluation process is not able to attend the IFSP meeting, arrangements are made for the person's involvement through other means, including: participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting.

Each periodic review provides for the participation the parent(s) of the eligible child, other family members as requested by the parent(s), and the service coordinator. If conditions warrant, provisions are made for the participation of other representatives identified above, particularly if the child's developmental needs have changed and/or if services on the IFSP are being changed.

c) Content of the IFSP

An IFSP is a written document containing all of the elements required in Part C. The state also requires that the information describing the contents of the IFSP be accessible to families by using alternative means of documentation when needed, including verbal, sign language, or taped recordings in the native language of the family. The content of the IFSP includes the following:

1) For an initial IFSP, the multidisciplinary evaluation and eligibility page that documents the signatures and roles of the multidisciplinary evaluation team members, the eligibility determination of the child, the signature of the CCB representative, and parent signature confirming their understanding of the child's eligibility status

2) An objective statement of an infant's or toddler's present levels of development that is acceptable to both the parent(s) and the provider(s) in the areas of physical development, including vision, hearing, and health status, cognitive development, communication development, social or emotional development and adaptive development

3) With concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing their child's development

4) A statement of the measurable results or outcomes expected to be achieved, including pre-literacy and language skills, as developmentally appropriate for a child and the criteria, procedures and timelines used to determine the degree to which progress is being made, and whether modifications or revisions of the desired outcomes or early intervention services are necessary

5) A statement of specific early intervention services to be provided based on peer-reviewed research, to the extent practicable

6) A statement of the location in which early intervention services will be provided. Services in settings other than a natural environment occur only when the desired outcomes cannot be achieved satisfactorily in a natural environment and the IFSP includes a justification of the extent, if any, to which the services will not be provided in a natural environment. If a justification is necessary, documentation is recorded on the IFSP page designed for this purpose and includes:

    - The identification of which outcome(s) is/are not being achieved satisfactorily in a natural environment and why there is a need to change the service to a non-natural setting. Documentation is required to substantiate that sufficient time and appropriate services in a natural environment have been attempted
    - A description of the proposed setting and how the setting may result in progress toward meeting the outcome(s), and

- Documentation of the steps and timelines to be taken to move towards the provision of services in a child's natural environment.

7) A statement of the following for each early intervention service:
    - Method of service delivery (i.e., how the service is provided, such as through direct individual instruction, consultation with other team members or the parents, or group instruction to the parents)
    - Projected dates of services showing the date services start, which must be within 28 days of parental consent unless otherwise noted in the IFSP, and end
    - Intensity showing the length of time the service is provided during each session, and
    - Frequency of the services showing the number of days or sessions that a service will be provided).

8) A statement that includes, to the extent appropriate, medical or other supports and services necessary but not required under early intervention service definitions and funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. This requirement does not apply to routine medical services, unless a child needs those services and the services are not otherwise available

9) The identification of the service coordinator who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services

10) The steps and services needed to support the transition of the toddler at three years of age into other services and/or environments and, if appropriate, into Part B preschool services, and

11) The signatures, titles and dates of all parties in attendance. The IFSP is not considered valid without the signature of at least the following:
    - The parent(s)
    - Service coordinator, and
    - For the initial and annual IFSP, at least one member of the team involved in the evaluation and/or assessment.

Allowable Early intervention Services

As defined in Part C, early intervention services are developmental services that are provided under public supervision and are provided at no cost to the family. Colorado does not use a schedule of sliding fees for parent participation in payment for early intervention services. Services are designed to meet the developmental needs of the child as identified by the IFSP team, are based on peer-reviewed research to the extent practical, and are available to all infants and toddlers and their families in the state. Allowable early intervention services include:

Assistive Technology	Physical Therapy	Social/Emotional Intervention
Audiology Services	Psychological Services	Speech Language Pathology
Developmental Intervention	Respite Care	Transportation
Health Services	Service Coordination (above and beyond entitled service coordination)	Vision Services
Nutrition Services		
Occupational Therapy		

A complete description of these services is provided in Appendix F.

CCBs that share communities with Early Head Start programs are required to develop and maintain specific interagency operating agreements to meet the needs of young children who are receiving services in both early intervention services and Early Head Start programs (see Appendix G).

H. PROVISION OF SERVICES IN NATURAL ENVIRONMENTS

Authority: IDEA, Part C, 20 U.S.C. 1432(4)(G), 1435(a)(16), and 1436(d)(5)

1. Policy

Early intervention services are provided in natural environments to the maximum extent appropriate. Early intervention services are available in settings that individual families have identified as natural or normal for their family, meaning home and community settings where the family's everyday routines and activities occur. Early intervention services are provided in a natural environment other than a natural environment only when the desired outcomes for a child cannot be achieved satisfactorily, as determined by the IFSP team.

2. Procedures

a) System Planning Procedures

Each CCB provides early intervention services in natural environments to the maximum extent appropriate to the needs of each child and family. If a natural environment requirement creates a barrier to the implementation of a child's IFSP due to unique community or family circumstances, DDD works with the CCB to develop creative strategies that are consistent with the natural environment policy and responsive to the needs of the child and family. At a minimum, a plan to transition the provision of early intervention services into a natural setting as quickly as possible must be developed.

b) Individual Child Planning Procedures for Early Intervention Services in a Natural Environment

1) A family's lifestyle, routines, schedule, priorities and the environments that are natural and normal for that family are first identified.

2) Appropriate services for a child are driven by the identification of functional outcomes that are relevant to those natural environments identified by the family.

3) Strategies and activities to address the functional outcomes are developed by the IFSP team. Qualified early intervention personnel may support specific strategies and activities in consultation with family members and other caregivers.

4) If there is a determination that early intervention services cannot be provided in a child and family's natural environment as defined above, written documentation is provided on the IFSP as defined in the Early Intervention Colorado State Plan, Section II, G (c)(6).

5) Service settings are not selected based solely on factors, such as category of disability, severity of disability, configuration of the delivery system, age, availability of services, availability of space, availability of equipment or administrative convenience.

6) The IFSP team determines which early intervention services are needed. The preference of any single team member is not a justification for services to be provided in an environment other than one that is natural and normal for the everyday routines and activities of that child and family.

7) In some situations, a family may prefer to access services and/or activities that do not meet the guidelines for "Allowable Early Intervention Services" and/or the IFSP team determines that the services are not necessary for a child or family to meet the outcomes on the IFSP.

The state prescribed IFSP form includes an optional page that may be used to document services or activities that a family chooses to include because they consider them important to their child and family. The family and the service coordinator may record this information at any time. The service coordinator explains that the activities listed on this optional page are in addition to those that the IFSP team has identified as necessary to meet a child's functional outcomes. The activities that are listed on this optional page are not covered by state or federal funds related to early intervention services. The coordination and payment for any services or activities on this optional page are entirely the responsibility of the family.

I. CHILD AND FAMILY OUTCOMES - RESULTS MATTER

Authority: IDEA, Part C, 20 U.S.C. 1416(a)(3)(A) and 1442

1. Policy

Colorado has a statewide system that meets the reporting requirements for child and family outcomes. Colorado reports outcomes data in the Annual Performance Report (APR) submitted to the federal Office of Special Education Programs (OSEP) each Spring.

For child outcomes, DDD measures and reports the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate:

a) Positive social-emotional skills (including social relationships)
b) Acquisition and use of knowledge and skills (including early language/communication), and
c) Use of appropriate behaviors to meet their needs.

For family outcomes, DDD measures and reports the percent of families who report that participating in early intervention services has helped the family:

a) Know their rights
b) Effectively communicate their children's needs, and
c) Help their children develop and learn.

2. Procedures

The Colorado system for measuring child and family outcomes data to inform early intervention practices and polices and report required outcomes data to OSEP is known as Results Matter. Results Matter is being implemented in collaboration with the Colorado Department of Education that is carrying out a much larger evaluation and data collection under a federal grant for early childhood practices for children birth through five years of age. This project provides the Colorado early intervention system with important information about outcomes for infants and toddlers with developmental delays or disabilities. The two components of Results Matter include child outcome data and family outcome data.

a) Child Outcome Data

Child progress is measured utilizing one of four tools chosen for use with infants and toddlers: High Scope Infant-Toddler Child Observation Record (COR), Creative Curriculum, The Ounce Scale, and Assessment, Evaluation, and Programming System for Infants and Toddlers (AEPS). These tools measure the following outcomes:

- Children have positive social-emotional skills (including social relationships)
- Children acquire and use knowledge and skills (including early language/communication), and
- Children use appropriate behaviors to meet their needs.

Child outcome data is collected for all children who entered the early intervention system on or after July 1, 2006 and who receive early intervention services for at least six months. Ongoing assessment data is collected by early intervention service providers working with a child within eight to ten weeks of a child beginning services (status at entry), at each annual review of the IFSP and within 90 days of a child's exit from the system (status at exit). The data are tracked ongoing through online data entry systems for each tool being utilized within the early intervention system.

Aggregate information for child progress from status at entry into services to status at exit from services is analyzed and reported annually based on the following percent of infants and toddlers who:

- Did not improve functioning
- Improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- Improved functioning to a level nearer to same-aged peers but did not reach
- Improved functioning to reach a level comparable to same-aged peers, and
- Maintained functioning at a level comparable to same-aged peers.

b) Family Outcome Data

Family outcome data are collected annually utilizing the family survey developed by the Early Childhood Outcomes Center. This survey measures data to determine the percent of families whose children have IFSPs and who report that early intervention services have helped their family:

- Know their rights
- Effectively communicate their children's needs, and
- Help their children develop and learn.

The survey is distributed on an annual basis to families whose children have received early intervention services for at least six months. The survey is made available to families in multiple formats, such as written and online, and in multiple languages.

J. TRANSITION FROM PART C TO PART B (SECTION 619) OR OTHER APPROPRIATE SERVICES

Authority: IDEA, Part C, 20 U.S.C. 1437(9)(A)-(C)

1. Policy

A toddler exiting early intervention services receives timely transition planning to support transition to preschool and other appropriate community services by their third birthday.

2. Procedures

In this context, "transition" is a child and family-centered planning process that occurs when any eligible toddler approaches three years of age and is transitioning from early intervention services into preschool (Part B) services or to other appropriate community services. The transition steps and services necessary to support a smooth transition for a toddler and family are incorporated into the IFSP using the state IFSP form transition plan page (Appendix E). Each child who is exiting early intervention services must have a completed transition plan page in their IFSP.

a) Transition Process

1) A Community Centered Board (CCB) notifies a local educational agency (LEA) for the area in which a child who is potentially eligible for Part B preschool services resides six to nine months prior to the child's third birthday or date for beginning supports and services provided under Part B, whichever occurs first. A child's name, date of birth and parent name, address and phone contact information is released by the CCB to the LEA where the child resides in a timely manner in order to facilitate an LEA contacting parents to determine if they wish their child to be evaluated for eligibility for Part B services.

2) Transition steps and services to support a smooth and timely transition when a child reaches three years of age are developed as appropriate to a child and family's needs and documented in the IFSP. The written transition plan includes, at a minimum:

- Evidence reflecting a discussion with the parent(s) regarding the variety of services and other matters related to a child's transition, including a description of how the family is included in the transition process
- Procedures to prepare a child for changes in service delivery, including steps, services and timelines to help a child adjust to, and function in, a new setting
- Old and new evaluation/assessment information
- Steps to exit from the early intervention program, and
- A review of a child's program options for the period from the child's third birthday through the remainder of the school year.

3) A transition conference is convened to ensure a smooth and timely transition, no later than 90 days, and at the discretion of all participants, up to nine months, prior to a child's third birthday. Participants in the transition conference include:

   - The parent(s)
   - Service coordinator, and
   - Personnel from the current and future service delivery system.

   A CCB obtains approval from the parent(s) in order to convene a conference with an LEA regarding a child who may be eligible for Part B preschool services, or to share additional information about a child's disability and services. A CCB notifies the parent(s) and LEA of the required transition conference during which the transition plan is further developed to address specific issues related to a child's potential eligibility for Part B preschool services. The parent(s), and other required participants, receive written notice at least 10 calendar days prior to the transition conference, a copy of which shall be maintained in the child's record. A CCB is not required to have a determination of Part B eligibility in order to schedule and hold a transition conference. If the LEA fails to attend the meeting, the CCB still conducts the transition conference as scheduled.

4) If a parent does not provide consent to share information with the LEA or to have them participate in a transition conference, then a CCB makes reasonable efforts to convene a conference among the service coordinator, the family, and service providers to discuss other services that may be appropriate for the child to receive.

5) For a child who may not be eligible for Part B preschool services, with the approval of the family, reasonable efforts are made to convene a meeting among the service coordinator, the family, and providers, to discuss other appropriate services that the child may receive.

6) If a child reaches his/her third birthday before the end of the school year, the IFSP team reviews what services are needed and who should provide those services. The LEA is responsible for funding educational services once a child is three years of age. In addition, families are informed about community resources that may be available to support their child's developmental needs during summer months if their child does not qualify for Extended School Year services.

7) The transition planning process begins as soon as possible for children entering early intervention services after the age of two years, six months.

8) Each CCB implements a local interagency operating agreement that describes the roles, responsibilities and procedures for supporting timely transition planning for children with each LEA within the CCB service area.

9) A state level interagency operating agreement is maintained between DDD and the Colorado Department of Education to ensure coordination of transition processes, training and technical assistance to local communities.

b) Transition Data Documentation

As part of the statewide data system, CCBs document the following:

1) The date of IFSPs with transition steps and services for children exiting early intervention services
2) The date notification to the LEA occurred for children exiting early intervention services who are potentially eligible for Part B preschool services, and
3) The date of the transition conference for children exiting early intervention services and potentially eligible for Part B preschool services no later than 90 days prior to the child's third birthday.

K. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

Authority: IDEA, Part C, 20 U.S.C. 1432 and 1435, Section 635(8)(A) and (B)

1. Policy

A comprehensive system of personnel development (CSPD) includes:

- The training of paraprofessionals and primary referral sources with respect to the basic components of early intervention services
- Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers
- Promoting the preparation and continuing education of early intervention service providers who are fully and appropriately qualified to provide early intervention services, and
- Training personnel to coordinate transition services for infants and toddlers from early intervention services to preschool services under section 619 of Part B or other appropriate services if the child does not qualify for Part B services.

2. Procedures

a) Pre-service and in-service training, technical assistance and family leadership and engagement training are conducted on an interagency and interdisciplinary basis, to the extent appropriate (Appendix H).

b) Training and technical assistance is provided to a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, parents and persons who will serve as service coordinators, and other community members involved in the provision of services to young children to ensure that providers have basic information about early intervention services, disability and inclusion, infants and toddlers, and legal rights.

c) Training and technical assistance provided relates specifically to:

   1) Understanding of the basic components of Part C, and

   2) Understanding the basic components of the early intervention system of supports and services in Colorado.

d) All public and private institutions of higher education and other agencies, including representatives of parent and other advocacy organizations that have an interest in the preparation of personnel for early intervention services for eligible infants and toddlers and their families, have an opportunity to participate in the development, review and annual updating of the CSPD.

e) Significant information and promising practices are acquired, reviewed and disseminated through in-service training, such as an early childhood strand at the Colorado Summer Symposium, the PEAK Inclusion Conference and other relevant conferences; through the Early Intervention Colorado website, which includes a statewide Early Childhood events calendar and through collaboration with other statewide initiatives with an early childhood focus.

L. PERSONNEL STANDARDS

Authority: IDEA, Part C, U.S.C. 1432 (F)(i-xii), Section 632 and 1435 (a)(9), C.C.R. 503-1 (16.246)

1. Policy

The early intervention services covered by state and federal funds are delivered by qualified personnel.

2. Procedures

All professional personnel providing early intervention services to eligible children and their families meet the appropriate requirements of the state in their profession or discipline. DDD and the Memorandum of Understanding (MOU) sub-committee of the CICC annually review the standards for each professional discipline to ensure that personnel are appropriately qualified. A number of different state agencies and boards are responsible for establishing and maintaining the credential requirements and standards depending on the area of professional expertise.

Entry-level standards and the licensing body of each professional area for early intervention providers are delineated in the following guidelines:

Qualified Personnel to Provide Early Intervention Services

Assistive Technology

a) Assistive Technology Services: services that directly assist an infant or toddler with a disability or the family, other caregivers or other service providers in the selection, acquisition or use of assistive technology in the following ways (this may include high technology or low technology, see Appendix F addendum for more information):
   i) The functional evaluation of the needs of an infant or toddler with a disability in his or her usual environments
   ii) The selection, acquisition, modification or customization and maintenance of assistive technology
   iii) Training or technical assistance for an infant or toddler with a disability, the family, other caregivers or other service providers on the use of assistive technology determined to be appropriate, and
   iv) Collaboration with the family and other early intervention service providers identified on an infant or toddler's IFSP.

b) Assistive Technology Devices: items or pieces of equipment, whether acquired commercially, modified or customized, that are used to increase, maintain or improve the functional capabilities of an infant or toddler with a disability in his or her usual environments;

c) Assistive Technology Devices ARE NOT: devices that are primarily intended to treat a medical condition or to meet life sustaining needs or medical devices that are surgically implanted or the replacement of such devices (see Appendix F addendum for clarification and examples).

Qualified Personnel	Minimum Standards	Regulatory Agency
All disciplines described under other services including: Early Childhood Educator Early Childhood Special Educator Speech Language Pathologist Physical Therapist Occupational Therapist Psychologist Special Education Specialist: Deaf/Hard of Hearing, birth-21 Special Education Specialist: Visually Impaired, birth-21	Degree/discipline specific certification or license AND additional professional development in assistive technology	See discipline specific category for appropriate regulatory agency
Assistive Technology Practitioner (ATP) or Rehabilitation Engineer	Degree/discipline specific certification or license	Rehabilitation Engineering & Assistive Technology Society of North America (RESNA)

Audiology Services

a) Identification and ongoing assessment of an infant or toddler with an auditory impairment and determination of the range, nature and degree of hearing loss and communication function;

b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;

c) When necessary, provide referral for community services, health or other professional services;

d) Provision of services including auditory training, aural rehabilitation, sign language and cued language services and other training to increase the functional communication skills of an infant or toddler with a significant hearing loss;

e) Determination of an infant's or toddler's need for individual amplification, such as a hearing aid, and selecting, fitting and dispensing appropriate amplification and evaluating the effectiveness of the amplification;

f) Family training, education and support provided to assist the family of an infant or toddler with a significant hearing loss in understanding his or her functional developmental needs related to the hearing loss and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency

Audiologist • The following may perform some of the activities found in the definition of audiology services, but not those associated with evaluation and assessment of hearing: Speech Language Pathologist or Special Education Specialist: Deaf/Hard of Hearing, birth-21serving as a CHIP (Colorado Home Intervention Program) Facilitator	Masters Degree with national certification (Certificate of Clinical Competence/CCC) Masters degree with appropriate certification or license (Speech Language Pathology or Deaf Education)	American Speech- Language Hearing Association (ASHA) or Colorado Department of Education American Speech- Language Hearing Association (ASHA) or Colorado Department of Education (for Special Education Specialist: Deaf/Hard of Hearing, birth-21)

Developmental Intervention

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability;
e) Providing consultation on child development to families, other caregivers and other service providers;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
All disciplines described under other services including: Early Childhood Educator Early Childhood Special Educator Speech Language Pathologist Physical Therapist Occupational Therapist Psychologist Special Education Specialist: Visually Impaired, birth-21 Special Education Specialist: Deaf/Hard of Hearing, birth-21	Degree/discipline specific certification or license	See discipline specific category for appropriate regulatory agency
Early Childhood Mental Health Specialist	Masters degree in related discipline	Colorado Department of Regulatory Agencies and the related Board of Examiners specific to the discipline
Registered Nurse	Colorado state license	Colorado Board of Nursing
Nurse Practitioner	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse, Nurse Practitioner & Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Speech Pathologist, Audiologist or Special Education Specialist:	Masters degree with appropriate certification or license	American Speech- Language Hearing Association (ASHA) or Colorado

Deaf/Hard of Hearing, birth-21serving as a CHIP Facilitator		Department of Education (for Special Education Specialist: Deaf/Hard of Hearing, birth-21)
Special Education Specialist: Visually Impaired, birth-21	Masters degree with teacher license or equivalent license in another state	Colorado Department of Education
Special Education Specialist: Deaf/Hard of Hearing, birth-21	Masters degree with teacher license or equivalent license in another state	Colorado Department of Education
Early Childhood Educator, birth-8	Bachelors degree and state license as an early childhood educator or equivalent license in another state	Colorado Department of Education
Early Childhood Special Educator	Masters degree as an early childhood special educator or equivalent license in another state	Colorado Department of Education
* The following may perform some of the activities found in the definition of Developmental Intervention under supervision by a licensed professional:		
Parent Educator (Parents as Teachers -PAT)	Certificate of completion of PAT training	Parents as Teachers (PAT)
Developmental Intervention Assistant	Certificate of completion of State required training	Colorado Department of Human Services

Health Services

a) Services provided by a licensed health care professional to determine an infant's or toddler's developmental status and need for early intervention services only when such determination cannot be otherwise made;
b) Assessment to determine an infant's or toddler's health status and special health care needs that will impact the provision of other early intervention services;
c) Collaboration with the family and other early intervention service providers identified on an infant's or toddler's IFSP;
d) When necessary, provide referral for community services, health or other professional services;
e) Consultation by health care professionals with family members or other service providers who are identified on an infant's or toddler's IFSP concerning the special health care needs of the infant or toddler that will impact the provision of other early intervention services;
f) Provision of required medical care, under specific circumstances when such care is not otherwise available, when needed by the infant or toddler or family in order to participate in another early intervention service (see Appendix F addendum for examples);
g) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her special health care needs and the health needs of other family members and the impact on the provision of early intervention services.
h) Health services ARE NOT: hospital or home health care required due to an infant's or toddler's health status; services that are surgical in nature, that are primarily intended to treat a medical condition, or that are routinely recommended for all infants and toddlers.

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Nurse	Colorado state license	Colorado Board of Nursing
Nurse Practitioner	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Physician Assistant	Colorado state license	Colorado Board of Medical Examiners

Child Health Associate	Colorado state license	Colorado Board of Medical Examiners
Physician	M.D. or D.O.; license to practice in Colorado (or other State, with reciprocity)	Colorado Board of Medical Examiners

Nutrition Services

a) Assessment of the nutritional and feeding status of an infant or toddler with a disability related to his or her development;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to develop, implement and monitor appropriate plans to address the nutritional needs of an infant or toddler with a disability related to his or her development;
e) Referrals to appropriate community resources to carry out nutritional plans;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to nutrition and feeding and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Dietician	Bachelor of Science	American Dietetic Association
Nutritionist	Masters or Doctorate in Human Nutrition from an Institution of Higher Education	N/A

Occupational Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior, play and oral-motor functioning;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Occupational Therapist	Bachelors degree and national initial certification, plus Colorado state registration	National Board for Certification in Occupational Therapy
* The following may perform some of the activities found in the definition of Occupational Therapy under supervision by a licensed OT:		
Occupational Therapy Assistant	Associate of Arts or equivalent degree with a required examination and practicum	N/A

Physical Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders;

b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Physical Therapist * The following may perform some of the activities found in the definition of Physical Therapy under supervision by a licensed PT: Physical Therapy Assistant	Bachelors degree plus Colorado state license Associate of Arts or equivalent degree with a required examination and practicum	Colorado State Board of Physical Therapists N/A

Psychological Services

a) Intervention services to address the development, cognition, behavior or social-emotional status of an infant or toddler with a disability;
b) Administering psychological and developmental tests and other assessment procedures to address the development, cognition, behavior and social emotional status of an infant or toddler;
c) Obtaining, integrating and interpreting test results and other information about an infant's or toddler's development and behavior and about his or her family and living situation related to learning, social-emotional development and behavior;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
g) Integrating test results to recommend a program of psychological services for an infant or toddler with a disability or the family related to the infant's or toddler's disability and enhancing his or her development;
h) Providing consultation on child development to families, other caregivers and other service providers;
i) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to development, cognition, behavior or social-emotional functioning and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Psychologist	Doctorate of psychology and Colorado state license or masters degree and school psychologist certification	Colorado Department of Regulatory Agencies: Psychologist Examiners Board or Colorado Department of Education

Respite Care

a) Short-term temporary care, in or out of the home, for an infant or toddler with a disability that is needed by the family in order to participate in another service identified on the IFSP.
b) Respite Care as an allowable early intervention service IS NOT assistance that is customarily needed by all families to provide temporary relief or an opportunity to perform routine family chores or for recreation for the family or care for siblings of the infant or toddler with a disability.

Qualified Personnel	Minimum Standards	Regulatory Agency
Determined by IFSP team	IFSP team determines qualifications based on child/family needs	N/A

Service Coordination

a) Assistance provided to an infant or toddler with a disability or the family that is in addition to the basic requirements of a Service Coordinator as defined in Part C regulations, 34 CFR Section 303.22;
b) Service Coordination as an additional early intervention service may include the coordination of extraordinary services related to significant medical, neurological or mental health conditions (see addendum for examples).

Qualified Personnel	Minimum Standards	Regulatory Agency
Speech Language Pathologist, Audiologist, or Special Education Specialist: Deaf/Hard of Hearing, birth-21 serving as a CO-Hear Coordinator	Masters degree with appropriate certification or license	American Speech-Language Hearing Association (ASHA) or Colorado Department of Education (for Special Education Specialist: Deaf/Hard of Hearing, birth-21)
Wrap-around Facilitator	Completion of certified wraparound training as determined by DDD containing all core wraparound elements and supervision by appropriate personnel	N/A

Social/Emotional Intervention

a) Assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction;
b) Making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction;
c) Preparing a social or emotional developmental assessment of an infant or toddler within the family context;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development;
g) Providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
h) Addressing issues in the living or care giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddler's development;
i) Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services;
j) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to social and emotional development and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Psychiatrist	M.D. with Child and Adolescent board certification	Colorado Board of Medical Examiners
Psychologist	Doctorate of psychology and state license or masters degree and school psychologist certification	Colorado Department of Regulatory Agencies: Psychologist Examiners Board or Colorado Department of Education
Social Worker	Masters degree and state license	Colorado Department of Regulatory Agencies; Social Work Examiners Board
Licensed Professional Counselor	State license and early childhood mental health specialization including training in DC: 0-3R Practitioner Preparation course	Colorado Department of Regulatory Agencies and Professional Counselor Examiners Board
Marriage & Family Therapist	Masters degree with early childhood mental health specialization including training in DC: 0-3R Practitioner	Colorado Department of Regulatory Agencies and Marriage Therapist Examiners Board

	Preparation course	
Mental Health Clinician	Masters degree in related discipline with supervision by licensed mental health professional with training in DC: 0-3R Practitioner Preparation course	Colorado Department of Regulatory Agencies and the related Board of Examiners specific to the discipline
* The following may perform some of the activities found in the definition of social emotional services, but not those associated with evaluation and assessment of social emotional impairment, counseling, or clinical therapy services:		
Registered Nurse	State license with Nursing Child Assessment Satellite Training (NCAST)	Colorado Board of Nursing

Speech-Language Pathology

a) Assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language services and oral motor functioning, including the identification of specific communication disorders;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment and activities to promote speech and language development and participation of an infant or toddler with a disability;
e) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Qualified Personnel	Minimum Standards	Regulatory Agency
Speech Language Pathologist	Masters degree with national certification (Certificate of Clinical Competence/CCC), or clinical fellow in the process of obtaining certification, or CDE license	American Speech-Language Hearing Association (ASHA)
* The following may perform some of the activities found in the definition of Speech Language Pathology under supervision by a licensed SLP:		
Speech Language Pathology Assistant	Bachelor's degree plus internship and coursework authorized through the IHE Consortia	N/A

Transportation

Reimbursement for reasonable and most appropriate travel expenses, including mileage, taxis, common carriers, tolls or parking, necessary to enable an infant or toddler with a disability and the family to receive early intervention services (see addendum for examples).

Qualified Personnel	Minimum Standards	Regulatory Agency
Determined by IFSP team	IFSP team determines qualifications based on child/family needs	N/A

Vision Services

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a significant vision impairment with an emphasis on sensory development, communication skills development, orientation and mobility skill development and adaptive skills training

b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; c) When necessary, provide referral for community services, health or other professional services; d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a significant vision impairment; e) Family training, education and support provided to assist the family of an infant or toddler with a significant vision impairment in understanding his or her functional developmental needs related to the vision impairment and to enhance his or her development.		
Qualified Personnel	**Minimum Standards**	**Regulatory Agency**
Orientation and Mobility Specialists	Masters degree in Orientation and Mobility with national ACVREP certification and Colorado Department of Education license	Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) and Colorado Department of Education
Special Education Specialist, Visually Impaired, birth-21	Bachelors degree and endorsement (graduate-level work) with teacher license, or equivalent licensure in another state	Colorado Department of Education
Opthalmologists	Medical license and certification in ophthalmology and one year of fellowship in pediatric ophthalmology and/or strabismus	American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otorhinolaryngolgoy
Optometrists	Doctorate of optometry with licensure in Advance Optometric Therapeutics	National Board of Examiners of Optometry

CCBs are responsible for ensuring that all early intervention service providers meet the personnel qualifications for delivering early intervention services that are noted on IFSPs. Evidence of the employees and contractors current appropriate licenses, certifications and/or qualifications is kept on file by the CCB. Certificates, licenses and endorsements are renewed in accordance with the statutes governing their issuance and renewal.

If a CCB program administrator is unable to employ a professional who is properly licensed, certificated or endorsed, or in areas where there is a shortage of appropriate or adequately trained personnel, the administrator may:

- Make a good faith effort to hire the most qualified individuals available who are making satisfactory progress toward meeting state standards within three years and are working under the supervision and direction of a person who meets the highest requirement for their profession or discipline, and
- Request from DDD a temporary eligibility waiver for a non-credentialed professional.

If it is necessary to use unlicensed providers or paraprofessionals, the following occurs:

- Ongoing supervision is provided by a qualified professional to assure that the unlicensed personnel understands the intervention plan and all procedures to be followed, and
- When a paraprofessional is providing early intervention services:
    1) The IFSP strategies are developed by a qualified professional,
    2) The qualified professional trains the paraprofessional to implement the plan,

3) The qualified professional provides supervision through ongoing and periodic discussions and face-to-face or videotaped observations at least monthly, and

4) All supervisors of Developmental Intervention Assistants must complete the state approved two-day Developmental Intervention Supervisor Academy prior to assignment of supervisory responsibilities.

Steps to Re-train or Hire Personnel to Meet Appropriate Professional Requirements:

1) Personnel Standards: The only statutory based personnel standards that are specific to personnel working with infants and toddlers eligible for early intervention services and their families are the Special Education Specialist: Visually Impaired, birth-21, Special Education Specialist: Deaf/Hard of Hearing, birth-21, Early Childhood Educator, birth-8, Early Childhood Special Educator, and Early Childhood Special Education Specialist, birth-8. While personnel of all disciplines may meet the given professional requirements of their disciplines these requirements may not address competencies relevant to infants and toddlers with developmental delays or disabilities and their families. The Colorado pre-service training programs in many of these disciplines offer course work and practica in this area. Therefore, entering professionals are far more likely to have a basic understanding of working with infants and toddlers and their families.

   Areas that have been identified as being of high need for professional training are best practices in evaluation and assessment, IFSP development and offering supports, addressing social/emotional needs in young children, appropriate interventions for children with a diagnosis of Autism Spectrum Disorder, and providing services in natural environments through consultation or direct service provision. DDD, in collaboration with the Colorado Office of Professional Development, is exploring ways to further enhance early childhood learning opportunities within existing higher education curriculums, as well as through major training initiatives described in the CSPD. (Appendix H)

2) Public Information: Qualifications and requirements for registration, licensing or certification in the various disciplines are included in the Early Intervention Colorado State Plan, on file at the DDD Early Intervention Colorado office and posted on the Early Intervention Colorado website. Specific information about the required level of undergraduate, graduate and the applicable endorsement sequence, credit hours and any other supervised experience that are necessary to meet the highest standard for licensure is available through appropriate regulatory bodies noted in the personnel standards.

3) Retrain or Rehire Personnel: Steps to bring all personnel into compliance with the appropriate standards requirements are the responsibility of each employing agency. Individual agencies ensure that all early intervention staff employees are in compliance with state standards. Contracts between DDD and CCBs require that qualifications of all personnel who may be providing early intervention services be kept on file. Personnel who are not appropriately qualified may receive temporary DDD approval if the agency or organization can demonstrate that they were unable to employ or contract with appropriately qualified staff and that personnel for whom temporary DDD approval is obtained are being supervised by qualified personnel and are making progress toward appropriate qualifications (i.e., certification, endorsement or licensure in their area of service). The CSPD

includes an in-service training and technical assistance plan that describes steps and activities to re-train early intervention personnel.

4) Notify Public Agencies and Personnel: Early Intervention Colorado staff members disseminate information about training and technical assistance opportunities and activities to agencies and personnel in a variety of ways. Information is distributed electronically through a variety of e-mail group lists, including an "Early Intervention Partners" group list that includes statewide early childhood stakeholders. Training opportunities for parents and families are distributed through the Parent-to-Parent listserv, as well as through CCB service coordinators, CCBs and local interagency coordinating councils. Additionally, the Early Intervention Colorado website posts a calendar that includes upcoming early childhood activities, workshops and training events across agencies throughout the state.

M. PROCEDURAL SAFEGUARDS

Authority: IDEA, Part C, 20 U.S.C. 1435(13) and 1439

1. Policy

Procedural safeguards have been established to protect the legal rights and privacy of children and their parents when they choose to receive early intervention services and families are recognized and respected for the unique role they play in the development of their infant or toddler. All public agencies and entities providing early intervention services to infants and toddlers with disabilities and their families are responsible for ensuring that families understand their procedural safeguards. All participating agencies provide information to parents in their native language. Information is provided in whatever mode necessary to maximize the understanding between parents and participating agencies.

The information in this document is disseminated to make it readily available to families. Procedural safeguards are implemented through a variety of means including interagency operating agreements, training and technical assistance, and interagency monitoring by each public or private agency that is involved in the provision of early intervention services. An evaluation of how well families understand procedural safeguard is conducted.

2. Procedures

a) The following definitions, as defined in Part C, have been adopted:

1) Consent means that the parent:

- Has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication
- Understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom
- Understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time, and

- Has the right to determine whether their child or other family members will accept or decline an early intervention service in accordance with state and federal law, without jeopardizing other early intervention services.

2) Native language when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible.

3) Participating agency means any agency, service provider, or institution that collects, maintains or uses personally identifiable information or from which information is obtained.

4) A record is any personally identifiable information, recorded in any way, maintained by a participating agency or by any party acting for an agency or service provider involved in the provision of early intervention services. Records subject to review by parents may include screening, evaluation, assessment, eligibility determination and the development and implementation of the IFSP, individual complaints relative to early intervention services to the child/family, and any other area involving records about a child and the child's family.

5) Personally identifiable means that information includes:

   - The name of a child, the child's parent or other family member
   - The address of a child, the child's parent or other family member
   - A personal identifier, such as a child's or parent's social security number, or
   - A list of personal characteristics or other information that would make it possible to identify a child with reasonable certainty.

6) “Parent” means a parent, guardian, a person acting as a parent of a child, or a surrogate parent who has been duly appointed. The term “parent” has been defined to include a person acting in the place of a parent, such as a grandparent or stepparent with whom a child lives, as well as persons who are legally responsible for the child’s welfare.

b) Access to Records

1) Parents’ Rights

Since the goal is to create a collaborative effort between parents and professionals, parents are provided the opportunity to maintain their own records for cross-reference purposes with those maintained by the service coordinator and/or agencies maintaining records. Parents are may inspect and review records relating to evaluations and assessments, eligibility determination, development and implementation of IFSPs, individual complaints dealing with a child, and any other area under Part C involving records about a child and the child’s family. Additionally, parents have the right to access all records regarding individual complaints dealing with their child or family and any other area involving records about their child and the child's family. Parents will be provided, upon request, a list of the types and locations of the information collected, maintained or used from the participating agencies.

2) Agency Responsibility

Each participating agency providing early intervention services presumes that the parent or guardian has authority to inspect and review any information relating to an infant or toddler and complies with the request without unnecessary delay, unless the agency has been advised in writing that the parent or guardian does not have the authority under applicable state law and confirmed by court order such matters as guardianship, separation or divorce. When a family requests records in connection with an IFSP meeting, an agency or provider provides the records prior to the meeting or hearing and within three working days.

The right to review records includes the provision of appropriate staff members to assist in the interpretation and explanation of the information contained in the records and the right to have a representative of the parent's choosing to review the records. The participating agency provides a copy of the information upon the request of the parent.

3) Fees

An agency or service provider may charge a reasonable fee for copies of records if the fee does not prevent the parent(s) from exercising their right to inspect and review records or to receive a copy of records. A participating agency may not charge a fee to search for or to retrieve a record.

4) Records of More than One Child

If any record includes information on more than one child, parents are provided the opportunity to inspect and review only the information relating to their child or to be informed of that specific information.

5) Amendment of Records

Parents may request that information in a record be amended and/or deleted, if they believe that the information in the records is inaccurate, misleading or violates the privacy or other rights of the child. An agency then decides whether to amend the information within a reasonable time and inform the parents in writing. If an agency or provider refuses to amend the information, the parents are informed of the refusal and advised of their right to a due process hearing.

Parents have the right to submit into their child’s record an explanation of their request to amend the record. Any explanation or information submitted by parents is placed in the record. Such information is maintained by the participating agency as a part of the child's record, as long as the contested portion remains in the record. If the record of a child, including a contested portion, is disclosed by a participating agency to any party, the explanation or information submitted by the family will also be disclosed to that party.

6) Opportunity for a Due Process Hearing Regarding a Child’s Record

An agency provides, upon request, the opportunity for a hearing to challenge information in a child’s record. Each participating agency provides an opportunity for a hearing, if requested

by a parent, and ensures that a hearing is conducted according to the Family Educational Rights and Privacy Act (FERPA).

7) Result of Due Process Hearing Regarding a Child's Records

If, at the conclusion of a hearing, an agency decides that the information is inaccurate and misleading, the agency amends the information and informs the parent(s) in writing. If a hearing determines the information is not inaccurate, misleading, or violating the privacy or rights of the child, the agency or provider informs the parents of their right to place a statement in the record commenting on information or expressing disagreement with the decision of the agency or provider.

Any information to be destroyed will not include those data that are routinely collected and maintained as part of a permanent record, which is a child's name, address, and phone number, his or her evaluations, IFSPs, ongoing assessment results, and services received.

b) Prior Notice: Native Language

To ensure parental attendance and participation throughout the early intervention process, written prior notice is given to the parent(s) of a child within ten working days before a participating agency proposes or refuses to:

1) Initiate or change the identification, evaluation and assessment, or eligibility determination of the child
2) Develop or change an IFSP
3) Provide early intervention services for a child and the child's family that the family has not already consented to in the IFSP (i.e., a temporary change in services and the IFSP services page is not changed), or
4) Terminate services.

The notice is written in language understandable to the general public and in the parent's native language, unless clearly not feasible to do so. The notice is in sufficient detail to inform the parents about:

1) The action that is being proposed or refused
2) The reasons for taking the action
3) All procedural safeguards that are available, and
4) A family's voluntary right to reject any particular early intervention services, without jeopardizing their child's/family's right to receive other early intervention services.

If the native language or other mode of communication of a parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that a notice is translated orally or by other means to the parent in the parent's native language or other mode of communication, that the parent understands the notice, and that there is written evidence that the requirements under this provision have been met.

If a parent is deaf or blind, or has no written language, the mode of communication is that normally used by the parent, such as sign language, Braille, or oral communication.

DDD assists CCBs, LICCs, local public and private agencies, to increase awareness about diverse populations and to develop a variety of ways to disseminate materials and information in native language or other mode of communication for diverse groups.

c) Parental Consent

1) Written parental consent is obtained before: conducting the initial evaluation and assessment of a child/family, and initiating the provision of early intervention services.

2) Parents have the right to selectively consent and are given the opportunity to fully consent or selectively consent to proposed early intervention services. The consent forms used by participating agencies reflect a parent's right to selectively consent.

3) A parent is fully informed by a designated representative of a participating agency or provider of all information relevant to the activity for which consent is sought, and the parent understands and agrees in writing.

4) Parents are asked to sign an initial IFSP and the annual review plan as evidence of their consent or selective consent to the provision of the early intervention services outlined in the IFSP.

5) If a parent refuses consent for evaluation and assessment or the initiation of early intervention services, an agency or service provider makes reasonable efforts to ensure that the parents:
   - Are fully informed of the process and purpose of the evaluation, assessment and the possible early intervention services, as well as the benefits to the child and family, that would be available, and
   - Understand that their child will not be able to receive the evaluation and assessment or early intervention services unless consent is given.

d) Parental Right to Decline Services

Parents of an eligible child may determine whether they, their child, or other family members will accept or decline any early intervention service, and may decline such a service after first accepting it, without jeopardizing other early intervention services.

e) Surrogate Parents

The appointment of a surrogate parent is made to protect the rights of a child if:

1) No biological or adoptive parent can be identified
2) A public agency, after reasonable effort, cannot determine the whereabouts of a child's parents, or

3) A child is a ward of the State under State law. No state employee, or anyone providing services to a child or the child's family member(s) may act as a surrogate.

A surrogate parent is appointed within 30 days of determination of need. A surrogate parent may represent a child in all matters related to:

1) A child's evaluation and assessment
2) Development and implementation of a child's IFSPs, including annual evaluations and periodic reviews
3) The ongoing provision of early intervention services to a child, and
4) Any other rights established related to early intervention services.

DDD, in collaboration with Child Welfare Services and the Legal Center for People with Disabilities and Older People has a process in place to assist all participating agencies who need to identify, assign and train surrogate parents.

f) Confidentiality of Information

1) Personally Identifiable Information

   DDD, under Health Insurance Portability and Accountability Act (HIPAA) and FERPA, is responsible to ensure the confidentiality of personally identifiable information collected, used or maintained consistent with state and federal regulations. Personally identifiable information includes the items listed on page 38 (a) 5)).

2) Agency Responsibility to Control Access

   Each participating agency designates a single official with responsibility for maintenance of records and confidentiality procedures. Participating agencies require parental release forms, when appropriate, and maintain a record of parties obtaining access to records collected, maintained, or used, including the name of the party, date access was given, and the purpose of the request for which the party is authorized to use the record. Access by parents and authorized employees of the participating agency is not required. This procedure allows families to verify to whom they have given consent for the release of information.

3) Parental Consent for Release of Information

   Parental consent is obtained before personally identifiable information concerning a child, the child's parent or another family member is disclosed to anyone other than officials of participating agencies or the authorized representatives of the monitoring agency or if the information is used for any purpose other than meeting requirements for the provision of early intervention services. Parents are given the opportunity to limit the information provided under a release. A release is revocable at any time and time-limited. An agency or provider does not release information from records to any other agency without parental consent unless authorized to do so under HIPAA or FERPA (99.31). If the parent(s) does not give consent for the sharing of confidential information, the information is not forwarded.

4) Permissible Disclosure

Disclosures of confidential information, including disclosures among agencies and providers, are permissible to authorized representatives from the monitoring agency for monitoring purposes in accordance with FERPA and HIPAA.

5) Enforcement

Policies, procedures, rules and contractual obligations with CCBs are followed when monitoring participating agencies. If a CCB is not meeting confidentiality requirements, it is cited for noncompliance and a Plan of Correction is submitted to DDD within 60 days. If a satisfactory plan is not developed, funds are withheld until the CCB designs an approved corrective plan.

N. RESOLUTION OF DISPUTES

Authority: IDEA, Part C, 20 U.S.C. 1435(a)(10)(D)-(F), (13)-(14) and 1439

1. Policy

DDD ensures that procedures and means to ensure the effective implementation of parental rights provided under Part C of IDEA have been established and implemented. Several types of dispute resolution processes are available to families with eligible infants and toddlers in Colorado. These are:

- Mediation
- Impartial due process hearing
- Administrative complaint process
- Civil action

2. Procedures

Disputes may arise when a parent has a disagreement with the other IFSP team members or the early intervention program regarding the provision of early intervention services to his/her child including identification, evaluation and assessment, eligibility determination, or the provision of appropriate early intervention services. In addition, a dispute may arise when a parent, individual, organization, group or other interested party believes that an agency or entity within the early intervention system is in violation of the requirements under Part C of IDEA, such as:

- Failure to meet established procedure or policy as required by Part C of IDEA, its implementing regulations, or state law and guidelines
- Concerns regarding the IFSP process, and
- Concerns regarding the evaluation and assessment process.

a) Mediation

A statewide mediation system is available to ensure that any party may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the Early Intervention System. Mediation is available for any type of dispute arising under Part C including any matters prior to the filing of a complaint, in accordance with IDEA, Section 615e. Mediation is available upon request or also whenever a due process hearing is requested. Colorado's mediation process:

- Is voluntary on the part of the parties
- Will not be used to deny or delay a parent's right to a due process hearing, or to deny any other rights afforded under Part C of IDEA
- Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques. Colorado maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services
- Is offered at no cost to the family. The cost of the mediation process, including the costs of meetings shall be covered by DDD, and
- Is scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.

An agreement reached by the parties to the dispute in the mediation process shall be set forth in a legally binding written mediation agreement that sets forth that resolution and that:

1. States that all discussions that occurred during the mediation process shall remain confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding; and
2. Is signed by both the parent and a representative of the agency who has the authority to bind such agency.

A written, signed mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.

Discussions that occur during the mediation process must be confidential and shall not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.

b) Impartial due process hearing procedures

DDD ensures that procedures have been established and implemented for the timely resolution of individual child complaints by parents concerning any matter related to the identification, evaluation, or placement of a child, or the provision of appropriate early intervention services to the child and the child's family.

1) Appointment, qualifications, and duties of an impartial person:

- An impartial person must be appointed to implement the due process procedures described in this section
- The person must have knowledge about the provisions of Part C of IDEA and the needs of, and services available for, eligible children and their families

- The impartial person must perform the following duties:
    - Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint, and
    - Provide a record of the proceedings, including a written decision.

The definition of impartial means that the person appointed to implement the complaint resolution process:

- Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child
- Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process, and
- Is not an employee of an agency solely because the person is paid by the agency to implement the impartial due process proceedings.

2) Parent rights in the impartial due process proceedings:

DDD ensures that the parents of children eligible under Part C of IDEA are afforded the following rights in any impartial due process proceedings carried out under these dispute resolution requirements.

Any parent involved in an impartial due process proceeding has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under Part C of IDEA
- Present evidence and confront, cross-examine, and compel the attendance of witnesses
- Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding
- Obtain a written or electronic verbatim transcription of the proceeding, and
- Obtain written findings of fact and decisions.

3) Convenience of proceedings and associated timelines

Any proceeding for implementing the impartial due process hearing shall be carried out at a time and place that is reasonably convenient to the parents.

DDD ensures that, not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required is completed and a written decision mailed to each of the parties.

c) Administrative Complaint Process

DDD ensures that procedures have been developed and implemented for:

1) Resolving any complaint, including a complaint filed by an organization or individual from another State, that any public agency or private service provider is violating a requirement of Part C of IDEA by:
   - Providing for the filing of a complaint with DDD, and
   - At the discretion of DDD, providing for the filing of a complaint with a public agency and the right to have DDD review the public agency's decision on the complaint
2) Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, DDD procedures for filing an administrative complaint.

In resolving a complaint in which DDD finds a failure to provide appropriate services to an eligible child and family, DDD, pursuant to its general supervisory authority under Part C of IDEA, shall address the following:

1) How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family, and
2) Appropriate future provision of services for all infants and toddlers with disabilities and their families.

An organization or individual may file a written signed complaint under these procedures. The complaint must include:

1) A statement that the State has violated a requirement of Part C of IDEA or the regulations in this part, and
2) The facts on which the complaint is based.

Limitations of the complaint process stipulate that the alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because:

1) The alleged violation continues for that child or other children, or
2) The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency.

DDD complaint procedures:

DDD ensures a time limit of 60 calendar days after a complaint is filed under this administrative complaint process to:

1) Carry out an independent on-site investigation, if DDD determines that such an investigation is necessary
2) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint

3) Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of IDEA

4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains the following:

   - Findings of fact and conclusions, and
   - The reasons for DDD's final decision.

5) DDD will permit an extension of the 60 day time limit for this process only if exceptional circumstances exist with respect to a particular complaint, and

6) DDD ensures procedures for effective implementation of the final administrative complaint decision have been developed and implemented. When needed, the following activities may be required and enforced:

   - Technical assistance activities
   - Negotiations and
   - Corrective actions to achieve compliance.

7) If a written administrative complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, DDD sets aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action shall be resolved within the 60-calendar-day timeline using the complaint procedures described above in this section. If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding; and DDD informs the complainant to that effect. A complaint alleging a public agency's or private service provider's failure to implement a due process decision shall be resolved by DDD.

d) Civil Action

Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court.

e) Status of a Child During Proceedings

Pending the completion of any proceeding involving a complaint under this policy, a child continues to receive the appropriate early intervention services currently being provided as delineated in the IFSP, unless the public agency and parents of a child otherwise agree. If a complaint involves an application for initial early intervention services, a child receives only those early intervention services that are not in dispute for which the parent(s) have given prior consent.

f) Procedure for requesting dispute resolution

A request for dispute resolution should be submitted to the DDD Early Intervention Colorado at the following address:

Early Intervention Colorado
CDHS/DDD
4055 S. Lowell Blvd.
Denver, CO 80236
www.eicolorado.org
303-866-7263
303-866-7680 FAX

O. SUPERVISION AND MONITORING OF PROGRAMS

Authority: IDEA, Part C, 20 U.S.C. 1433 and 1435

1. Policy

DDD is responsible for the general administration, supervision, and monitoring of the statewide early intervention system. Monitoring activities ensure compliance with Part C and state regulations, as well as the vision articulated by the Colorado Interagency Coordinating Council (CICC).

2. Procedures

The system for providing general administration and supervision of the Colorado early intervention programs is delineated in the General Supervision and Monitoring Guidelines (Appendix I). The purpose of the General Supervision and Monitoring Guidelines is to describe the overall goals and functions of the general supervision performance monitoring and quality improvement strategies and processes used by the early intervention system in Colorado.

a) Goals

The overall goals to be achieved via the General Supervision and Monitoring Guidelines are to:

1) Implement specific monitoring processes on an ongoing and ad hoc basis to ensure federal and state requirements for early intervention services are met. Additionally, implementation of such a process promotes improvement in the quality of services for infants and toddlers and their families through ongoing and periodic performance feedback to service providers, provide specific data for reporting statewide performance to the federal Office of Special Education Programs (OSEP) and stakeholders (e.g., Colorado General Assembly, CDHS, CICC, CDE, Department of Public Health and Environment (CDPHE), etc.)
2) Define and communicate to all stakeholders a uniform set of procedural and operational standards for all providers of early intervention services. Such standards include federally mandated requirements and state requirements as delineated in the Early Intervention Colorado State Plan, Colorado State Performance Plan, DDD rules and CCB contracts

3) Incorporate direct feedback from parents and other family members regarding the services provided, the results or outcomes of the implementation of an IFSP and the responsiveness of the local early childhood program in addressing the needs of their child

4) Provide an assessment of the extent to which community partnerships with other early childhood providers have improved the availability, quality and quantity of services available to children and families

5) Provide an assessment of the operation and effectiveness of child identification activities in those communities

6) Define a specific process for the timely correction of deficiencies in performance and compliance identified through monitoring and resolution of complaints

7) Provide a defined mechanism for all local early intervention providers to participate through self-assessment processes and development of agency identified quality improvement projects, and

8) Provide technical assistance and training resources for families, advocates and service providers to improve outcomes for children, support compliance with federal and state requirements and to identify areas for the system improvements to be addressed by the DDD Early Intervention Colorado program.

b) System Overview

The General Supervision and Monitoring Guidelines are designed to provide a multi-facetted system approach and to involve all key stakeholders with responsibilities for the provision of early intervention services. The quality of early intervention services is a shared responsibility of state agencies, local early childhood providers and families. Ongoing and cooperative efforts on the part of all these stakeholders is necessary to ensure high quality services are consistently provided throughout the state.

1) Families - Parents are considered a child's first teacher, are key to the success of early intervention services, and are the final arbiter of the quality of services provided to their child. Family responsibilities in the area of quality are to:

   - Actively participate in determining their child's needs and planning services for their child
   - Share personal evaluations of the services provided to their child, and
   - File complaints, if needed, when the quality of services is inadequate or unacceptable.

   DDD staff, CCBs, and all other involved agencies have responsibility for supporting families in these areas.

2) DDD - The state is accountable to families, the public, and its funding sources. In order to meet its obligations for accountability, DDD takes an active role in monitoring the services funded through early intervention programs. Responsibilities include the following:

   - To protect the rights of children and families receiving early intervention services
   - To assure that children and families have access to services identified in their IFSP
   - To evaluate the quality and effectiveness of services

- To assure accountability in the use of public funds
- To assess the performance of service providers, and
- To collect, analyze, and report data to funding sources, key stakeholders and the general public.

DDD uses the following processes and methods for quality assurance:

- Development of rules
- Development of standards, including interpretative guidelines
- Conduct onsite monitoring surveys of the CCBs
- Complaint investigations
- Reviewing web-reported performance data via desk audits
- Family satisfaction surveys
- Investigate concerns identified by the Colorado Interagency Coordinating Council, the DDD Policy Advisory Committee, advocacy groups, and others
- Support local service provider self-assessment and quality improvement projects
- Audit of annual financial statements from each CCB
- Coordinate financial monitoring activities with DDD Program Quality and Finance Sections, and
- Provide training and technical assistance.

3) Community Centered Boards - Designated by DDD, CCBs serve as the early intervention programs for federal and state early intervention services funded through DDD and other sources. CCBs provide service coordination and have responsibility for developing an IFSP for each eligible child that identifies current levels of development, service needs, plans to address those needs, and providing specific information to DDD on such activities. CCBs are accountable to families, their Board of Directors, funding sources, the general public and DDD for early intervention services provided within their designated service area. CCB responsibilities are to:

- Evaluate general satisfaction of families with early intervention services provided
- Analyze trends and correcting deficiencies in performance data
- Track and resolve complaints regarding services, service providers and service coordination
- Ensure that required complaint resolution procedures are followed
- Oversee service providers with whom they contract and ensure that service agencies are qualified and meet requirements outlined in DDD rules, and
- Monitor the performance of their service providers in accordance with contract provisions and any applicable federal or state requirements (e.g., therapist licensing, etc.).

CCB service coordination monitoring is child and family specific, although information may be aggregated for use by a CCB to identify patterns and trends by programs and service providers. Service coordination responsibilities are to:

- Monitor implementation of the IFSP and the quality of services provided
- Ensure that a child and family's rights under Part C and CRS 27-10.5 are protected
- Ensure that a family has been given reasonable choice in the selection of available and qualified providers
- Monitor a family's satisfaction with services, and
- Oversee and assist a family with complaint resolution.

DDD reviews during program quality surveys how well a CCB conducts its self-monitoring responsibility.

4) Colorado Interagency Coordinating Council - Consisting of appointed representatives of a variety of statewide stakeholders, the Colorado Interagency Coordinating Council (CICC) has overall responsibility for providing advice and guidance of early intervention services throughout Colorado. The membership of the CICC includes parents, providers, representatives of other state agencies involved in early intervention services and other entities (e.g., Colorado General Assembly, Head Start, Protection and Advocacy agency, etc.).

   The role of the CICC in the program quality process is to validate the procedures and requirements to be addressed in the General Supervision and Monitoring Guidelines and to assist with the periodic review of the plan.

c) Development of Standards

Standards are developed by DDD for each program funded through the developmental disabilities system. Standards are used for onsite reviews and surveys of CCBs and service coordination, desk audits, data monitoring, etc. Standards are developed by DDD based on state and federal statutory requirements and rules. Standards may also be based on "best practice" and DDD policy and directives. DDD writes standards, when possible, in non-regulatory, "consumer friendly" language and as outcome statements. Standards are updated as needed, generally occurring when there are changes in statute, rules and/or program Directives or practices. Prior to implementation, drafts of standards resulting in significant policy changes are submitted to stakeholders for review and comment.

DDD also develops interpretative guidelines for standards. The primary purposes of interpretative guidelines are to provide guidance to service providers as to the intent and expected implementation of the standard and guidance to surveyors to facilitate uniform application.

d) Onsite Survey Protocol for Early Intervention Services

Surveys conducted by DDD of the early intervention programs encompass both the administrative and programmatic functions of a CCB. The review of administrative areas includes:

1) Selection of service providers
2) Implementation of Procedural Safeguards
3) Monitoring of service providers
4) Integrity of child count data
5) Cooperative relationships with local child find agencies, and
6) Development of community partnerships.

The review of program areas includes:

1) Identification and referral
2) Eligibility determination, including multidisciplinary assessment
3) Service coordination
4) IFSP development
5) Provision of early intervention services, and
6) Transition out of early intervention services.

Onsite surveys of each CCB early intervention program are conducted, at a minimum, every two years. More frequent surveys or focused monitoring are conducted for agencies that have a poor outcome on a previous survey or at other times as determined by DDD (e.g., when complaints are received, changes in administration or other precipitating circumstances). Survey protocols are described in depth in the General Supervision and Monitoring Guidelines (Appendix I).

e) Program Quality Improvement

The General Supervision and Monitoring Guidelines include components that are to be used for specific quality functions (e.g., service coordination monitoring). Additionally, they provide a mechanism to improve the services provided to a group of children (e.g., onsite surveys and implementation of Plans of Correction). Data resulting from the implementation of these quality functions is used to assist providers in a service area or providers on a statewide basis to improve the quality of service provided to children and families. Additionally, such data is used to improve how quality management functions are designed and implemented.

1) Use of Quality Information

Desk audits and onsite surveys are used to assist DDD to identify system-wide problems and to focus program quality improvement activities. Information from desk audits and surveys are compiled and analyzed on a regular basis and utilized by DDD to identify areas where there is a pattern of regulatory requirements not being met. This information also provides a basis for decision-making regarding program quality activities aimed at assisting agencies in improving practices.

DDD maintains a database for each survey conducted of CCBs. For each survey, data regarding the outcome of the survey are entered by a team leader conducting the survey. The data includes information on the extent to which standards are met in particular areas (e.g., rights, IFSP

development, child count data integrity, etc.) and whether a program has consistently met, inconsistently met or did not meet the requirement for each applicable area of standards.

In addition to the survey reports that are posted on the Early Intervention Colorado website, DDD annually reports to the public on the overall performance of each CCB in meeting the state targets of Indicators 1-8 of the State Performance Plan. (See General Supervision and Monitoring Guidelines, Appendix I) Status determinations for each CCB are made based on one of the following categories:

- Meets Requirements – A CCB is found to be in compliance with all indicators. This includes previously identified minor noncompliance issues in which a CCB has improvement activities in place. Problems are summarized in a letter to a CCB and the CCB is responsible for implementing activities to improve these problems. The CCB submits a Plan of Correction (POC) to DDD for any indicators that are less than 100% that require a 100% compliance.
- Needs Assistance – A CCB does not demonstrate substantial compliance on one or more of the indicators. A written POC is required on all indicators that are not meeting the established targets and technical assistance is available from the DDD Early Intervention Colorado team. If a CCB maintains a status of Needs Assistance for more than two consecutive years, enforcement actions are imposed to ensure that progress is made to improve performance and support the CCB to move into the Meets Requirements category.
- Needs Intervention – A CCB does not demonstrate substantial compliance on one or more of the indicators and has not made significant progress on previously identified areas of noncompliance. A written POC is required on all indicators that are not meeting the established targets. Additional enforcement actions are imposed to assist the CCB to improve performance and support the CCB to move into the Needs Assistance or Meets Requirements category. If a CCB maintains a status of Needs Intervention for more than three consecutive years, the CCB is moved into the Needs Substantial Intervention category and additional enforcement actions are imposed.
- Needs Substantial Intervention – A CCB demonstrates a substantial failure to comply that significantly impacts the core early intervention requirements, such as delivery of services to children and/or violation of entitlements of families under Part C, OR the CCB has informed DDD that they no longer wish to comply with early intervention regulations. Early Intervention Colorado staff assist the CCB with its POC and conduct more frequent onsite survey visits. Sanctions may be enforced as stated in the individual CCB contract, such as withholding funds, terminating the contract or non-renewal of the contract. Additional enforcement actions are imposed to assist the CCB to improve performance and support the CCB to move into the Needs Intervention, Needs Assistance or Meets Requirements category.

The information gathered through the status determinations process guides the Early Intervention Colorado staff and the CICC in developing training and technical assistance, allocation of staff time and contract resources and in tracking statewide trends that require additional attention. Detailed information on status determinations is provided in the General Supervision and Monitoring Guidelines.

2) Review and Analyses of Information

The overall purpose of gathering the information is to provide information to DDD and the system that results in improvement in system performance. Specifically the information, at a minimum, is used to:

- Identify patterns of problems across the state
- Identify patterns of problems by CCB service area
- Focus technical assistance and training resources, and other interventions on areas identified as needing strengthening
- Assess the impact of quality improvement activities
- Assessing the effect of program policy changes on the frequency and type of appeals or complaints received at DDD, and
- Compare survey outcomes, incidence data regarding critical incidents, and mortality on a year-to-year basis.

3) Dissemination of Information

Statewide data is broadly shared with system stakeholders and the CICC. Data specific to each service area is shared with CCB early intervention programs to assist them in identifying patterns and trends within their service area, and, where appropriate, to share with their service agencies.

As mentioned above, DDD reports annually to the public on each CCB performance in relation to state targets in the State Performance Plan, Indicators 1-8. The public report is broadly disseminated through various means, including posting on the DDD website and dissemination through public agencies. In addition, survey outcome data is included in the annual budget submission and OSEP reports.

Outcome data for specific surveys, a survey report and annual status determinations are also made available to families and others who request information about a particular program, service area or statewide trends.

P. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

Authority: IDEA, Part C, U.S.C. 1435(a)(10)(A)-(C), (11)-(12); 1437(a)(1)-(2), (b); 1438(1)-(2); 1440; and 1443; CRS 27-10.5, 25.5, and 10-16

1. Policy

DDD, as the lead agency for Part C and early intervention services in Colorado, is responsible for ensuring:

a) The administration of federal Part C funds within federal requirements

b) The administration of state early intervention funds, including private health insurance funds deposited into the state Trust Fund for early intervention services

c) Federal Part C funds are not commingled with state funds and are used to supplement the level of state and local funds expended for eligible infants and toddlers and their families, and in no case are funds used to supplant those state and local funds

d) The existence of state policies related to how early intervention services provided to eligible children and their families, as documented on the IFSP, are paid for under Part C and CRS 27-10.5

e) The following functions are carried out at no expense to a family:

- Implementation of the Child Find process
- Evaluation and assessment
- Service coordination
- Administrative and coordinated activities related to the development, review, and evaluation of the IFSPs
- Implementation of the procedural safeguards and the other components of the statewide system of early intervention supports and services, and

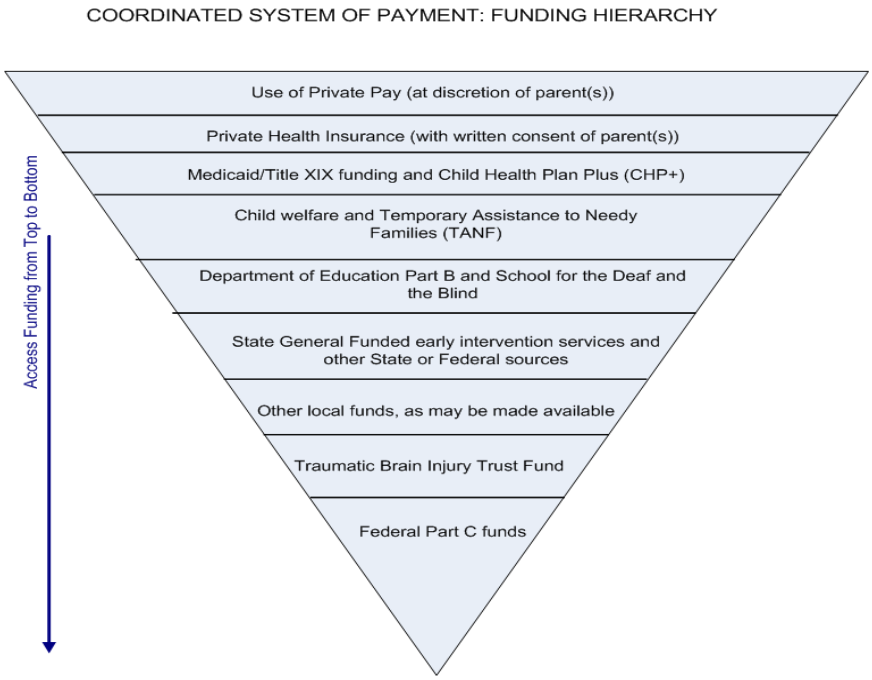
f) Procedures are in place to maximize the use of available fiscal resources to support early intervention services for infants and toddlers with developmental delays or disabilities.

2. Procedures

DDD assures: (a) the identification and coordination of all available resources for early intervention services within the state, including those from federal, state, local and private sources; and (b) the updating of information on the federal, state, local and private funding sources.

a) Payer of Last Resort/Non-substitution

The following funding hierarchy is followed by IFSP teams in determining the appropriate funding source for early intervention services needed by a child and family.



Colorado has chosen not to adopt a system of payments and fees that would require personal expense by families, but families may choose to use their personal resources, including private insurance, to fund early intervention services on the IFSP. Families must give consent to a CCB to disclose personally identifiable information to the public or private insurance. If consent is not given, a CCB may not pursue funding through public or private insurance.

Funds provided under the Part C grant are not used to satisfy a financial commitment for services that would have been paid for from another public or private source, including any medical program administered by the Secretary of Defense. However, Part C funds are used whenever it is considered necessary to prevent a delay in the child and family receiving services in a timely manner. Payment is made to early intervention service provider pending reimbursement from the agency that has the ultimate responsibility for payment of that service. The Early Intervention Program (in most cases, administered by the CCB) is authorized to claim reimbursement for the services from the public agency once the primary funding source has been approved.

b) Contracting for Early Intervention Services

Established state policies and procedures are used for contracting or making other arrangements with public or private providers of early intervention services. Direct service and service coordination funds are distributed to CCBs through annual contracts in accordance with state rules. CCBs are required to provide early intervention services that meet all state and federal requirements.

Q. INTERAGENCY AGREEMENTS; RESOLUTION OF DISPUTES; PAYOR OF LAST RESORT

Authority: IDEA, Part C, 20 U.S.C. 1437(a)(1)-(3), (10); 1440(b)(1)

1. Policy

DDD has entered in to a formal interagency operating agreement, the Memorandum of Understanding (MOU), with the following state agencies involved in the provision of early intervention services to infants and toddlers with developmental delays or disabilities and their families:

- Department of Public Health and Environment (CDPHE)
- Department of Education (CDE)
- Department of Health Care Policy and Financing (HCPF), and
- Division of Insurance (DOI)

The interagency MOU articulates the commitment of each agency for coordination and cooperation to ensure a statewide system of early intervention services, defines the financial responsibility of all signatory agencies, and includes procedures for resolving disputes.

The agencies involved in the MOU assure that funds available under Part C will be used to supplement and increase the level of services and shall in no case be used to supplant state and local funds, insofar as the agencies have control of such funds.

2. Procedures

DDD is responsible for a quick response to disputes among agencies regarding the provision of or payment for early intervention services to an infant or toddler. The procedures for resolution of interagency disputes, as articulated on the MOU is as follows:

- When disputes involve multiple divisions within a single agency, their internal administrative dispute procedures are utilized
- If disputes arise involving two or more Departments involved in the MOU, the respective representatives meet and attempt to resolve the matter
- If this meeting does not resolve the dispute, the lead agency assembles a meeting with representatives of the Departments involved in the MOU, and the co-chairs of the CICC to resolve the dispute in a timely manner, and
- If the matter in dispute is in regard to financial responsibility and reimbursement procedures in respect to the use of Part C funds as Payor of Last Resort and Reimbursement Procedures, the Departments involved in the MOU assure collaborative, systemic and reasonable efforts to secure reimbursement to the appropriate agency or entity in a timely manner.

R. DATA COLLECTION

Authority: IDEA, Part C, 20 U.S.C.1435 (a)(14)

1. Policy

DDD has implemented data collection procedures within the statewide system of early intervention supports and services, including processes for collecting data from various agencies, and analyzing the data to enhance the implementation of early intervention services statewide. DDD is responsible for all federally required data, including information about race and ethnicity of eligible children and exiting data. DDD reports the data as prescribed under section 618 of IDEA and provides the data at the time and in the manner specified by the Secretary.

2. Procedures

The data is collected ongoing by each CCB and entered into the web-based Community Contract and Management System (CCMSweb). Periodic training and ongoing technical assistance is provided to local agencies to help ensure the most accurate data reporting possible.

Data is compiled and analyzed by the state to:

a) Report required information to OSEP
b) Inform DDD in order to carry out the general supervision and monitoring requirements
c) Identify trends and needs by individual community and statewide in public awareness, identification, evaluation, service delivery, and transition

d) Identify the types, timeliness, settings, and availability of early intervention services and track trends statewide

e) Identify trends related to funding mechanisms

f) Identify needs for qualified personnel, and

g) Assist the CICC and all partner agencies in evaluating the implementation of the early intervention system.

S. OFFICIAL NOTICE OF PUBLIC HEARINGS AND DISSEMINATION PLAN

Authority: IDEA, Part C, 20 U.S.C.1437 (a)(8)

1. Policy

Policies and procedures in the Early Intervention Colorado State Plan are widely disseminated and available for public review for 60 days prior to submission to the federal Office of Special Education Programs and adoption by the state.

2. Procedures

Notice of public hearings are disseminated in the media (major metro newspaper), posted on the Early Intervention Colorado website, and through e-mail to the CICC and key stakeholders which includes CCBs, advocacy groups, private providers, and public agencies.

At least three public hearings are held in a variety of regional locations to ensure the opportunity for public input in that represents the diversity of the state. Only locations that meet the Americans with Disabilities Act (ADA) regulations are used.

In addition to public hearings, there is a 30-day comment period for those who wish to submit written comments to DDD. Adequate notice is given to the public prior to the public comment timeframe. Interpretation and/or translation are/is made available to ensure participation of the public whose primary language is other than English, to the extent appropriate.