



EARLY INTERVENTION COLORADO STATE PLAN

UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT

2015

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COLORADO

Office of Early Childhood

Division of Community & Family Support

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Federal Fiscal Year 2015-16

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EARLY INTERVENTION COLORADO STATE PLAN

Under Part C of the Individuals with Disabilities Education Act Revised 2015

SECTION I: GENERAL APPLICATION REQUIREMENTS

Introduction: The Colorado System of Early Intervention Services

Colorado participates in Part C of the Individuals with Disabilities Education 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. The legislative declaration of the Colorado Revised Statutes (C.R.S.) 27-10.5-701(1)(a) (2014) states, “There is an urgent and substantial need to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first three years of life.”

The Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, hereafter referred to as the Department, is authorized as set forth in 27-10.5-703 (2014), C.R.S. to administer early intervention services to infants and toddlers, birth through two (2) years of age. State funds are appropriated to the Department 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 and Local Interagency Coordinating Councils 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 Department 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, the Department has developed a conceptual framework that guides and directs the system of early intervention supports and services. The Colorado Interagency Coordinating Council 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.

Colorado Interagency Coordinating Council guiding values influence all components of the system and include:

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

The Department, with the advice and assistance of the Colorado Interagency Coordinating Council, 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.

The Department uses state and federal early intervention funds to:

- a. Administer the Colorado early intervention system for eligible infants and toddlers and their families; and,
- b. Assist Community Centered Boards in the delivery, improvement and expansion of the system of early intervention services to infants and toddlers and their families through the provision of service coordination and direct early intervention services, or contract for such services with independent providers, for eligible children and their families; and,
- c. Coordinate interagency, collaborative opportunities to maximize resources through contracts, joint funding or in-kind contributions to implement the statewide system of early intervention services.

The Department and the Colorado Interagency Coordinating Council ensure:

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

A Memorandum of Understanding for the implementation of a comprehensive early intervention system in Colorado is developed and annually reviewed by the Colorado Departments of Human Services, Education, Public Health and Environment, Health Care Policy and Financing and the Division of Insurance. The Memorandum of Understanding, Appendix A, has been revised to articulate the interagency commitment, as well as statutory and regulatory authority for the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for all infants and toddlers who are eligible for early intervention

services and their families. The Department has also developed a Transition Interagency Agreement with the Colorado Department of Education to ensure a seamless transition for children and their families exiting early intervention services to Part B preschool special education services. The Transition Interagency Agreement, Appendix B, has been revised to be in compliance with 34 C.F.R. Sections 303.34(b)(10), 303.209 and 303.344 (h).

The Department also participates on the Early Childhood Leadership Commission which serves as the state advisory council on early childhood education and care established under the Head Start Act. The Department maintains an interagency agreement with Head Start and Early Head Start in order to promote collaboration at the state and local levels.

The Department contracts with twenty Community Centered Boards that are the private non-profit organizations designated certified early intervention brokers in State Statute 27-10.5-702 (3) C.R.S. to provide early intervention services to eligible infants and toddlers. Each Community Centered Board has a non-overlapping geographic service region of one to ten counties serving on a monthly average from 12 to 1,700 infants and toddlers. A directory of the Community Centered Board Early Intervention Colorado Programs is located at www.eicolorado.org. State and federal funds for direct services and service coordination are distributed to Community Centered Boards through annual contracts in accordance with state rules. The Department certifies that the Community Centered Boards are required to provide early intervention services that meet all state and federal requirements.

Community Centered Boards are responsible for intake, eligibility determination, service plan development, arranging for services, delivery of services, monitoring, and many other functions. Additionally, Community Centered Boards are responsible for assessing service area needs and developing plans and priorities to meet those needs. Community Centered Boards 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. The Department ensures conformity with state and federal regulations through general supervision and monitoring activities pursuant to 27-10.5-703 (g) that are described in the General Supervision and Monitoring Procedures, Appendix C, and the Fiscal Management and Accountability Procedures, Appendix D.

Additional federal requirements of the FY 2015-16 Part C Application are described in the following Section I, pages I-4 through I-11.

COLORADO INTERAGENCY COORDINATING COUNCIL

Federal Authority: 20 U.S.C. 1441; and 34 C.F.R., Sections 303.600-605

State Authority: 27-10.5-702(19), C.R.S. (2014)

The Department maintains the Colorado Interagency Coordinating Council in accordance with Part C of the Individuals with Disabilities Education Act and the policies and procedures within the Early Intervention Colorado State Plan.

A. The Colorado Interagency Coordinating Council advises and assists the lead agency on how to:

1. Develop and implement policies that constitute the statewide system of early intervention supports and services, including the identification of sources of fiscal and other support for early intervention services and assignment of financial responsibility to appropriate agencies;
2. Achieve full participation, coordination and cooperation of all appropriate public agencies in the state;
3. 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;
4. Resolve disputes, to the extent appropriate;
5. 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;
6. Evaluate the overall effectiveness of early intervention efforts in Colorado, specifically as those efforts relate to the accomplishment of the Colorado Interagency Coordinating Council values and policy directions; and,
7. 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.

B. The members of the Colorado Interagency Coordinating Council, Appendix G, are appointed by the Governor and are representative of the population of the State of Colorado.

C. The Colorado Interagency Coordinating Council selects parent Co-Chairpersons who have served as parent representatives on the Council. The Colorado Interagency Coordinating Council selects an Executive Committee that is composed of the Co-Chairpersons, additional parent(s) and other members of the Colorado Interagency Coordinating Council to support the functioning of the Council and provide a mechanism for leadership and decision-making.

D. The current Colorado Interagency Coordinating Council membership is comprised as follows:

1. At least twenty percent (20%) of the members are parents of children twelve (12) years or younger with developmental disabilities, including parents from diverse populations and parents of infants and toddlers with developmental disabilities who

have knowledge and experience with programs for infants and toddlers with developmental delays or disabilities. One (1) of the five (5) parent members is a parent of a child with a disability aged six (6) or younger; and,

2. At least twenty percent (20%) of the members are public or private early intervention service providers, including one pediatrician; and,
 3. At least one (1) member is from the Colorado General Assembly; and,
 4. Nine (9) 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. These include representatives from the following agencies:
 - a. Department of Education (State Preschool Services and Education of Homeless Children and Youth); and,
 - b. Department of Health Care Policy and Financing (State Medicaid); and,
 - c. Department of Human Services (Child Care; Child Welfare; Developmental Disabilities; Foster Care; and Mental Health); and,
 - d. Department of Public Health and Environment.
 5. One (1) member from the agency responsible for state governance of insurance; and,
 6. One (1) representative of Native American populations in the state; and,
 7. One (1) member representing a Head Start agency; and,
 8. One (1) member representing personnel preparation.
- E. Colorado Interagency Coordinating Council members sign a statement assuring individual compliance with the code of ethics. Colorado Interagency Coordinating Council 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.
- F. As authorized under Part C, the Colorado Interagency Coordinating Council uses Part C Funds to:
1. Conduct hearings and forums; and,
 2. Reimburse Colorado Interagency Coordinating Council members for reasonable and necessary expenses for attending Colorado Interagency Coordinating Council meetings and performing Council duties (including child care for parent representatives); and,
 3. Except as provided above serve without compensation from funds under Part C; and,
 4. Obtain the supports and services of professional, technical and clerical personnel, as necessary, to carry out the performance of its functions.
- G. The Colorado Interagency Coordinating Council is required to meet at least quarterly and notices of meetings and agendas are distributed to Community Centered Boards and other early intervention partners. The general public is invited to each meeting and given the opportunity for input and comment. The Department notifies the general public of the Colorado Interagency Coordinating Council meetings by the following:

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

H. The Colorado Interagency Coordinating Council 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 Colorado Interagency Coordinating Council members and participants are arranged when needed. The Colorado Interagency Coordinating Council uses Part C Funds to pay for these supports and services in accordance with 34 C.F.R., Section 303.603. Minutes of the meetings are also posted on the Early Intervention Colorado website at www.eicolorado.org.

EQUITABLE DISTRIBUTION OF RESOURCES

Federal Authority: 20 U.S.C. 1437(a)(7); 34 C.F.R., Section 303.212(a) and General Education Provisions Act (GEPA), Section 427 Requirements

- A. Funds are awarded equitably to each Community Centered Board under Part C of the Individuals with Disabilities Education Act so as to ensure that funds are available in all areas of the State, which include rural, urban, and suburban areas.
- B. Funds are distributed to each Community Centered Board through an annual contract 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.
- C. The Department takes steps to address equitable access to and participation in Part C of the Individuals with Disabilities Education Act 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. There are many families in Colorado who do not speak English and whose access to any public program, including Part C of the Individuals with Disabilities Education Act, may be limited. The majority of these families are Spanish-speaking. Actions to address these barriers include:
 - a. Making the majority of materials available in Spanish and translating video and audio materials into Spanish;
 - b. Requiring each Community Centered Board to address outreach to underrepresented groups, including those with cultural and linguistic differences; and,
 - c. Making available additional translation and interpreter services, as necessary.
 - 2. 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. The Department collaborates with a Native American Indian tribal consultant in the Office of the Lieutenant Governor 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. The provision of services in rural geographic regions of Colorado is a challenge due to shortages of qualified early intervention services staff. The Department is working with the Early Childhood Technical Assistance Center, the University of Northern Colorado, the Colorado Office of Professional Development and independent contractors to explore innovative practices for provider recruitment and retention in rural, underserved areas of the State.

4. Assisting families who have young children with developmental delays or disabilities and are experiencing homelessness creates unique challenges for the State. The Department:
 - a. Collaborates with a representative from the Colorado Department of Education Office of Homeless Education who serves as a member on the Colorado Interagency Coordinating Council;
 - b. Provides information to each Community Centered Board regarding the Family Resource Centers in their areas. Family Resource Centers assist families who are facing impoverished conditions with accessing resources in their communities; and,
 - c. Requires each Community Centered Board 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.

ANNUAL PERFORMANCE REPORT

Federal Authority: 20 USC 1416(b)(2)(C)(ii)(II) and 1442; and 34 C.F.R., Sections 303.700-705

- A. As lead agency for Part C, the Department submits an Annual Performance Report 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 during the grant year. The report covers the twelve (12) months of the previous grant period ending June 30th of that grant year, and includes a description of progress or slippage in meeting the “measurable and rigorous targets” found in the State Performance Plan. Both the State Performance Plan and the Annual Performance Report are posted on the Early Intervention Colorado website at www.eicolorado.org.
- B. In addition, the Department reports annually to the public on the performance of each Community Centered Board Early Intervention Program in meeting the targets in the State Performance Plan. The local performance reports are posted on the Early Intervention Colorado website at www.eicolorado.org.

ANNUAL DATA COLLECTION REPORT

Federal Authority: 20 USC 1418, 1435(a)(14) and 1442; and 34 C.F.R., Sections 303.701-702 and 303.721-724

The Department compiles data on a statewide basis using:

- A. Child Count data and measurements that are collected for the State Performance Plan Indicators from Community Centered Boards in the State; and,
- B. Data that is required to be reported under Part C, and other information that the Secretary may require, including:
 - 1. The requirement to disaggregate the data;
 - 2. Reporting of data by gender, age and race/ethnicity;
 - 3. Reporting the number of due process hearing requests filed and hearings conducted; and,
 - 4. Mediations held and settlement agreements reached through mediation.
- C. Data is compiled and analyzed by the Department to:
 - 1. Report required information to the Office of Special Education Programs;
 - 2. Inform the Department in order to carry out the general supervision and monitoring requirements;
 - 3. Identify trends and needs, by individual community and statewide, in the areas of public awareness, identification, evaluation, service delivery and transition;
 - 4. Identify the types, timeliness, settings and availability of early intervention services and track trends statewide;
 - 5. Identify trends related to funding mechanisms;
 - 6. Identify needs for qualified personnel; and,
 - 7. Assist the Colorado Interagency Coordinating Council and all partner agencies in evaluating the implementation of the early intervention system.

OFFICIAL NOTICE OF PUBLIC HEARINGS AND DISSEMINATION PLAN

Federal Authority: 20 U.S.C. 1437 (a)(8); 34 C.F.R., Section 303.208

- A. The Annual Application for the Early Intervention Colorado Program and any new or revised policies and procedures necessary to comply with Part C of IDEA are 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 F include:
 - 1. Official Notice of Public Hearings; and,
 - 2. The dissemination plan for information regarding public hearings that is mailed to a broad list of early intervention services providers, interagency partners, advocates and parents.
- B. Before adopting a new or revised policy or procedure, the changes in the Early Intervention Colorado State Plan shall be widely disseminated and available for public review for sixty (60) days.
- C. Prior notice is provided: thirty (30) days before public hearings, is posted on the Early Intervention Colorado website and disseminated in the-major metropolitan newspaper, and through e-mail to the Colorado Interagency Coordinating Council and key stakeholders which includes Community Centered Boards, advocacy groups, private providers and public agencies.
- D. At least three (3) public hearings are held in a variety of regional locations to ensure the opportunity for public input that represents the diversity of the State. Only locations that meet the Americans with Disabilities Act regulations are used.
- E. In addition to public hearings, there is a thirty (30)-day comment period for those who wish to submit comments to the Department. Adequate notice is given to the public prior to the public comment timeframe.
- F. 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.
- G. Colorado shall obtain approval by the OSEP before the implementation of policies and procedures required to be submitted under 34 C.F.R. Sections 303.203, 303.204, 303.206, 303.207, 303.208, 303,209 and 303.211.

SECTION II: STATE POLICIES, PROCEDURES AND RELATED REQUIREMENTS

EARLY INTERVENTION PROGRAM

Federal Authority: 20 U.S.C. 1401, 1419, 1431-1441; 34 C.F.R., Part 303; and GEPA, 427 Requirements

State Authority: 27-10.5, Section 7, C.R.S. (2014)

RULE 12 CCR 2509-10

7.900 EARLY INTERVENTION PROGRAM

The Early Intervention Program shall provide services for an infant or toddler, birth through two (2) years of age, with a developmental delay or disability and his or her family through a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services.

A. The Early Intervention Program shall provide services consistent with the following requirements:

1. The Colorado Revised Statutes (C.R.S.) Title 27, Article 10.5, Sections 701 et seq.
2. The Colorado Revised Statutes (C.R.S.) Title 10, Article 16, Sections 102(46) and 104(1.3).
3. The Colorado Revised Statutes (C.R.S.) Title 22, Article 20, Sections 103 and 118.
4. The United States Code (U.S.C.), Title 20, Parts 1232, as amended January 2, 2013, 1401, 1419, 1431-1441 (the federal Individuals with Disabilities Education Act of 2004), U.S.C. Title 42, Part 1320, as amended (the Public Health Service Act), and Title 42, Part 9801 (the Head Start Act), and Title 42, Part 11431, as amended (McKinney-Vento Homeless Assistance Act) published by Office of the Law Revision Counsel of the U.S. House of Representatives, which are incorporated by reference; no later amendments or editions are included. These documents are for sale by the Superintendent of Documents, U.S Government Printing Office, Washington, D.C., 20402 and can be found at www.gpo.gov. The documents may also be examined at any state publications depository library and at the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, 1575 Sherman Street, Denver, Colorado 80203.
5. The Code of Federal Regulations (C.F.R.), Title 34, Part 303 published by the Office of the Federal Register, National Archives and Records Administration, which is incorporated by reference; no later amendments or editions are included. The document is for sale by the Superintendent of Documents, U.S Government Printing Office, Washington, D.C., 20402 and can be found on the Government Printing Office website at www.gpo.gov. The document may also be examined at any state publications depository library and at the Colorado Department of Human Services,

Office of Early Childhood, Division of Community and Family Support, 1575 Sherman Street, Denver, Colorado 80203.

6. The General Education Provisions Act (GEPA), Section 427 of the Improving America's Schools Act of 1994 that applies to applicants for new grant awards under the federal Department of Education which is incorporated by reference; no later amendments or editions are included. The document is for sale by the Superintendent of Documents, U.S Government Printing Office, Washington, D.C., 20402, and can be found on the Government Printing Office website at www.gpo.gov. The document may also be examined at any state publications depository library and at the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, 1575 Sherman Street, Denver, Colorado 80203.
- B. The Early Intervention Program shall design services to meet the developmental needs of an eligible infant or toddler and the needs of his or her family related to functional outcomes to enhance the child's development in the domains of adaptive development, cognitive development, communication development, physical development (including vision and hearing), and, social emotional development.
 - C. Based on the unique needs of each child, early intervention services shall be delivered through a combination of individualized intervention methods and strategies designed to:
 1. Enhance the capacity of a parent or other caregiver to support a child's well-being, development, and learning; and,
 2. Support full participation of a child in his or her community; and,
 3. Meet a child's developmental needs within the context of the concerns and priorities of his or her family.
 - D. All available resources that pay for early intervention services shall be identified and coordinated, including, but not limited to, federal, state, local, and private sources.
 - E. A system for the resolution of intra- and inter-agency disputes shall be used.
 - F. Formal interagency operating agreements, as needed, shall be developed to facilitate the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services.
 - G. A statewide system for compiling data on the early intervention services shall be used to comply with state and federal reporting requirements.

Procedure – Early Intervention Program Response to Interagency Disputes

The Department 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 are articulated in the Memorandum of Understanding.

Other Early Intervention Program Documents

“Memorandum of Understanding” (Appendix A)

“A Family Overview: Colorado’s Early Intervention System at a Glance”

“Family Guide Book I: Referral and Eligibility for Colorado Early Intervention Services”

“Family Guide Book II: Individualized Family Service Plan and Orientation to Early Intervention Services”

“A Family Guide to the Coordinated System of Payments for Early Intervention Services”
(Appendix E)

DEFINITIONS

Federal Authority: 34 C.F.R., Sections 303.27, 303.29, and 303.403(c)

State Authority: 27-10.5-702, C.R.S. (2014)

RULE 12 CCR 2509-10

7.901 EARLY INTERVENTION PROGRAM DEFINITIONS

As used in these rules and regulations, unless the context requires otherwise:

"Abuse or child abuse and/or neglect" is defined in Section 19-1-103(1), C.R.S.

"Access to records" means the right for a parent to have the opportunity to inspect, review and obtain copies of records related to evaluation, assessment, eligibility determination, development and implementation of an Individualized Family Service Plan, individual complaints pertaining to the child, and any other relevant information regarding his or her child and family, unless restricted under authority of applicable state law governing such matters of guardianship, separation, or divorce.

"Administrative unit", as defined in Colorado Department of Education rules in 1 CCR 301-8, 2220-R-2.02, means a School District, Board of Cooperative Services, or the State Charter School Institute, that is approved by the Colorado Department of Education and provides educational services to exceptional children.

"Assessment" means the ongoing procedures used throughout the period of eligibility of a child for early intervention services to identify:

- A. The unique strengths and needs of the child and the early intervention services appropriate to meet those needs; and,
- B. The resources, priorities, and concerns of a parent and the early intervention services necessary to enhance the capacity of a parent or other caregiver to meet the developmental needs of the eligible child within everyday routines, activities and places.

"Certified Early Intervention Service Broker" is defined in Section 27-10.5-702(3), C.R.S.

"Child Abuse Prevention and Treatment Act" (CAPTA) means the CAPTA state grant program provides states with flexible funds to improve their child protective service systems. Reauthorized by the Keeping Children and Families Safe Act of 2003, the program requires states to provide assurances in their five (5) year child and family services plan that the state is operating a statewide child abuse and neglect program. This program includes policies and procedures that address the needs of drug-exposed infants and provisions for referral of children under age three (3) who are involved in a substantiated case of abuse and neglect to early intervention services under IDEA Part C.

“Child Find” means Part C of the Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) (IDEA) as defined in Section 27-10.5-702 and pursuant to Section 22-20-103(4), C.R.S.

“Child Find program” means the multidisciplinary team within an administrative unit that conducts screening and evaluation activities for young children.

“Children experiencing homelessness” means children who lack a fixed, regular, and adequate nighttime residence, in accordance with the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431, et seq. and 34 C.F.R. 303.17, which is incorporated by reference as defined in section 7.900, A, 5.

“Coaching” means a relationship-based strategy used by appropriately trained personnel with a family member, other caregiver, or another provider to support what is already working to help a child develop and to increase their knowledge and use of new ideas to achieve child or family outcomes.

“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 and the parent understands and agrees in writing to the carrying out of the activity.

“Co-payment” means a specified dollar amount that an insured person must pay for covered health care services. The insured person pays this amount to the provider at the time of service.

“Criteria” means standards on which a judgment or decision may be based.

"Days" means calendar days unless otherwise indicated.

“Deductible” means the amount that must be paid out-of-pocket before a health insurance company pays its share.

“Developmental delay” for an infant or toddler is defined as the existence of at least one (1) of the following measurements:

- A. Equivalence of twenty-five percent (25%) or greater delay in one (1) or more of the five (5) domains of development as defined in Section 7.920, E, 7, a, when compared with chronological age; or,
- B. Equivalence of one and a half (1.5) standard deviations or more below the mean in one (1) or more of the five (5) domains of development.

“Developmental disability” is defined pursuant to the Colorado Revised Statutes (C.R.S.) Title 27, Article 10.5, Section 102 (11).

“Due process procedures” means formal procedures used to resolve a dispute involving an individual child or parent related to any matter described in 34 C.F.R., Sections 303.435-438, which are incorporated by reference as defined in Section 7.900, A, 5.

“Duration” means the specific and measurable period of time a service is provided, specifying the start and end date.

“Early Head Start” means a program funded under the Head Start Act, pursuant to 42 U.S.C. 9801, incorporated by reference as defined in Section 7.900, A, 4, and carried out by a local agency or grantee that provides ongoing comprehensive child development services for pregnant women, infants, toddlers, and their families.

"Early Intervention Provider Database" means the State database located at www.eicolorado.org that contains information and Community Centered Board affiliation on all early intervention providers, including personnel qualifications. It also serves as the database for the collection of child outcomes data.

“Established condition” for an infant or toddler means a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development and is listed in the Established Conditions Database.

"Established conditions database" means the state database located at www.eicolorado.org that includes the state approved list of established conditions.

"Evaluation" for early intervention services means the procedures used to determine initial and continuing eligibility.

“Everyday routines, activities and places” means routines that are customarily a part of families’ typical days including, but not limited to: meal time; bath time; shopping; play time; outdoor play; activities a family does with its infant or toddler on a regular basis; and, places where the family participates on a regular basis, such as, but not limited to, home, place of worship, store, and child care.

“Evidence-based practices” mean practices that integrate research that has demonstrated efficacy and with consideration of the situation, goals, and values of the child, family and professionals.

“Evidence-informed strategies” mean methods that use nationally recognized recommended practices to inform the effective delivery of early intervention services.

“Family assessment” means a process using a Department-approved assessment tool and parent interview prior to the development of an Initial Individualized Family Service Plan.

“Family Educational Rights and Privacy Act” (FERPA) means the federal law that protects the privacy of students’ “education records” under 20 U.S.C. Section 1232g; 34 C.F.R. Part 99, which is incorporated by reference as defined in Section 7.900, A, 4. FERPA requirements apply to

educational agencies and institutions that receive funds under any program administered by the United States Department of Education.

“Frequency” means how often an early intervention service is provided, for example one time per month or one time per week.

“Guardian” means a person appointed by the court or named in a will and charged with limited, temporary, or full guardian's power and duties, pursuant to Section 15-14-312, C.R.S.

“Health Insurance Portability and Accountability Act (HIPAA)” means the privacy rule that establishes national standards and requirements for electronic health care transactions and protects the privacy and security of individually identifiable health information, which is incorporated by reference as defined in Section 7.900, A, 4.

“Individualized Family Service Plan” (IFSP) means a written plan for providing early intervention services to eligible children and their families, in accordance with 34 C.F.R. Section 303.340, et seq., which is incorporated by reference as defined in section 7.900, A, 5.

“Informed clinical opinion” means the process used for determining current levels of development in all developmental domains based on a synthesis of objective qualitative and quantitative information from multiple sources that, at a minimum, includes:

- A. A review of pertinent records related to current health status and medical history; and,
- B. A family report about their perceptions and observations of the child’s development;
and,
- C. The results of appropriate methods and procedures.

“Initial assessment” means the assessment of the child and the family conducted before a child’s first Individualized Family Service Plan meeting.

“Intensity” means the length of time that a service is provided each session, for example sixty (60) minutes.

“Mediation” means voluntary procedures used to resolve a dispute involving any matter described in 34 C.F.R. Section 303.430-437, which is incorporated by reference as defined in Section 7.900, A, 5.

“Method” means how an early intervention service is provided. the type of method may be one of the following:

- A. Individual service provided to a child and family;
- B. Co-visit during which services are provided by two professionals during a session;

- C. Teaming through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes; or,
- D. Supervision by a qualified provider who oversees the work of a student or paraprofessional through observation and guidance, including direction and evaluation of the activities performed by the supervisee.

“Model” means one of the following constructs in which a child’s and family’s early intervention services shall be provided:

- A. Primary service provider; or,
- B. Multidisciplinary service providers; or,
- C. Single provider; or,
- D. Other model approved by the state.

“Multidisciplinary evaluation team” means a group that is made up of two (2) or more qualified personnel who have different training and experience.

“Multidisciplinary Service Providers Model” means a model in which two (2) or more qualified providers who have different training and experience provide ongoing services as identified in an Individualized Family Service Plan. In this model the providers work independently of each other with minimal interaction with other team members, and perform interventions separately from others while working on discipline-specific goals.

“Native language”, when used with respect to an individual who has limited English proficiency means:

- A. The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided below in “B”; and,
- B. For evaluations and assessments conducted pursuant to section 7.920, E, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and assessment.

“Native language”, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual, such as sign language, Braille or oral communication.

“Natural environments” means the day-to-day routines, activities and places that promote learning opportunities for an individual child and family, in settings such as the family’s home and community that are natural or typical for the child’s peer who have no disabilities.

"Parent", within early intervention services means:

- A. The biological or adoptive parent; or,
- B. A guardian in a parental relation to the child authorized to act as the child’s parent or authorized to make early intervention, educational, health or developmental decisions, but not the State if the child is under the jurisdiction of a court; or,
- C. A foster parent; or,
- D. An individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives, or an individual who is legally responsible for the child’s welfare; or,
- E. A surrogate parent who has been appointed in accordance with 34 CFR Section 303.422, incorporated as identified in Section 7.900, A, 5.

“Part C” means Part C of the Individuals with Disabilities Education Improvement Act of 2004 that addresses infants and toddlers, birth through two (2) years of age, with developmental delays or disabilities, or physical or mental conditions with a high probability of resulting in significant delays in development, in accordance with 34 C.F.R. 303, which is incorporated by reference as defined in Section 7.900, A, 5.

“Participating agency” means, as used in early intervention services, any individual, agency, program or entity that collects, maintains, or uses personally identifiable information to implement the requirements and regulations of Part C of the IDEA with respect to a particular child.

A. This includes:

- 1. The Colorado Department of Human Services; and,
- 2. Community Centered Boards (CCB) or a Certified Early Intervention Service Broker; and,
- 3. Any individual or entity that provides any Part C services, including service coordination, evaluations and assessments, and other Part C services.

B. This does not include:

- 1. Primary referral sources; or,

2. Public agencies, such as the Medicaid program, private entities, or private health insurance carriers, that act solely as funding sources for early intervention services.

“Personally identifiable information” as used in early intervention services means, but is not limited to:

- A. The infant or toddler’s name; or,
- B. The name of the infant or toddler’s parent or other family member; or,
- C. The address of the infant or toddler, or their family; or,
- D. A personal identifier, such as a Social Security Number or other biometric record; or,
- E. Other indirect identifiers such as the child’s date of birth, place of birth, or mother’s maiden name; or,
- F. Other information that, alone or in combination, is linkable to a specific infant or toddler by a person in the early intervention community, who does not have personal knowledge of the relevant circumstances, to identify the infant or toddler with reasonable certainty; or,
- G. Information about a child whose identity is believed by the Early Intervention Program to be known by the requester of that information.

"Physician" means a person licensed to practice medicine under Section 12-36-101, C.R.S., et seq., the Colorado Medical Practice Act.

“Post-referral screening” means the early intervention activities that take place after a child is referred to the Early Intervention Program and the administrative unit to identify infants and toddlers who are in need of more intensive evaluation and assessment in order to determine eligibility due to a developmental delay.

“Primary Service Provider Model” means a model of service delivery that utilizes one main qualified provider from any discipline that is the best fit to address the child and family outcomes as identified in an Individualized Family Service Plan. Other team members support the primary service provider through teaming and may provide co-visits under this model.

“Prior written notice” for early intervention services means written notice that is given to parents a reasonable time before a Community Centered Board or other Certified Early Intervention Service Broker proposes or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler, or the provision of appropriate early intervention services to the child and family.

“Qualified personnel” means personnel who have met the state approved or recognized certification, licensing, registration, or other comparable requirements, to provide evaluations, assessments or early intervention services.

“Referral” for early intervention services means a verbal or written notification from a referral source to the Community Centered Board or administrative unit for the provision of information regarding an infant or toddler, birth through two (2) years of age, in order to identify those who are in need of early intervention services.

"Service coordination" means the activities carried out by a service coordinator to assist and enable a child eligible for early intervention services, and the child's family, to receive the rights, procedural safeguards, and services that are authorized to be provided under Section 7.900, et seq.

“Single Provider Model” means a model of early intervention service provision in which one provider is utilized to meet the child's and family's needs as identified in an Individualized Family Service Plan.

“Surrogate parent” means an individual appointed by the local early intervention services program to act in the place of a parent in safeguarding an infant's or toddler's rights in the decision-making process regarding screening, evaluation, assessment, development of the individualized family service plan, delivery of early intervention services and transition planning.

“State complaint procedures” mean actions taken by the Department to resolve a complaint lodged by an individual or organization regarding any agency or local service provider participating in the delivery of early intervention services that is violating a state or federal requirement.

"Targeted case management services" means those case management services which are provided as a Medicaid benefit for a specific target group of Medicaid recipients who have a developmental disability and who meet the program eligibility criteria identified in the Medical Assistance rules (10 CCR 2505-10) of the Colorado Department of Health Care Policy and Financing.

“Telehealth” means a form of service provision that utilizes secure interactive videoconferencing to deliver early intervention services.

"Waiver Services" means those optional Medicaid services defined in the current federally approved HCBS waiver document and do not include Medicaid State Plan services.

SYSTEM COORDINATION

Federal Authority:	20 U.S.C. 1401, 1431-1433; 1435; 1437, 1438(1)-(2), 1440(b), and 1441; 34 C.F.R. Sections 303.1, 303.101, 303.207, 303.210, 303.302-303 and 303.310-322; and GEPA, 427 Requirements
State Authority:	22-20-118; and 27-10.5, Section 7, C.R.S. (2014)

RULE 12 CCR 2509-10

7.910 SYSTEM COORDINATION

A. Local Interagency Coordinating Council

1. Each Community Centered Board shall have a Local Interagency Coordinating Council that meets at least quarterly 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 or toddlers with developmental delays or disabilities.
2. Membership of a Local Interagency Coordinating Council shall include, at a minimum:
 - a. At least one (1) member who is a parent with a child twelve (12) years of age or younger and at least one (1) member who is a parent of a child six (6) years of age or younger, both of whom have knowledge of, or experience with, early intervention services; and,
 - b. A representative of a local education agency an administrative unit; and,
 - c. A representative of a county department of public health; and,
 - d. A representative of a county department of social/human services; and,
 - e. Members who are public or private providers of early intervention services; and,
 - f. Other members of the community at large who are interested in early intervention services or are involved in the provision of, or payment for, early intervention services.
3. The purpose of a Local Interagency Coordinating Council is to advise a Community Centered Board regarding:
 - a. The planning, delivery, and evaluation of early intervention services, including methods to identify and correct gaps in services; and,
 - b. The coordination of services and funding resources; and,
 - c. The collection and use of child and family outcomes and program data to inform early intervention policies and practices within the designated service area.

B. Interagency Operating Agreements

1. Each Community Centered Board or other Certified Early Intervention Service Broker, as defined in Section 7.913, shall, at a minimum, establish and maintain the following interagency operating agreements:
 - a. Administrative unit agreements that include responsibilities for Child Find and transition activities, and assisting in the development and implementation of the statewide plan in accordance with Section 27-10.5-704, C.R.S., which is incorporated by reference as defined in Section 7.900, A, 1; and,
 - b. County departments of social/human services agreements that include responsibilities for referrals under the Child Abuse Prevention and Treatment Act, as amended by P.L. 111-320, for a child who is less than three (3) 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; and,
 - c. Early Head Start Program agreements that include responsibilities for the coordination of available services and avoidance of duplication of effort for children enrolled in Early Head Start and early intervention services; and,
 - d. Other local agency agreements, as needed, that are involved with early intervention services that specify the responsibilities of each agency.
2. A Community Centered Board shall ensure that interagency operating agreements are signed by parties with the authority to carry out the responsibilities of the specific agencies or programs. The interagency operating agreements are reviewed annually and updated as needed.

Other System Coordination Documents

“Memorandum of Understanding” (Appendix A)
“Colorado Interagency Coordinating Council By-Laws”
“Colorado Interagency Coordinating Council Directory”
“Interagency Agreement between the Colorado Head Start Association and the Office of Early Childhood”
“Memorandum of Understanding between the Division of Child Welfare Services and the Division of Community and Family Support”

FISCAL MANAGEMENT

Federal Authority:	20 U.S.C. 1435(a)(10)-(12); 1437(a)(1)-(2), and (b)(6); 1438(1)-(2); and 1440; 34 C.F.R., Sections 303.202, 303.225-226, 303.500-501, 303.510, 303.511, and 303.520-521; and Office of Management and Budget (OMB) Circulars A-87, A-122 and A-133
State Authority:	22-10-118(1)(c)(III); 25.5-1-124; 27-10.5-702(3), (5), (7), (11), and (15) through (17); 27-10.5-703(e) and (h); 27-10.5-705(2) and (3); 27-10.5-706; 27-10.5-708; 27-10.5-709; and 27-10.5-710(2), C.R.S. (2014)

RULE 12 CCR 2509-10

7.911 FISCAL MANAGEMENT

A. A Community Centered Board or Certified Early Intervention Service Broker, as defined in Section 7.913, shall:

1. Only purchase early intervention services from providers that meet the qualifications as defined by the Department; and,
2. Establish and maintain necessary cost accounting systems according to general accounting principles to properly record, and allocate separately, the revenue and expenses for federal Part C of the Individuals with Disabilities Education funds, state-funded early intervention services, Medicaid funds and private health insurance funds that are billed through the Community Centered Board, local funds, and other funds used for the purchase of early intervention services; and,
3. Ensure that Part C of the Individuals with Disabilities Education Act funds are:
 - a. Used only as payor of last resort; and,
 - b. For purposes of accounting, not commingled with any other funds received.
4. Track expenditures for each funding source for service coordination, direct services, management fee and any other expense line item as defined by the Department.
5. Submit a year-end reconciliation of private health insurance funds, Medicaid and other funds used for the purchase of early intervention services, but not claimed through the state database as defined in the annual contract with the Department.
6. Notify the Department of any proposed change of reimbursement rates for any early intervention service at least fifteen (15) calendar days prior to the use of such rates, including its rate-setting methodology.

B. The maximum reimbursement rate for any early intervention service shall be subject to restriction by the Department.

PROCEDURE – Fiscal Management

A Community Centered Board or other Certified Early Intervention Service Broker shall adhere to the Fiscal Management and Accountability Procedures.

Other Fiscal Management Documents

“Fiscal Management and Accountability Procedures” (Appendix D)

COORDINATED SYSTEM OF PAYMENT

Federal Authority: 20 U.S.C. 1435(10)(B)-F), 1438(1)-(2); 34 C.F.R., Sections 303.225-226 and 303.520-303.528

State Authority: 10-16-104(1.3); 22-20-118(1)(c)(III); 27-10.5-702(3), (5), (7), (9), (11), and (17); 27-10.5-703; 27-10.5-705; 27-10.5-706; 27-10.5-707(b) and (c); 27-10.5-708; and 27-10.5-709, C.R.S. (2014)

RULE 12 CCR 2509-10

7.912 COORDINATED SYSTEM OF PAYMENT

- A. Early intervention services are provided to an eligible child and family at no out-of-pocket costs to a parent, such that the parent is not responsible for a sliding fee for services or payment of deductibles and co-payments for any early intervention service on a child's Individualized Family Service Plan, but is responsible for payment of insurance premiums when:
1. Private health insurance is used to pay for early intervention services; or,
 2. Medicaid or Child Health Plan Plus is used to pay for early intervention services; or,
 3. Use of private health insurance is required prior to the use of public insurance or benefits.
- B. The Certified Early Intervention Service Broker shall ensure:
1. That the availability of public or private health insurance to pay for services shall not result in the delay or denial of early intervention services to a child or a child's family; and,
 2. No early intervention service documented in an Individualized Family Service Plan shall be delayed or denied because of a dispute between agencies regarding financial or other responsibilities required under 34 C.F.R. Section 303.510, which is incorporated by reference as defined in section 7.900, A, 5; and,
 3. All early intervention services on a child's Individualized Family Service Plan shall be made available to the child and family whether or not consent to use insurance, or Medicaid or Child Health Plan Plus is required or provided; and,
 4. Each parent of a child receiving early intervention services shall be provided with the written policies that inform the parent of rights to mediation, due process, and the state complaint process under Section 7.990, if the parent is charged for an early intervention service by a provider when the parent should not be.

C. Funding Hierarchy

1. The following order of funding sources shall be used when an Individualized Family Service Plan team determines the appropriate funding source(s) to pay for needed early intervention services and, where required, parental consent is provided to use the available funding source:
 - a. Use of private pay at the discretion of the parent; then,
 - b. Private health insurance; then,
 - c. TRICARE, a military health system; then,
 - d. Medicaid/Title XIX or Home and Community Based Services waivers, and Child Health Plan Plus; then,
 - e. Child Welfare and Temporary Assistance to Needy Families; then,
 - f. Other local, state or federal funds, including mill levy funds, as may be made available; then,
 - g. State General Fund early intervention services; then,
 - h. Federal Part C of the Individuals with Disabilities Education Act funds.
2. Implementation of the funding hierarchy shall be in accordance with 34 C.F.R. Section 303.520(b)(3), which is incorporated by reference as defined in Section 7.900, A, 5.
3. State and federal funds may be used in combination with other funding sources as necessary and appropriate, and within state and federal defined parameters, to ensure the provision of early intervention services.
4. Private health insurance, with written parental consent, shall be accessed prior to accessing public benefits or insurance.
5. The appropriate Medicaid billing codes for early intervention services shall be used for any service on an Individualized Family Service Plan that has Medicaid as the funding source and the early intervention service provider bills Medicaid.

D. In order to use public health insurance or benefits, the Certified Early Intervention Service Broker shall:

1. Provide prior written notice of the intent to use public benefits or insurance for payment of early intervention services to a parent or child who has public health insurance or benefits; and,
2. Obtain written parental consent to disclose a child's personally identifiable information to the public insurance agency for billing purposes; and,

3. Not require a parent to enroll him or herself or the parent's infant or toddler in a public health insurance or benefits program as a condition of receiving early intervention services and,
4. Obtain written parental consent prior to using the public health insurance or benefits of a child or parent if that child or parent is not already enrolled in such a program; and,
5. Obtain written parental consent to use a child's or parent's public benefits or insurance to pay for early intervention services if that use would result in:
 - a. A decrease in the available lifetime coverage or any other insured benefit for a child or parent; or,
 - b. Payment for services that would otherwise be covered by the public insurance or benefits program; or,
 - c. Increases in premiums or discontinuation of public insurance or benefits for that child or parent as a result of such use; or,
 - d. A risk of loss of eligibility for the child or the parent for Medicaid Home and Community-Based waivers based on aggregate health expenses.

E. In order to use private health insurance, the Certified Early Intervention Service Broker shall:

1. Provide prior written notice of the intent to use the private health insurance for payment of early intervention services to a parent who has or whose child has private health insurance or benefits.
2. Obtain written parental consent:
 - a. To disclose a child's personally identifiable information to the private health insurance company for billing purposes, including the use of private health insurance when such use is a prerequisite for the use of public insurance or benefits; and,
 - b. For a child whose private health coverage plan is not covered under Section 10-16-104(1.3), C.R.S., at the initiation of billing for early intervention services and any time there is an increase in frequency, duration or intensity of a service on the child's Individualized Family Service Plan.
3. Provide the written coordinated system of payment and procedural safeguard policies each time consent is required that informs the parent there are no out-of-pocket costs associated with the use of private health insurance, except for:
 - a. Premiums, which are the responsibility of the parent; and,
 - b. For any child who has a private health coverage plan not covered under Section 10-16-104(1.3), C.R.S., when there may be long-term costs such as the loss

of benefits for the child or family because of annual or lifetime health coverage caps under the insurance policy.

F. Payment from Early Intervention Services Trust Fund Qualified Private Health Insurance Carriers

1. Subject to Section 10-16-104(1.3), C.R.S., qualified private health insurance carriers who are required to cover early intervention services for an eligible dependent child shall provide early intervention services. Non-emergency medical transportation and assistive technology, as defined in Section 7.950, B, 1, shall be excluded, unless assistive technology is covered under an applicable insurance policy or service or indemnity contract as durable medical equipment benefit provisions.
2. Coverage required by private health insurance carriers shall be available annually to an eligible infant or toddler from birth up to the third (3rd) birthday. As of January 1, 2013, the maximum annual benefit payable for early intervention services and service coordination for each dependent infant or toddler, per benefit plan year, shall be limited as required by Section 10-16-104(1.3), C.R.S. and Section 27-10.5-709(1), C.R.S.
 - a. For policies or contracts issued or renewed on or after January 1, 2015, and on or after each January 1 thereafter, the benefit shall be adjusted by the Department. This adjustment is based upon the consumer price index for the Denver – Boulder - Greeley metropolitan statistical area for the State Fiscal Year which ends in the preceding calendar year or by such additional amount to be equal to the increase by the General Assembly to the annual appropriated rate. This rate is based on service to one (1) child for one (1) fiscal year in the state-funded Early Intervention Program if that increase is more than the consumer price index increase.
 - b. The limit on the annual amount of coverage for early intervention services shall not apply to:
 - 1) Rehabilitation or therapeutic services that are necessary as the result of an acute medical condition or post surgical rehabilitation; or,
 - 2) Services provided to a child who is not participating in early intervention services that are not provided pursuant to an Individualized Family Service Plan; however, such services shall be covered at the level specified in Section 10-16-104(1.7) C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, or,
 - 3) Assistive technology that is covered by the policy's durable medical equipment benefit provisions.
3. Any benefits paid under the coverage required by Section 10-16-104(1.3), C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, shall not be applied

to an annual or lifetime maximum benefit contained in the policy or contract, except as provided for high deductible plans in Section 10-16-104(1.3)(d), C.R.S.

4. A qualified early intervention services provider that receives reimbursement for services funded by the trust fund shall accept such reimbursement as payment in full for services under Section 10-16-104(1.3), C.R.S., which is incorporated by reference as defined in Section 7.900, A, 2, and shall not seek additional reimbursement from either the eligible infant's or toddler's family or the carrier.
5. If funds deposited into the trust are fully expended prior to the end of the insurance plan year, the Certified Early Intervention Service Broker, as defined in Section 7.901, shall coordinate with the Department to ensure that services continue as designated in the Individualized Family Service Plan. At the beginning of the new plan year, the private health insurance carrier shall be required to deposit additional funds into the trust as established by Section 7.912, B, 3.
6. Private health insurance carriers shall be notified within ninety (90) calendar days if an infant or toddler is no longer eligible for early intervention services.

G. Use of Early Intervention Services Trust Fund

1. A trust fund shall be established in accordance with Section 27-10.5-709, C.R.S., which is incorporated by reference as defined in Section 7.900, A, 1, for the purpose of accepting deposits from a participating public health insurance or benefits program, or from the required private health insurance carriers for early intervention services provided to infants and toddlers under a participating insurance plan.
2. Funds deposited in the trust fund shall be only utilized on behalf of each infant and toddler for whom funds have been placed into the trust fund for the following:
 - a. Early intervention services, with the exclusion of assistive technology services and transportation, as defined in Section 7.950, B; and,
 - b. Monthly case management (service coordination) fee as determined by the Department; and,
 - c. Monthly Certified Early Intervention Service Broker fee as defined by the Department, pursuant to Section 7.913; and,
 - d. Monthly fee to administer the trust fund to each child covered by a qualifying plan as determined by the Department.
3. Upon exit from early intervention services or discontinuation of coverage by the private health insurance carrier, a private health insurance carrier shall be notified of monies deposited in the trust fund on behalf of an eligible dependent infant or toddler that are not expended and the funds shall be returned within ninety (90) calendar days.

4. No later than April 1 of each year, private health insurance carriers shall be provided with a report specifying the amount of benefits paid to each Certified Early Intervention Service Broker for services provided to eligible infants or toddlers during the prior calendar year.

PROCEDURE – Coordinated System of Payment

A Community Centered Board or other Certified Early Intervention Service Broker shall adhere to the Fiscal Management and Accountability Procedures.

Other Coordinated System of Payment Documents

“Fiscal Management and Accountability Procedures” (Appendix D)

“A Family Guide to the Coordinated System of Payments for Early Intervention Services” (Appendix E)

CERTIFIED EARLY INTERVENTION SERVICE BROKERS

Federal Authority: 20 U.S.C. 1435(10)(B)-F), 1438(1)-(2); 34 C.F.R., Sections 303.121 and 303.520-303.528; and Office of Management and Budget (OMB) Circulars A-87, A-122 and A-133

State Authority: 10-16-104(1.3); 22-20-118(1)(c)(III); 27-10.5-702(3), (5), (7), (9), (11), and (17); 27-10.5-703; 27-10.5-705; 27-10.5-706; 27-10.5-707(b) and (c); 27-10.5-708; 27-10.5-709; and 27-10.5-710 (2), C.R.S (2014).

RULE 12 CCR 2509-10

7.913 CERTIFIED EARLY INTERVENTION SERVICE BROKERS

A. Designation of Roles and Responsibilities

1. One entity per Community Centered Board service area shall be designated in writing by the Department as the Certified Early Intervention Service Broker for that region and shall provide early intervention services and service coordination to any eligible child who resides in that region.
2. A Community Centered Board or other interested agency shall submit a Department approved application for designation as a Certified Early Intervention Service Broker.
3. Designation as a Certified Early Intervention Service Broker shall be based on the following criteria:
 - a. Agency background and expertise in early intervention services; and,
 - b. Agency policies and procedures that ensure accurate data entry as required by the Department; and,
 - c. Demonstrated ability to conform with generally accepted accounting and contracting practices; and,
 - d. Assurance to comply with State and Federal laws and regulations regarding early intervention services as defined in Section 7.900, et seq.
4. Failure to maintain ongoing compliance with the above criteria may result in revocation of designation as a Certified Early Intervention Service Broker.
5. If the Department determines that a Community Centered Board or other entity does not meet the criteria to be designated as a Certified Early Intervention Service Broker or is de-designated as the Certified Early Intervention Service Broker, the Community Centered Board or other entity may dispute the decision in accordance with the provisions of CRS §24-4-105 C.R.S.

6. If a Community Centered Board is unwilling to be the Certified Early Intervention Service Broker for its service area, or the Community Centered Board does not meet the criteria established in Section 7.913, A, 3, then applications from other entities shall be solicited and accepted and another entity shall be designated as the Certified Early Intervention Service Broker.
7. If no Certified Early Intervention Service Broker can be found, the Department may act as the Early Intervention Service Broker until such time as a Certified Early Intervention Service Broker can be found.
8. Upon designation, a Certified Early Intervention Service Broker shall:
 - a. Ensure payment for early intervention services are rendered pursuant to an Individualized Family Service Plan; and,
 - b. Ensure that the funding hierarchy in Section 7.912, C, 1, is followed.
 - c. Ensure that federal funds for early intervention services are utilized as payor of last resort; and,
 - d. Use procedures and forms as defined by the Department to document the provision or purchase of early intervention services; and,
 - e. Negotiate, within state and federally-defined parameters and Section 7.913, B, for payment of early intervention services; and,
 - f. With written parental consent, notify the appropriate public or private health insurance plan within ten (10) working days that a covered infant or toddler has been determined eligible for early intervention services. At a minimum, the notification shall include:
 - 1) The child's name; and,
 - 2) The child's date of birth; and,
 - 3) The name of the public or private health insurance carrier; and,
 - 4) The policy/group number and subscriber number or Social Security Number; and,
 - 5) The name of the primary policy holder; and,
 - 6) The customer service telephone number for the insurance carrier; and,
 - 7) The initial Individualized Family Service Plan date; and,
 - 8) The contact person and telephone number for the Early Intervention Service Broker.

- g. Establish a registry of qualified early intervention service providers who have active records in the Early Intervention Provider Database from which early intervention services for eligible infants and toddlers in the designated service area shall be purchased; and,
 - h. Accept and process insurance claims in accordance with state and federal law for those families with health insurance coverage for early intervention services; and,
 - i. Ensure that all required demographic and billing information is entered into the statewide data system as defined by the Department, for each child who is eligible for early intervention services, as defined in Section 7.920, F; and,
 - j. Participate in ongoing reviews of the use of the funding hierarchy; and,
 - k. Provide the Department with accurate data for reporting purposes for the legislature or other funding sources.
9. Certified Early Intervention Service Brokers may provide early intervention services directly or may subcontract the provision of services to other qualified providers.
10. Invoices or insurance claims for early intervention services shall be submitted based on the available funding source for each eligible child and the reimbursement rate for the appropriate federal, state, local, or private funding sources, including public health insurance and benefits, and private health insurance.
11. Reimbursement rates for Early Intervention Service Broker functions shall be established with input from Certified Early Intervention Service Brokers.
12. Use of a Certified Early Intervention Service Broker for billing non-qualifying plans on behalf of a contractor shall be voluntary. Qualified early intervention service providers may directly bill the appropriate program of a public health insurance plan or benefits, or a participating private health insurance carrier, for services rendered, in accordance with Section 104 (1.3), C.R.S., as defined in Section 7.900, A, 2.

B. Purchase of Service Rates

- 1. The Certified Early Intervention Service Broker shall adopt and implement sufficient policies and procedures to ensure:
 - a. The qualified provider or employee meets minimum provider qualifications as set forth in Section 7.951; and,
 - b. Services are delivered in accordance with Section 7.950 and as identified in the Individualized Family Service Plan; and,

- c. The qualified provider maintains sufficient documentation to support the claims submitted.
2. The process and methodology the Certified Early Intervention Service Broker implements to determine the rates to be paid to the qualified contracted provider or for services provided directly by the Certified Early Intervention Service Broker employed providers shall be based on the usual and customary practices of the local community, be documented in the policies and procedures of the Certified Early Intervention Service Broker, and shall be made available to the Department upon request.
3. The Certified Early Intervention Service Broker is the provider of record for all of the services for which it contracts through qualified providers.
4. The Certified Early Intervention Service Broker's purchase of service rates shall comply with the following:
 - a. Rates shall be consistent with efficiency, economy and quality of care; and,
 - b. The policy and methods used in setting payment rates shall be in writing and consistently applied to all qualified providers, including the Certified Early Intervention Service Broker employed providers; and,
 - c. Documentation of payment rates shall be maintained and kept on file with the Department.
5. A qualified provider shall be given sufficient information concerning the service obligations to assist them in developing cost effective and efficient rate proposals.
6. The Certified Early Intervention Service Broker shall maintain written documentation for an audit trail on how rates were established and paid, and provider expenses to support payments.
7. When a Certified Early Intervention Service Broker proposes to charge fees to a contracted service agency, for managing the billing process for early intervention direct services, the following shall be complied with:
 - a. The board of directors shall approve all plans to charge a qualified provider; and,
 - b. The Certified Early Intervention Service Broker shall provide the qualified provider with a written description for each service provided and the amount of the proposed fee for each service; and,
 - c. The proposed fee to a qualified provider cannot be established to pay for services otherwise reimbursed, as determined by the Department; and,
 - d. Any proposed fee by a Certified Early Intervention Service Broker related to managing the billing process shall meet the following criteria:

1) The fee shall relate to the cost of processing billings and other administrative functions defined in the contract between the Certified Early Intervention Service Broker and the contracted service provider; and,

2) The fee shall not be dependent upon the collection of payment.

e. The Certified Early Intervention Service Broker shall provide the qualified contracted provider with statements for services delivered; and,

f. The Certified Early Intervention Service Broker shall establish procedures and time frames that provide the opportunity for a qualified contracted provider to protest the proposed fee charges to the Certified Early Intervention Service Broker, and for a timely written response within ten (10) days of receipt; and,

g. The Certified Early Intervention Service Broker shall inform the qualified contracted provider of the opportunities to dispute the decision to the Department, as defined in Section 7.913, C; and,

h. The Certified Early Intervention Service Broker shall submit a copy of all disputes and subsequent proceedings to the Department within ten (10) days of completion of the proceedings.

C. The following shall apply in the event of a contractual dispute between a qualified contracted provider and a Certified Early Intervention Service Broker:

1. The dispute shall be submitted in writing by the contracted early intervention provider to the Certified Early Intervention Service Broker and shall:

a. State the specific grounds for the dispute and the relief requested; and,

b. The contracted early intervention provider shall provide all available exhibits, evidence, arguments and documents believed to substantiate the dispute.

2. The Certified Early Intervention Service Broker may request, within fifteen (15) working days following the postmarked date of the written dispute, additional information deemed necessary to resolve the matters of the dispute.

3. Within fifteen (15) working days following the receipt of written documentation and additional requested information, if applicable, the Certified Early Intervention Service Broker shall respond to the dispute by issuing a written decision, which shall include:

a. The reason(s) for the decision; and,

b. The right of the provider to seek departmental review of the decision.

4. If a contracted early intervention provider disagrees with the decision of the Certified Early Intervention Service Broker, within ten (10) working days of the decision, the provider may request that the Executive Director of the Department or designee review the decision.
 - a. Upon a request for review, the protesting party shall submit all relevant documents related to the dispute; and,
 - b. The Executive Director or designee shall review the dispute and determine if the issue in dispute is within the jurisdiction of the Department to resolve or if court action is necessary; and,
 - c. If the Executive Director or designee determines that Department review is appropriate, the Certified Early Intervention Service Broker shall negotiate with the Department a reasonable period of time, not to exceed ten (10) working days, in which to respond to the submitted information; and,
 - d. The Department shall have the right to additional information it deems necessary and may request oral argument from the parties involved in the dispute; and,
 - e. The Executive Director or designee shall render a final binding decision within fifteen (15) working days of receiving all relevant information. The determination shall set forth a course of action for resolution of the contract dispute.

PROCEDURE – Certified Early Intervention Service Brokers

A Community Centered Board or other Certified Early Intervention Service Broker shall adhere to the Fiscal Management and Accountability Procedures.

Other Certified Early Intervention Service Brokers Documents

“Fiscal Management and Accountability Procedures” (Appendix D)

“A Family Guide to the Coordinated System of Payments for Early Intervention Services” (Appendix E)

DATA COLLECTION

Federal Authority: 20 U.S.C. 1232g, 1416(b)(2)(C)(ii)(II), 1418, 1435(a)(14) and 1442; 34 C.F.R., Sections 303.124, 303.402, 303.416(D), 303.701-702, 303.720 and 303.722-724

State Authority: 27-10.5-103(2)(e); 27-10.5-703(g); and 27-10.5-710(2), C.R.S. (2014)

RULE 12 CCR 2509-10

7.914 DATA COLLECTION

- A. A Community Centered Board shall ensure that policies and procedures are developed and maintained, and that information regarding early intervention services is collected and documented as defined by the Department.
- B. A Community Centered Board shall have an Early Intervention Data Coordinator who shall:
1. Be knowledgeable of the statewide data system, data entry requirements and timelines, and report information; and,
 2. Ensure that each staff who enters data into the statewide data system is trained in the use of the system and procedures to protect personally identifiable information; and,
 3. Ensure that all data is entered into the statewide data system as defined by the Department.
- C. A Community Centered Board shall ensure that for each child who is referred for early intervention services:
1. An early intervention record is established and maintained; and,
 2. All required data from the record be entered into the statewide data system from the date of the referral and tracked through eligibility or ineligibility and exit from early intervention services.

PROCEDURES – Data Entry

- A. *A Community Centered Board shall ensure that data entered into the Early Intervention Program Data System shall be complete and accurate by the thirtieth (30th) of each month for all early intervention activities completed in the previous month; and,*
- B. *A Community Centered Board shall not be held responsible for compliance failures caused by State processing or database difficulties that are beyond the control of the Community Centered Board.*

Other Data Collection Documents

“Early Intervention Program Data System Instruction Manual

GENERAL SUPERVISION AND MONITORING

Federal Authority: 20 U.S.C. 1416(b)(2)(C)(ii)(II); 1435(a)(9), (10)(A), (14); and 1442; 34 C.F.R., Sections 76.720, 80.25, 303.120, 303.511(e), 303.700(a)(1), (b), (d)(2), 303.701(c)(2) and 303.702(b)(1)(ii)

State Authority: 27-10.5-103(2)(e); 27-10.5-703; and 27-10.5-710, C.R.S. (2014)

RULE 12 CCR 2509-10

7.915 GENERAL SUPERVISION AND MONITORING

A. Monitoring activities shall ensure compliance with Part C of the Individuals with Disabilities Education Act as well as with state statutes and rules and shall include the following:

1. Self-assessment procedures; and,
2. Examination of program data; and,
3. Special analysis; and,
4. On-site reviews; and,
5. Any other methods as determined by the Department.

B. The results of monitoring shall be publicly reported on the Early Intervention Colorado website and submitted to state and federal entities, as needed.

C. A Community Centered Board shall have an Early Intervention Coordinator who shall complete state approved training and be:

1. Knowledgeable of early intervention services and federal and state requirements; and,
2. The liaison to the Department regarding the early intervention program; and,
3. Responsible for the local implementation of a comprehensive and coordinated system of early intervention services; and,
4. The contact for families regarding procedural safeguards.

D. A Community Centered Board shall maintain:

1. A complete file of all early intervention records, documents, communications, and other written and/or electronic materials which pertain to the operation of an early intervention program or the delivery of early intervention services; and,
2. Such records for a period of six (6) years after the date of closure of the record or for such further periods as may be necessary to resolve any matters that may be pending.

E. The following information shall be maintained for each child's record:

1. Log of access; and,
2. Referral information; and,
3. Parent consent to evaluate; and,
4. Parent consent to use private health insurance or Medicaid; and,
5. Prior notice documentation; and,
6. Parent consent to share information; and,
7. Individualized Family Service Plans; and,
8. Progress and assessment reports, including child outcomes measurement information; and,
9. Case notes; and,
10. All correspondence related to a child and family; and,
11. Fiscal records, including documentation of early intervention service provision by qualified providers; and,
12. Any medical documentation related to the diagnosis or medical condition of the referred child, including history and services.

F. A Community Centered Board shall permit the state, federal government, or any other duly authorized agent of a governmental agency to audit, inspect, examine, excerpt, copy, and/or transcribe records during the term of a contract for early intervention services and for a period of six (6) years following termination of the contract or final payment hereunder, whichever is later, to assure compliance with federal regulations and/or state statutes and rules or to evaluate an early intervention program's performance.

PROCEDURE - General Supervision and Monitoring

A Community Centered Board or other Certified Early Intervention Service Broker shall adhere to the Fiscal Management and Accountability Procedures.

Other General Supervision and Monitoring Documents

“General Supervision and Monitoring Procedures (Appendix C)”

“Fiscal Accountability and Management Procedures (Appendix D)”

“A Family Guide to the Coordinated System of Payments for Early Intervention Services”
(Appendix E)

CHILD IDENTIFICATION

Federal Authority:	20 U.S.C., 1432(5), 1435(a)(1), (3) and (5-7), 1437(a)(6); 34 C.F.R., Sections 303.115-117, 303.300-303, 303.310 and 303.320-322
State Authority:	22-20-118; 27-10.5-702; 27-10.5-703; 27-10.5-704; and 27-10.5-707, C.R.S. (2014)

RULE 12 CCR 2509-10

7.920 CHILD IDENTIFICATION

The Early Intervention Program shall have a comprehensive Child Find system, pursuant to 34 C.F.R. Section 303.302, which is incorporated by reference as defined in Section 7.900, A, 5, that focuses on the early identification of infants and toddlers who have developmental delays or disabilities, including a system for making referrals so that timely and rigorous identification in accordance with Section 7.920, B – F, shall occur.

A. Pre-Referral Public Awareness

1. A Community Centered Board shall work with special education Administrative Units, the Local Interagency Coordinating Council, and, other community members, as necessary in order to develop a coordinated program of public awareness that identifies infants and toddlers with disabilities who are eligible for early intervention services.
2. A Community Centered Board shall ensure that it has an Internet link on its website to the Early Intervention Colorado website at www.eicolorado.org and that families are informed of the website and the statewide toll free number 1-888-777-4041.
3. A Community Centered Board shall ensure that information on the Early Intervention Colorado Program is available via an Internet website, and in a written format, upon request of a family.
4. A Community Centered Board shall ensure that printed materials from the Department and other products are made available to families and the general public, as well as through state and local interagency efforts for outreach to primary referral sources, including hospitals, physicians, other health providers, child care providers and other public and non-profit agencies.

B. Referral

1. A Community Centered Board shall work collaboratively with community partners and primary referral sources to develop effective procedures for referral of children, birth through two (2) years of age, to the Early Intervention Program, in order to identify infants and toddlers who are in need of early intervention services.
2. Referral of a child, birth through two (2) years of age, means a verbal or written notification from a referral source to the Community Centered Board or Administrative Unit about a child who:

- a. Is known to have or suspected of having a developmental delay; or,
- b. Has an established condition, as defined in Section 7.920, H; or,
- c. Lives with a parent with a developmental disability; or,
- d. Has been identified as the subject of a substantiated case of child abuse or neglect; or,
- e. Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

C. Post-Referral Process

1. A Community Centered Board shall accept a referral from community sources, including, but not limited to, a family, health provider, child care provider, Administrative Unit, county department of social/human services, county department of health, and others.
2. A Community Centered Board shall use the state referral form and procedures as defined by the Department, and shall facilitate, to the extent possible, the use of the early intervention referral form by other referral sources in its designated service area.
3. A Community Centered Board shall assign a service coordinator within three (3) working days from the date of a referral.
4. The family shall be contacted as soon as possible after being assigned a service coordinator, but no longer than seven (7) calendar days from the date of the referral, to provide the service coordinator's contact information and inform the family of their procedural safeguards.
5. A Community Centered Board shall notify the appropriate Administrative Unit within three (3) working days of a child being referred for early intervention services for whom a Child Find evaluation needs to be conducted.
6. Community Centered Board shall:
 - a. Notify the referral source of the receipt of the referral using the state referral form; and,
 - b. Provide the contact information for the assigned service coordinator; and,
 - c. With written parent consent, notify the referral source and the child's primary health provider of the results of the evaluation and/or assessment using the state referral form.
7. Referral information sent to an Administrative Unit by a Community Centered Board shall contain at least the following:
 - a. The first, middle, and last name of the child; and,
 - b. Date of birth of the child; and,

- c. Gender of the child; and,
- d. Parent name, address, and telephone number; and,
- e. Primary language spoken; and,
- f. Name and telephone number of an assigned service coordinator; and,
- g. Date of the referral.

D. Post-Referral Screening

1. A Community Centered Board shall work with the Administrative Unit(s) to identify in the interagency agreement if the Child Find process will include post-referral screening.
2. If post-referral screening is used, the Community Centered Board shall assure the following requirements are met:
 - a. A parent shall receive prior written notice of and provide consent to the post-referral screening, and be informed of the right to request evaluation in place of or in addition to post-referral screening; and,
 - b. Appropriate instruments shall be used by personnel trained to administer those instruments; and,
 - c. Written screening results are provided to a parent; and,
 - d. A parent shall receive prior written notice of the action that is being proposed or refused as a result of the post-referral screening, and the reasons for taking the action.

E. Evaluation and Assessment

1. A Community Centered Board shall work with Administrative Units, the Local Interagency Coordinating Council, and other community members, as necessary, to develop a local child identification process to ensure that:
 - a. Procedures, as identified in Section 7.920, are adhered to; and,
 - b. An evaluation is conducted by a multidisciplinary evaluation team within forty-five (45) calendar days of the date of the referral of a child, birth through two (2) years of age, who is referred for early intervention services, and, if the child is eligible, completion of an assessment and initial Individualized Family Service Plan meeting.
2. Each child, birth through two (2) years of age, who is referred for early intervention services shall receive:
 - a. An evaluation by a multidisciplinary team to determine if there is a developmental delay and an assessment as defined in Section 7.901 to

identify a child's current levels of development in all developmental domains; or,

- b. A multidisciplinary assessment by a multidisciplinary team for a child who is eligible due to an established condition or due to living with a parent with a developmental disability to identify the child's current levels of development in all developmental domains.
3. Written notice shall be provided to the parent prior to the scheduling of an evaluation and/or assessment and a copy of the notice shall be maintained in the child's record.
 4. Written parental consent shall be obtained prior to any evaluation and/or assessment being conducted and a copy of the consent shall be maintained in the child's record.
 5. An evaluation shall include a multidisciplinary process by a team comprised of a minimum of two (2) appropriately licensed/qualified professionals, at least one (1) of whom is qualified in the primary area of developmental concern.
 6. An evaluation and assessment shall be based on an informed clinical opinion and shall be administered so that it is not racially or culturally discriminatory.
 7. Procedures for the evaluation of an infant or toddler shall include:
 - a. Administering an evaluation instrument; and,
 - b. Documenting the child's history, including interviewing the parent; and,
 - c. Identifying the child's level of functioning in each of the following developmental domains:
 - 1) Adaptive development; and,
 - 2) Cognitive development; and,
 - 3) Communication development; and,
 - 4) Physical development, including vision and hearing; and,
 - 5) Social or emotional development.
 - d. Gathering information from other sources such as family member, other caregivers, medical providers and other professionals working with the child and family.
 8. Procedures for an assessment of an eligible child shall include identification of:
 - a. The child's and family's unique strengths and needs; and,
 - b. Early intervention services that would meet a child's and family's needs; and,

- c. Priorities and concerns of the family and resources to which the family has access.
9. A family assessment process with a multidisciplinary evaluation and/or assessment team shall be made available to any parent or other family member.
- a. A family assessment is voluntary on the part of each family member participating in the assessment.
 - b. A family assessment shall be family-directed and designed to determine the resources, priorities and concerns of a parent or other family member related to the enhancement of his or her child's development.
 - c. If completed, the family assessment shall be:
 - 1) Conducted by qualified personnel trained to utilize a Department-approved family assessment tool, that is available on the Early Intervention Colorado website at www.eicolorado.org; and,
 - 2) Based on information provided by the parent or other family member through a personal interview and through a family assessment tool; and,
 - 3) Inclusive of a parent's or other family member's description of his or her resources, priorities and concerns related to enhancing his or her child's development; and,
 - 4) Completed within forty-five (45) calendar days of the date of referral in order to contribute to the development of the initial Individualized Family Service Plan.
10. If an Individualized Family Service Plan is developed at the same meeting as the evaluation and assessment, the service coordinator shall ensure that prior written notice about the evaluation and Individualized Family Service Plan development be sent to the parent. Notification of the date, time and location of the next meeting needs to be received by the parent far enough in advance of the meeting date so that the parent will be able to attend the meeting. A copy of the notice shall be maintained in the child's record.

F. Eligibility Criterion

An infant or toddler, birth through two (2) years of age, shall be eligible for early intervention services if he or she has a developmental delay as defined in Section 7.901, an established diagnosed physical or mental condition as defined in Section 7.901, or lives with a parent who has a developmental disability as defined in Section 7.920, I.

G. Eligibility Determination for Developmental Delay

1. Eligibility shall be based on a developmental delay as defined in Section 7.901.
2. Results derived solely from a single procedure shall not be used to determine eligibility or ineligibility.
3. The following shall be documented in an Individualized Family Service Plan:
 - a. Name, discipline, and signature of each team member who participated in the evaluation and assessment; and,
 - b. Types of methods and procedures used to conduct the evaluation and assessment; and,
 - c. The measurable results of the multidisciplinary evaluation and/or assessment in each of the developmental domains; and,
 - d. Eligibility or ineligibility determination; and,
 - e. Name and signature of the Community Centered Board representative who verifies that the evaluation and assessment team gathered and provided diagnostic information to establish eligibility or ineligibility; and,
 - f. Signature of a parent acknowledging that he or she has been informed of his or her child's eligibility determination.
4. If a child is determined ineligible for early intervention services, the family shall be provided prior written notice to inform them of:
 - a. The right to dispute resolution procedures as defined in Section 7.990; and,
 - b. Other community resources that may assist his or her child.

H. Eligibility Determination Based on an Established Condition

1. There shall be supporting documentation from a qualified health professional maintained in the child's record for a diagnosed physical or mental condition.
2. The diagnosis or condition shall be included in the Established Conditions Database.
3. There shall be documentation in the Individualized Family Service Plan regarding the name of the diagnosed condition on which eligibility is based.
4. A child with an established condition does not have to be exhibiting delays in development at the time of diagnosis to be eligible for early intervention services.
5. A multidisciplinary assessment for a child with an established condition shall be conducted to identify a child's current levels of development in all developmental domains, including hearing and vision, in order to develop an initial Individualized Family Service Plan.

- I. An infant or toddler who lives with a parent who has been determined by a Community Centered Board to have a developmental disability is eligible to receive early intervention services using any funding source other than the federal Part C funds. Such services may include, but are not limited to, developmental intervention for parent education and monitoring child development.

PROCEDURES – Child Identification

A. Pre-Referral Public Awareness

- 1. Information is made available through websites, newspaper articles, public service announcements, conducting public forums, presentations and training activities and distributed statewide to inform the public about:*
 - a. The statewide early intervention system and the availability of early intervention services;*
 - b. Information to inform parents, especially to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, of the availability of early intervention services; and,*
 - c. The child find system, including:*
 - 1) The purpose of the child find system;*
 - 2) How to make referrals;*
 - 3) How to gain access to a comprehensive, multidisciplinary evaluation and early intervention service; and,*
 - 4) Information specific to toddlers with disabilities and the availability of preschool special education services under the Individuals with Disabilities Education Act, Section 619.*
- 2. The Early Intervention Colorado website serves as the Central Directory and contains information about, and provides links to:*
 - a. Public and private local early intervention programs and professionals and other groups across the State who provide assistance to eligible children and their families, including contact information via telephone, fax, letter, and e-mail;*
 - b. Websites of service and advocacy agencies;*
 - c. Laws and regulations; and,*
 - d. Links to other websites that provide information on research and demonstration projects being conducted in the State.*
- 3. The Central Directory is updated as needed by the Department and is available to the general public in each geographic region, including rural areas, and accessible to persons with disabilities through the website or direct mail.*

4. *The information contained within the Central Directory and on each Community Centered Board website shall be reviewed at least annually and updated, if necessary.*

B. *Community Centered Boards shall develop local procedures to inform primary referral sources of the requirement under 34 C.F.R., Section 303.303, which is incorporated by reference as defined in Section 7.900, A, 5 to refer a child as soon as possible, but in no case more than seven (7) days after the child has been identified with a suspected developmental delay or disability.*

C. *Post-Referral Process*

1. *Community Centered Boards, through collaboration with the Administrative Units and Local Interagency Coordinating Councils have responsibility for ensuring the local child identification process is:*

- a. *Family centered;*
- b. *Easily accessible;*
- c. *Ongoing and available throughout the twelve (12) month calendar year;*
- d. *Culturally and linguistically appropriate;*
- e. *A collaborative, interagency effort that coordinates with other related community child identification activities;*
- f. *Staffed by appropriately trained personnel at the post-referral screening level and appropriate, licensed personnel at the evaluation and assessment level;*
- g. *Coordinated so that the completion of evaluation and assessment activities occurs early enough in the process to allow completion of the Individualized Family Service Plan within the forty-five (45) calendar-day timeline from the point of referral; and,*
- h. *Planned to include the involvement of, at a minimum, one (1) representative of the evaluation and assessment team in the continued development of the Individualized Family Service Plan following the eligibility determination.*

2. *The Community Centered Board shall work collaboratively with the County department of social/human services located within their service area to develop and implement an interagency agreement pursuant to 12 CCR 2509-10, Section 7.910(B)(1)(b) of these policies to ensure the referral, under the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111-320), for a child who is less than three (3) 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.*

3. *Parental consent is not required for the referral to early intervention services; however, in order to proceed with a post-referral screening, multidisciplinary evaluation and assessment, and, if the child is determined eligible for early intervention services, a parent must provide written, informed consent.*

4. *If a Community Centered Board receives a referral for a toddler within forty-five (45) days of the toddler's third birthday, with written parental consent, the referral shall be made directly to the Administrative Unit and the Department of Education for screening and evaluation for services within the Part B preschool special education system and the referral is not entered into the statewide early intervention data system.*

D. Post Referral Screening

Post-referral screening is designed to identify infants and toddlers who are in need of more intensive evaluation and assessment in order to determine eligibility for early intervention services. A Community Centered Board shall:

1. *Work collaboratively with the Administrative Unit to determine when post referral screening shall be used;*
2. *Document the screening procedures in the interagency agreement; and,*
3. *Ensure that all requirements for post-referral screening are adhered to.*

E. Evaluation and Assessment

1. *If the results of a post-referral screening reveal that the child is developing at age expected levels in all developmental domains but the parent continues to have concerns, the child and parent are entitled to a timely, comprehensive, multidisciplinary evaluation under Part C of the Individuals with Disabilities Education Act.*
2. *A child's medical and other records may be used to establish eligibility without conducting a multidisciplinary evaluation of the child if these records indicate that the child's level of functioning in one or more areas of development constitutes a developmental delay or established condition as defined in Section 7.901.*
3. *The assessment of an eligible child shall include the following*
 - a. *A review of the results of the evaluation conducted under Section 7.920;*
 - b. *Personal observations of the child; and,*
 - c. *The identification of the child's needs in each of the developmental areas.*
4. *The measurable results of the multidisciplinary evaluation and assessment in all developmental domains shall be documented in the Individualized Family Service Plan to document the eligibility determination in an initial plan and the results of the assessment that support the ongoing need for early intervention services in an annual Individualized Family Service Plan.*
5. *Unless clearly not feasible to do so:*
 - a. *Family assessment shall be conducted in the native language, as defined in Section 7.901 "native language, A", of the family member(s) participating in the family assessment; and,*
 - b. *Child evaluation and assessment shall be conducted in the native language, as defined in Section 7.901 "native language, B", of the child.*

6. *In an initial Individualized Family Service Plan, documentation of the infant or toddler's present level of functioning in each developmental domain shall also include written descriptions of the child's unique strengths and needs based on the information from the child's evaluation and assessment, and, if available, the family assessment.*
7. *Documentation for a significant delay of a child's development may be influenced by factors unique to each child, such as:*
 - a. *The quality of the skill performed;*
 - b. *Inconsistencies in skill performance or skills that exist in isolation;*
 - c. *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;*
 - d. *Parent report of typical performance compared to performance during evaluation;*
 - e. *The age of a child (i.e., the younger the age, the greater the need for clinical interpretation);*
 - f. *General prognosis when taken into consideration in combination with medical, developmental, and other factors; or,*
 - g. *Sensory concerns.*
8. *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.*
9. *Informed clinical opinion may be used as an independent basis to establish a child meets eligibility criteria under 12 CCR 2509-10, Section 7.920, G for early intervention services even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility under Section 7.920, E, 7.*

F. Eligibility Criterion

If a referral is received for a child who has a diagnosis that has not yet been reviewed by the panel of experts who maintain the conditions that meet Colorado's rigorous definition of high probability for developmental delay, the Community Centered Board shall submit the name of the diagnosis and other pertinent information to the Department for review.

G. Eligibility Determination for Developmental Delay

1. *If a child does not meet the criteria to determine eligibility for early intervention services, but the qualified professionals who conducted the multidisciplinary evaluation and assessment have general concerns about the child's development,*

then planning should occur with the parent(s), the child's primary health care provider and other community supports to monitor the child's development through surveillance activities as determined by the team, such as developmental screening or re-evaluation.

- 2. A qualified professional(s) in the primary area(s) of concern may contact the Department 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 eligibility determination still rests with the Community Centered Board based on information from the local multidisciplinary evaluation team.*

H. Eligibility Determination Based on an Established Condition

A Community Centered Board shall be responsible for conducting a multidisciplinary assessment, including hearing and vision screening, for an infant or toddler who is eligible due to an established condition but may work collaboratively with an Administrative Unit to conduct part or all of the assessment.

- I. An infant or toddler found eligible solely because they live with a parent who has a developmental delay, may have an Individualized Family Service Plan developed but may not access Federal Part C funds for their direct services or service coordination.*

Other Child Identification Documents

"Family Guide Book I: Referral and Eligibility for Colorado Early Intervention Services"
"Established Conditions Database"
"Referral and Release Form (English and Spanish)"
"Referral Status Update Form"
"Notice and Consent for Post-Referral Screening Form"
"Prior Written Notice and Consent for Initial Evaluation and/or Assessment Form"
"Prior Written Notice Form"
"Colorado Individualized Family Service Plan Form (English and Spanish)"
"Instruction Manual: Completing Colorado's Individualized Family Service Plan"

SERVICE COORDINATION

Federal Authority:	20 U.S.C., 1435(a)(4), 1426(d)(7); 34 C.F.R., Sections 303.34, 303.343(a)(1)(iv), 303.344(g), 303.345(b)(1), and 303.521(b)(3)
State Authority:	27-10.5-702(18); 27-10.5-704(1)(c) and (d); and 27-10.5-705(3)(a), C.R.S. (2014)

RULE 12 CCR 2509-10

7.930 SERVICE COORDINATION

A. A Community Centered Board shall provide service coordination for each infant and toddler from the date of the referral through transition at three (3) years of age, exit from early intervention services, or a determination of ineligibility, whichever occurs first.

B. A service coordinator shall:

1. Meet personnel standards as defined by the Department and those of the hiring agency; and,
2. Complete the following:
 - a. Required service coordination online orientation training modules within one (1) month of employment as a service coordinator; and,
 - b. All introductory training required by the Department on the service coordination core competency requirements and the development and implementation of an Individualized Family Service Plan within one hundred and twenty (120) calendar days of employment as a service coordinator; and,
 - c. Document all completed training in the Early Intervention Provider Database.
3. Inform a parent of his or her rights and procedural safeguards, and how to exercise them as defined in Section 7.980; and,
4. Ensure that required information for each child referred for early intervention services is provided for entry into the statewide database in accordance with reporting requirements of the Department; and,
5. Coordinate with local administrative units and other appropriate providers to ensure the completion of a child's evaluation and assessment and ensure compliance with all parts of the requirements of Section 7.920; and,
6. Facilitate and participate in the development, review and evaluation of Individualized Family Service Plans; and,
7. Make referrals to providers for early intervention services authorized in an Individualized Family Service Plan, assist with scheduling appointments, ensure

initiation within twenty-eight (28) calendar days of written parent consent for early intervention services, and coordinate, facilitate and monitor the delivery of early intervention services; and,

8. Ensure that a parent is informed of the coordinated system of payment funding hierarchy and no-cost protections for families, and ensure appropriate use of all available funding for early intervention services; and,
9. Coordinate the provision of medical and other services, such as educational and social, that the child or family needs or is receiving through other sources; and,
10. Inform a parent of available advocacy services; and,
11. Facilitate development of the transition to preschool special education services or other services for a toddler approaching three (3) years of age;
12. Assist a parent with dispute resolution regarding early intervention services, if needed; and,
13. Maintain at least monthly contact with a parent whose child is enrolled in early intervention services, including written, electronic, or phone communication, and shall document the contact in the child's record.

PROCEDURES – Service Coordination

- A. *Community Centered Boards are the only qualified providers for service coordination, including Targeted Case Management services, for infants and toddlers enrolled in early intervention services.*
- B. *Personnel hired by the community centered board to provide service coordination shall meet at least one (1) of the following standards:*
 1. *A bachelor's level degree of education; or,*
 2. *Five years of experience in the field of developmental disabilities; or,*
 3. *Some combination of education and experience appropriate to the requirements of the position.*
- C. *A Community Centered Board may require additional experience or education level.*

Other Service Coordination Documents

“Early Intervention Colorado Service Coordination Competencies”

“On-line Service Coordination Orientation Training”

“A Step-by-Step Process for Explaining Procedural Safeguards to Families”

“A Family Guide to the Coordinated System of Payments for Early Intervention Services”

(Appendix E)

INDIVIDUALIZED FAMILY SERVICE PLAN

Federal Authority:	20 U.S.C. 1435(a)(4), 1436, 1437(a)(9), and 1439(a)(3), 34 C.F.R., Sections 303.20, 303.24, 303.114, 303.126 303.340-346 and 303.404-405
State Authority:	27-10.5-102(19.5) and (20)(c); 27-10.5-702(7) and (11); and 27-10.5.703(d), C.R.S. (2014)

RULE 12 CCR 2509-10

7.940 INDIVIDUALIZED FAMILY SERVICE PLAN

- A. An Individualized Family Service Plan shall serve as the Individualized Plan for a child, from birth to less than three (3) years of age, receiving early intervention services.
- B. A service coordinator shall ensure that an Individualized Family Service Plan is:
1. With prior written notice given to the parent, developed within a reasonable time after an eligibility determination has been made, but no later than forty-five (45) calendar days from the date of the referral, unless a delay is due to documented exceptional family circumstances; and,
 2. Developed with all required participants as defined in Section 7.940, E; and,
 3. Based on, and contains the results of, the evaluation and assessment, and the family's concerns and priorities; and,
 4. Inclusive of early intervention services to be provided in natural environments that are necessary to meet the unique needs of the child and the parent or other caregiver, and implement the strategies to achieve the developmental outcomes of the child; and,
 5. Culturally sensitive; and,
 6. With prior written notice given to the parent, reviewed every six (6) months, or more frequently if necessary or if requested by the parent, in order to:
 - a. Determine progress toward achieving the identified outcomes; and,
 - b. Revise or add an outcome, if needed; and,
 - c. Determine if a change in early intervention services is necessary to meet the identified outcomes.
 7. With prior written notice given to the parent, updated annually through a meeting of the Individualized Family Service Plan team, including the parent to:
 - a. Discuss and document the child's current developmental levels in all developmental domains gathered through assessment methods as defined by the Department; and,

- b. Determine progress towards achieving the identified outcomes; and,
- c. Determine the child's ongoing need for early intervention services; and,
- d. Revise or add an outcome, if needed; and,
- e. Determine the early intervention services necessary to meet the identified outcomes.

C. If it is determined during an Individualized Family Service Plan review that a child is functioning at age expected levels when compared with chronological age, as documented in current assessment results, the following shall occur:

- 1. The Individualized Family Service Plan team shall determine whether one (1) or more early intervention services are no longer needed for the child to continue to progress; and,
- 2. If the Individualized Family Service Plan team determines that early intervention services are no longer needed, the following shall occur:
 - a. The service coordinator shall explain to the parent the dispute resolution procedures, as defined in Section 7.990-7.994; and,
 - b. The service coordinator shall provide prior written notice to the parent that the members of the Individualized Family Service Plan team have determined the child no longer has any identified need for early intervention services, and the child has completed the Individualized Family Service Plan; and,
 - c. The child's record shall remain open for ten (10) calendar days from the prior written notice date; and,
 - d. Following the ten (10) calendar-day period from the prior written notice date, if there is no dispute resolution request from the parent, the early intervention services shall cease and the child's record shall be closed.

D. Completion of an Individualized Family Service Plan

- 1. The decision to end early intervention services for a child based on the determination by the members of the Individualized Family Service Plan team that the child no longer needs early intervention services is not to be construed with a determination of ineligibility based on a multidisciplinary evaluation. If future concerns arise and the child is still less than three (3) years of age, the family shall contact the Community Centered Board to conduct an assessment and develop a revised Individualized Family Service Plan, if appropriate.
- 2. An infant or toddler found eligible due to an established condition, as defined in Sections 7.901 and 7.920, H, shall not have his/her early intervention services ended unless the parent chooses to withdraw from services.

- E. An initial, annual or periodic review meeting to evaluate an Individualized Family Service Plan shall include the following participants:
1. Parent of a child; and,
 2. Service coordinator; and,
 3. Persons directly involved in conducting the evaluations and assessments; and,
 4. As appropriate, a person or persons who will be providing early intervention services to a child or family; and,
 5. Additional participants may include, but are not limited to, the following:
 - a. Other family members, as requested by a parent; and,
 - b. An advocate or person outside of a family, as requested by a parent.
- F. If any person who conducted an evaluation and/or assessment is unable to participate in person, he or she shall participate by:
1. Telephone or Internet web conference;
 2. A knowledgeable authorized representative attending the meeting in his or her place; or,
 3. The provision of appropriate reports for use at the meeting.
- G. If the evaluation and assessment report is provided and there is no authorized representative at the meeting, the Community Centered Board shall ensure that at least one qualified early intervention professional reviews and interprets the developmental information in the report in order to inform the team completing the Individualized Family Service Plan.
- H. An Individualized Family Service Plan shall be conducted in accordance with 34 C.F.R. Sections 303.340 - 303.345, which are incorporated by reference as defined in Section 7.900, A, 5:
1. In a setting and at a time that is convenient to the parent; and,
 2. In the language or mode of communication normally used by the parent, unless clearly not feasible to do so.
- I. The content of an Individualized Family Service Plan shall, at a minimum, meet the requirements of 34 C.F.R. Section 303.344, which is incorporated by reference as defined in Section 7.900, A, 5, and be completed using the state form available at the Early Intervention Program website at www.eicolorado.org, and shall include the following:
1. The type of model for each service shall be one of the following, as defined in Section 7.901:

- a. Primary service provider; or,
 - b. Multidisciplinary service providers; or,
 - c. Single provider, or,
 - d. Other model approved by the state.
2. The type of method for each service shall be one of the following as defined in Section 7.901:

- a. Individual; or,
- b. Co-visit; or,
- c. Teaming; or,
- d. Supervision.

- J. A parent may withhold consent for an early intervention service without jeopardizing the delivery of any other early intervention service for which consent is given.
- K. If a parent and an Individualized Family Service Plan team member(s) do not agree on any aspect of an early intervention service, a service coordinator shall implement the sections of the plan that are not in dispute.
- L. A parent may exercise his or her rights, as defined in Section 7.990, to resolve a dispute while continuing to receive those services in an Individualized Family Service Plan that are not subject to a dispute.
- M. An interim Individualized Family Service Plan shall be developed to provide a temporary early intervention service prior to completion of an evaluation and assessment, only when the service is determined by qualified professionals to be immediately necessary and when the following conditions are met:
- 1. A child has been determined to be eligible for early intervention services; and,
 - 2. Written parental consent is obtained; and,
 - 3. An evaluation and assessment are completed within forty-five (45) calendar days of the date of the referral.

PROCEDURES - Individualized Family Service Plan

- A. *An initial Individualized Family Service Plan meeting shall be convened within 45 days from the date of referral for an eligible child for the purpose of developing the individualized family service plan and shall include, at a minimum, each of the following:*

1. *Required participants;*
2. *Measurable evaluation and assessment results that document all developmental levels that support and convey the eligibility determination of the child;*
3. *Family assessment results;*
4. *Documentation of the methods and procedures used;*
5. *Signatures and roles of each multidisciplinary evaluation team member;*
6. *Signature and date of the Community Centered Board representative confirming the child's eligibility status; and,*
8. *The signature of the parent confirming their understanding of the child's eligibility status and date of participation in the initial plan development, if the Individualized Family Service Plan is not completed at the initial meeting.*

B. The required content of the Individualized Family Service Plan content includes the following:

1. *The name of the service coordinator who will be responsible for the implementation of the plan and coordination with other agencies and persons, including transition services;*
2. *An objective statement of an infant's or toddler's present levels of development in the areas of adaptive development, cognitive development, communication development, physical development, including vision and hearing and general health status, and social and emotional development;*
3. *For an annual Individualized Family Service Plan, the Evaluation/Assessment Results Page that documents the signatures and roles of the Individualized Family Service Plan team members, methods and procedures used and measurable results of ongoing assessment of all developmental domains to support the ongoing need for early intervention services;*
4. *The measurable result for each of the five (5) developmental domains is determined by the multidisciplinary team as a way to represent the integrated results of all evaluation/ assessment methods and procedures using informed clinical opinion. The results are used to:*
 - a. *Support the rigorous definition of developmental delay for early intervention services;*
 - b. *Establish a starting point for the child's development upon entry into early intervention services;*
 - c. *Help the parent(s) better understand the child's current level of development and developmental progress;*
 - d. *Help the parent(s) and provider(s) carefully plan for early intervention services and next steps;*
 - e. *Help the State and local programs understand the population receiving early intervention services; and,*
 - f. *Support the child's ongoing need for early intervention services.*

5. *With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing their child's development;*
6. *A statement of the measurable 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;*
7. *A statement of specific early intervention services to be provided based on peer-reviewed research, to the extent practicable that includes, for each early intervention service the following:*
 - a. *Model and method of service delivery;*
 - b. *Projected dates of services showing the date services start, which must be within twenty-eight (28) days of parental consent unless otherwise noted in the Individualized Family Service Plan, and the dates the services will end;*
 - c. *Intensity showing the length of time the service is provided during each session and, if applicable, whether the service is provided in a group; and,*
 - d. *Frequency of the services showing the number of days or sessions that a service will be provided.*
8. *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 Individualized Family Service Plan 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 Individualized Family Service Plan page designed for this purpose and includes:*
 - a. *The identification of which outcome(s) cannot be achieved satisfactorily in a natural environment and why there is a need to provide a service in a non-natural setting;*
 - b. *A description of the proposed setting and how the setting may result in progress toward meeting the outcome(s); and,*
 - c. *Documentation of the steps and timelines to be taken to move towards the provision of services in a child's natural environment.*
9. *A statement that includes, to the extent appropriate, medical or other supports and services necessary to achieve an outcome on the Individualized Family Service Plan but not required under early intervention services 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;*
10. *The steps and services needed to support the transition of the toddler at three (3) 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 at the meeting who participated in the development of the Individualized Family Service Plan. The Individualized Family Service Plan is not considered complete without the signature of at least the following:*

- a. *The parent(s);*
- b. *Service coordinator; and,*
- c. *For the initial and annual Individualized Family Service Plan, at least one member of the team involved in the evaluation and/or assessment.*

C. Parental consent for early intervention services

1. *The contents of the Individualized Family Service Plan shall be fully explained to the parent prior to obtaining informed written consent;*
2. *A parent may withdraw consent after first providing it; and,*
3. *Only those services for which written consent has been obtained shall be provided.*

D. The service coordinator shall provide to the parent a copy of their child's Individualized Family Service Plan without unnecessary delay and in no case more than ten (10) days after parental request.

E. Translation of the Individualized Family Service Plan

1. *The Individualized Family Service Plan shall be translated into the family's primary language within a timely manner, unless not feasible to do so, and a copy in English shall be maintained in the child's record.*
2. *The service coordinator shall ensure that the early intervention service provider(s) documented in the Individualized Family Service Plan shall receive an English copy of the plan within a timely manner.*

F. A review of the Individualized Family Service Plan may be carried out in a face-to-face meeting or another means that is acceptable to the parent and other members of the Individualized Family Service Plan team.

G. A face-to-face meeting shall be conducted to complete the annual Individualized Family Service Plan and shall occur no later than one year from the date of the initial Individualized Family Service Plan meeting or the date of the last annual Individualized Family Service Plan meeting.

Other Individualized Family Service Plan Documents

“Colorado Individualized Family Service Plan Form(English and Spanish)”

“Instruction Manual: Completing Colorado’s Individualized Family Service Plan”

“Family Guide Book II: Individualized Family Service Plan and Orientation to Early Intervention Services”

EARLY INTERVENTION SERVICES

Federal Authority: 20 U.S.C. 1432(4), 1435(a)(2), 1436(a)(2), 1436(d)(4) and (5); 34 C.F.R., Sections 303.13, 303.16, 303.32, 303.442(d)(i) and 303.444

State Authority: 27-10.5-702(7) and (17), C.R.S. (2014)

RULE 12 CCR 2509-10

7.950 EARLY INTERVENTION SERVICES

A. Early Intervention Services shall be:

1. Provided only after the development of an Individualized Family Service Plan and written parental consent is obtained for those services identified in the Individualized Family Service Plan; and,
2. Provided to meet the developmental needs of an eligible infant or toddler, and the needs of a parent or other caregivers, to achieve the outcomes identified in the Individualized Family Service Plan; and,
3. Based on appropriate peer-reviewed, evidence-based practices, to the extent which is practical; and,
4. Related to functional outcomes and developmentally appropriate practices to support participation in everyday routines, activities and places; and,
5. Provided by qualified providers who meet the state personnel standards for each early intervention service; and,
6. Provided in a culturally relevant manner, including use of an interpreter, if needed; and,
7. Provided in the natural environments of the child and family to the maximum extent appropriate. If there is a determination that an early intervention service cannot be provided in a natural environment, written justification shall be provided in the Individualized Family Service Plan; and,
8. Provided in physical settings where community-based early intervention services are accessed that meet all fire, building, licensing and health regulations, as applicable.

B. Early intervention services shall include the following:

1. "Assistive Technology Services":
 - a. Means the direct selection, acquisition or use of assistive technology devices and includes:
 - 1) Functional evaluation of the developmental needs of the infant or toddler in his or her usual environments; and,

- 2) Selection, acquisition, modification or customization and maintenance of assistive technology devices; and,
 - 3) Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing intervention plans and programs; and,
 - 4) Training or technical assistance for professionals providing early intervention services or other individuals identified as providing early intervention services to, or are otherwise substantially involved in the major life functions of, an infant or toddler on the use of assistive technology devices; and,
 - 5) Training or technical assistance for an infant or toddler receiving early intervention services or, if appropriate, the child's family; and,
 - 6) Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional, developmental capabilities of an infant or toddler in his or her usual environments.
 - a) The device must be identified in the Individualized Family Service Plan; and,
 - b) Prior to purchase or lease of an assistive technology device, an assessment shall be conducted by a qualified early intervention provider to assure that the device is appropriate for the child and family's needs.
- b. Does not mean, a device that is primarily intended to treat a medical condition, to meet life-sustaining needs, or a medical device that is surgically implanted, including a cochlear implant. It also does not mean the optimization, maintenance or the replacement of such a device.

2. "Audiology Services":

- a. Means, services for the identification of an infant or toddler with an auditory impairment, using at-risk criteria and appropriate audiologic screening techniques, and includes:
 - 1) Loss and communication functions, by use of audiological evaluation procedures; and,
 - 2) Auditory training, aural rehabilitation, speech reading and listening devices, orientation, and other training to increase functional communication skills; and,
 - 3) The determination of the need for individual amplification, including

selecting, fitting and dispensing an appropriate listening and vibrotactile device, and evaluating the effectiveness of the device; and,

- 4) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability which is an auditory impairment; and,
- 5) Family training, education, and support provided to assist a parent or other caregivers of a child eligible for services in understanding the special needs of the infant or toddler as related to audiology and aural rehabilitation services; and,
- 6) The provision of services for prevention of hearing loss.

- b. Does not mean, therapeutic services required for an infant or toddler to recover from medical procedures such as surgery, etc., or pre-surgery therapeutic services required by a physician to prepare a child for surgery and that are beyond the scope of the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.
3. "Developmental Intervention Services", in this section of the rules, means developmental assessment and special instruction to address the functional developmental needs of an infant or toddler and includes:
 - a. The design or adaptation of learning environments, activities and materials to enhance developmental and learning opportunities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; and,
 - b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's Individualized Family Service Plan; and,
 - c. Working with the child to enhance the child's development; and,
 - d. Family training, education and support provided to assist a parent or other caregivers in understanding the special needs of the child related to enhancing the skill development of the child.
 4. "Health Services":
 - a. Means services by a licensed health care professional that enable an eligible infant or toddler to benefit from other allowable early intervention services and includes:
 - 1) Assessment to determine the health status and special health care needs

that will impact the provision of other early intervention services;
and,

- 2) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy bags, and other health services; and,
- 3) Consultation by a health care professional with a parent or other service provider regarding the impact of the infant or toddler's health status on the provision of other early intervention services.

b. Does not mean:

1) Services that are:

- a) Purely medical in nature, such as hospitalization, or the prescribing of medicine or other drugs for any purpose; or,
- b) Surgical in nature, such as cleft palate surgery or shunting for hydrocephalus; or,
- c) Medical diagnostic procedures, services that are primarily intended to treat a medical condition; or,
- d) Related to the implementation, optimization, maintenance, or replacement of a medical device that is surgically implanted.

2) Devices necessary to control or treat a medical condition, or that are medical or health services routinely recommended for all infants and toddlers.

c. Nothing in this section of the rules limits the rights of an infant or toddler with a disability, that has a surgically implanted device, to receive the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.

d. Nothing in this section of the rules prevents the early intervention services provider from routinely checking that either the hearing aid or the external components of a surgically implanted device, such as a cochlear implant, used by an infant or toddler with a disability are functioning properly.

5. "Medical Services" means services provided by a licensed physician for diagnostic or evaluation purposes, to determine a child's developmental status and need for early intervention services.

6. "Nursing Services" means:

a. Assessment of health status for the purpose of providing nursing care, including

the identification of patterns of human response to actual or potential health problems; and,

- b. Nursing care to prevent health problems, restore or improve functioning, and promote health and development; and,
 - c. The administration of medications, treatments, and regimens prescribed by a licensed physician.
7. "Nutrition Services" means development of a plan to address the nutritional and feeding needs of an infant or toddler related to his or her development, and includes:
- a. The assessment of the nutritional history, dietary intake, body measurements such as height and weight, and feeding status; and,
 - b. Consultation to develop, implement and monitor appropriate plans to address the nutritional needs; and,
 - c. Referral to appropriate community resources to carry out nutritional plans; and,
 - d. Family training, education and support provided to assist a parent or other caregivers in understanding the special needs of the child related to nutrition and feeding and enhancing the child's development.
8. "Occupational Therapy Services":
- a. Means assessment and intervention services with an emphasis on adaptive skills, motor and sensory development, mobility, play and oral-motor functioning and includes:
 - 1) Intervention strategies to address the functional developmental needs, including oral motor functioning of an infant or toddler, minimizing the impact of initial or future impairment, and delay in development or loss of functional ability; and,
 - 2) Consultation to adapt the environment to promote development, access and participation in everyday routines, activities and places; and,
 - 3) The selection, design or fabrication of assistive and orthotic devices to promote mobility or participation in everyday routines, activities and places; and,
 - 4) Family training, education, and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to occupational therapy strategies and enhancing the child's motor development.
 - b. Does not include therapeutic services required due to, or as part of, a medical

procedure, a medical intervention or an injury that is expected to heal without a long-term impact to child development and that are beyond the scope of the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.

9. "Physical Therapy Services":

- a. Means assessment and intervention services with an emphasis on mobility, positioning, motor development, and both strength and endurance and includes:
 - 1) Intervention strategies to address the functional developmental needs of an infant or toddler; and,
 - 2) Through individual or group services, to obtain, interpret and integrate information for program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and,
 - 3) The design or acquisition of assistive and orthotic devices and effective adaptation of the child's environment to promote mobility and participation in everyday routines, activities and places, and minimize the impact of initial or future impairment, delay in development or loss of functional ability; and,
 - 4) Family training, education, and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to physical therapy strategies and enhancing the child's motor development.
- b. Does not include therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury that is expected to heal without a long-term impact to child development and that are beyond the scope of the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.

10. "Psychological Services" means assessment and intervention services that address the development, cognition, behavior and social or emotional development of an infant or toddler and includes:

- a. The administration of psychological and developmental tests and other assessment procedures to identify the developmental, cognitive, behavioral and social emotional status;
- b. The acquisition, integration and interpretation of test results, other information about development and behavior and the family and living situation related

- to learning, social or emotional development and behavior; and,
- c. The provision of individual or parent counseling, activities; and,
 - d. Planning and managing a child's program of psychological services; and,
 - e. Consultation on child behavior, child and family conditions related to learning, mental health, and development to a parent, other caregivers and other service providers; and,
 - f. Family training, education, and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to psychological strategies and enhancing the child's psychological and cognitive development.
11. "Sign Language and Cued Language Services" means instruction that includes sign language, cued language, auditory or oral language, providing oral transliteration services, and providing sign and cued language interpretation for an infant or toddler.
12. "Social and Emotional Services" means assessment and intervention services that address social and emotional development in the context of a family and parent-child interaction and includes:
- a. Home visits to evaluate an infant's or toddler's living conditions and patterns of parent-child interaction; and,
 - b. The completion of social or emotional developmental assessment; and,
 - c. The provision of individual or group counseling to an infant or toddler or a parent in order to understand the parental needs related to his or her child's development and how to enhance the development of the child; and,
 - d. The provision of social skill building activities with the child and parent; and,
 - e. Intervention strategies to address issues in the living or caregiving situation that may affect the child's development and/or utilization of other allowable early intervention services; and,
 - f. The identification, mobilization and coordination of community resources and services to enable an infant or toddler and his or her parent to receive maximum benefit from other early intervention services; and,
 - g. Family training, education, and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to strategies for enhancing the child's social or emotional development.
13. "Speech Language Pathology Services":

- a. Means assessment and intervention services to address the functional and communication needs of an infant or toddler, and includes:
 - 1) Language and speech development; and,
 - 2) Oral motor functioning, including the identification of specific communication disorders; and,
 - 3) Consultation to adapt an environment and activities to promote speech and language development and participation in everyday routines, activities and places; and,
 - 4) Habilitation, rehabilitation or prevention of communication disorders, and delays in language and speed development; and,
 - 5) Referral for medical or other professional services necessary for the habilitation or rehabilitation of an infant or toddler with communication disorders or delays; and,
 - 6) Family training, education and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to speech language pathology strategies and enhancing the child's communication development.
 - b. Does not include therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury that is expected to heal without a long-term impact to child development and that are beyond the scope of the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.
14. "Transportation Services" means reimbursement for the cost of travel, including mileage, taxis, common carriers, and tolls or parking, that are necessary to enable an infant or toddler and his or her parent to receive another Early Intervention Service identified in the Individualized Family Service Plan.
15. "Vision Services":
- a. Means evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders and delays that affect child development, and the intervention services to address the functional visual needs of an infant or toddler with significant vision impairment and includes:
 - 1) Communication skills training; and,
 - 2) Orientation and mobility training for all environments; and,

- 3) Visual and other training necessary to activate visual motor abilities; and,
 - 4) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and,
 - 5) Consultation to adapt an environment and activities for a child with a visual impairment to promote development, access and participation in everyday routines, activities and places; and,
 - 6) Family training, education and support provided to assist a parent or other caregivers in understanding the special needs of the child as related to vision strategies and enhancing the child's overall development.
- b. Does not mean therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury and that are beyond the scope of the early intervention services identified in the child's Individualized Family Service Plan as being needed to meet the child's developmental outcomes.

PROCEDURES – Early Intervention Services

A. Planning for early intervention services shall include:

- 1. With parental consent for the use of family assessment, the identification of a family's lifestyle, routines, schedule, priorities and the environments that are natural and typical for that family;*
- 2. Identification of functional outcomes that are relevant to the natural environments and routines identified by the family;*
- 3. Development of strategies and activities that address the functional outcomes;*
- 4. Determination of which early intervention services are needed, as identified by the Individualized Family Service Plan team. 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;*
- 5. Selection of service settings that are not chosen 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; and,*
- 6. Identification of qualified Early Intervention personnel to support specific strategies and activities in consultation with family members and other caregivers.*

B. If a natural environment requirement creates a barrier to the implementation of a child's Individualized Family Service Plan due to unique community or family circumstances, the Department will work with the Community Centered Board to develop creative strategies

that are consistent with the natural environment policy and responsive to the needs of the child and family.

Other Early Intervention Services Documents

“Colorado Individualized Family Service Plan Form (English and Spanish)”

“Instruction Manual: Completing Colorado’s Individualized Family Service Plan”

“Personnel Standards” (Appendix F)

PERSONNEL QUALIFICATIONS

Federal Authority: 20 U.S.C. 1432 (F)(i-xii), and 1435 (a)(9) and (b); 34 C.F.R., Sections 303.19(a), 303.31 and 303.119(b)-(d)

State Authority: 27-10.5-702(3) and (17); 27-10.5-703 (a) and (f); and 27-10.5-708(1)(a), C.R.S. (2014)

RULE 12 CCR 2509-10

7.951 EARLY INTERVENTION PROVIDER QUALIFICATIONS

- A. Early intervention services shall be provided by qualified providers who meet the state personnel standards for each early intervention service.
- B. An early intervention provider shall maintain current and accurate documentation, including certifications, licensing, endorsements, and registrations and shall register, and update his or her information at least annually, in the Early Intervention Provider Database.

PROCEDURES – Personnel Qualifications

- A. *The State assures a comprehensive system of personnel development that includes:*
 - 1. *The training of paraprofessionals and primary referral sources with respect to the basic components of early intervention services;*
 - 2. *Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;*
 - 3. *Promoting the preparation and continuing education of providers who are fully and appropriately qualified to provide early intervention services;*
 - 4. *Ensuring that qualifications and requirements for registration, licensing or certification in the various disciplines are included in the Early Intervention Colorado Personnel Standards 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;*
 - 5. *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; and,*
 - 6. *Disseminating 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 include statewide early childhood stakeholders. Training opportunities for parents and families are distributed through the Parent-to-Parent listserv, as well as through Community Centered Board Early Intervention Coordinators, service coordinators, 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.

B. If a Community Centered Board 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 shall:

1. Make a good faith effort to hire the most qualified individuals available who are making satisfactory progress toward meeting state standards and are working under the supervision and direction of a person who meets the highest requirement for their profession or discipline; and,

a. Submit to the state Early Intervention Training and Personnel Development Coordinator a request for a temporary eligibility waiver for a non-credentialed professional that shall be reviewed annually by the Department to assure adequate progress toward meeting personnel standards; and,

b. Include the request that documents:

1) The reason the waiver is needed; and,

2) Current qualifications of the provider for whom a waiver is being requested; and,

3) Expected progress toward meeting personnel qualifications; and,

4) Specifics of the plan for supervision, including name of supervising qualified professional; and,

5) Vita and transcripts of the provider for whom the waiver is being requested, if appropriate.

3. Use paraprofessionals if the following occurs:

a. Ongoing supervision is provided by a qualified professional to assure that the paraprofessional understands the intervention plan and all procedures to be followed; and

b. When a paraprofessional is providing early intervention services:

1) The Individualized Family Service Plan strategies are developed by a qualified professional; and,

2) The qualified professional trains the paraprofessional to implement the plan; and,

3) The qualified professional provides supervision through ongoing and periodic discussions and face-to-face or videotaped observations at least monthly and in accordance with the guidelines of the affiliated professional organization, if appropriate; and,

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

Other Personnel Standards Documents

“Personnel Standards” (Appendix F)

“Database Instructions for Providers (companion to the Early Intervention Provider Database)”

“Early Intervention Recruitment Brochure”

OUTCOMES MEASUREMENTS

Federal Authority: 20 U.S.C. 1416(A)

State Authority: 27-10.5-703 (3) (g); and 27-10.5-710(2), C.R.S. (2014)

RULE 12 CCR 2509-10

7.960 OUTCOMES MEASURES

The Early Intervention Program, pursuant to 20 U.S.C. 1416(a) and 1442, which is incorporated by reference as defined in Section 7.900, A, 4, shall collect and report data on the progress made by children and families receiving early intervention services.

7.961 CHILD OUTCOMES MEASUREMENTS

- A. A Community Centered Board shall participate in the state program to measure child outcomes and shall ensure that each eligible child who receives early intervention services for six (6) months or longer receives a child outcomes rating that is determined utilizing information gathered through:
1. Family interview; and,
 2. Professional observation; and,
 3. Utilization of an appropriate assessment instrument to measure child outcomes as defined by the Department.
- B. A Community Centered Board shall ensure that all staff and contractors who are responsible for documenting and reporting child outcomes progress data are trained in the methods required by the Department and participate in required technical assistance activities.
- C. Child outcomes shall measure the percent of infants and toddlers with an Individualized Family Service Plan, who:
1. Have positive social emotional skills (including social relationships); and,
 2. Acquire and use knowledge and skills (including early language/communication); and,
 3. Use appropriate behaviors to meet their needs.
- D. A Community Centered Board shall ensure that accurate child outcomes data are entered into the Early Intervention Provider Database for measuring outcomes at the following times:
1. An entry rating must be entered as soon as a baseline can be accurately established, but no later than sixteen (16) weeks from the date of referral for early intervention services for an eligible child, unless a child is younger than six (6) months of age. If the child is less than six (6) months of age at the time of referral, the first measurement shall occur once a child has reached the age of six (6) months; and,

2. An exit rating must be entered no more than ninety (90) calendar days prior to the child's exit from early intervention services or the child's third (3rd) birthday, whichever occurs first. An exit rating is not required for a child who has been in early intervention services for less than six (6) months.

7.962 FAMILY OUTCOMES MEASUREMENTS

- A. A Community Centered Board shall participate in statewide distribution and collection of family outcomes measurements.
- B. A family outcomes survey shall be distributed to each parent who has a child who is participating in early intervention services for at least six (6) months.
- C. Family outcomes shall measure the percent of families who have a child participating in early intervention services for at least six (6) months who report that early intervention services have helped the family:
 1. Know their rights; and,
 2. Effectively communicate their child's needs; and,
 3. Help their child develop and learn.

Other Child and Family Outcomes Measurements Documents

"Child Outcomes Fact Sheet 2014"

"Child Outcomes Summary Form"

"Decision Tree for Summary Rating Discussions"

"7-Point Rating Scale - COSF"

"Child and Family Outcomes Information and FAQs"

"Early Intervention Colorado Family Outcomes Survey Form (English and Spanish)"

"Family Outcomes Survey Guide"

TRANSITION STEPS AND SERVICES

Federal Authority	20 U.S.C., 1435(a)(4), 1436(d)(8), and 1437(a)(9); 34 C.F.R., Sections 303.209, 303.344(h), 303.211 and 303.401
State Authority:	22-20-118(2), 27-10.5-103 (1) (a); 27-10.5-704(1)(d); and 27-10.5-705 (3) (b) C.R.S. (2014)

RULE 12 CCR 2509-10

7.970 TRANSITION STEPS AND SERVICES

- A. The service coordinator shall, prior to notifying the special education Administrative Unit in which a child who is potentially eligible for preschool special education services resides and the Department of Education, inform the parent of the opt-out policy, as defined in Section 7.970, B.
1. If a parent chooses to opt out of having his or her child's information sent to the Administrative Unit and the Department of Education for notification, the following shall occur:
 - a. The state form shall be completed to indicate that the parent has signed a written request to withhold notification and is submitted by the parent to the Community Centered Board within ten (10) calendar days of the date delineated on the form; and,
 - b. The state form shall become part of the child's record.
 2. A parent may revoke his or her choice to opt out at any time by providing written notice to the Community Centered Board.
- B. For the purpose of transition planning, the opt-out policy refers to the procedural safeguard provided to a parent to prevent, through written request, the transmittal of personally identifiable information about his or her child and family, as defined in Sections 7.901 and 7.970, D, to the Administrative Unit and the Department of Education, at the time that a child is approaching three (3) years of age.
- C. For the purpose of transition planning, a child who is potentially eligible for preschool special education services is defined as a child who is enrolled in early intervention services, and who:
1. Has not met all outcomes on his or her Individualized Family Service Plan; and/or,
 2. Is demonstrating a delay in any developmental domain, based on the expertise of a member of the Individualized Family Service Plan team.
- D. A Community Centered Board service coordinator shall notify, using the state form, the Administrative Unit of a child who is potentially eligible, unless a parent has signed the opt-out policy statement. The following information will be provided:

1. For a child who is potentially eligible and whose parent has not chosen to opt out of notification to the Administrative Unit, the child's first, middle and last name, date of birth, parent contact information including name(s), address(es) and telephone number(s), will be provided:
 - a. Not fewer than ninety (90) days and not more than nine (9) months prior to the child's third (3rd) birthday for any child with an active Individualized Family Service Plan; or,
 - b. As soon as possible for a child determined eligible fewer than ninety (90) days and more than forty-five (45) days prior to the child's third (3rd) birthday.
2. If a child is referred to the Community Centered Board fewer than forty-five (45) days prior to the child's third (3rd) birthday and the child may be eligible for preschool special education services, the Community Centered Board, with written parental consent, shall refer the child to the Administrative Unit in which the child resides and the Department of Education.

E. A Community Centered Board shall provide the Administrative Unit, with written parental consent, current information for a child who is potentially eligible regarding the child's early intervention services, including assessment information, and a copy of the most current Individualized Family Service Plan.

F. A Community Centered Board service coordinator shall establish a transition plan within an Individualized Family Service Plan to support a smooth transition:

1. Not fewer than ninety (90) days, and at the discretion of all parties, not more than nine (9) months prior to the child's third (3rd) birthday; or,
2. As soon as possible for a child referred at a later age whose eligibility was established and an Individualized Family Service Plan was developed fewer than ninety (90) days and more than forty-five (45) days prior to the child's third (3rd) birthday.

G. The transition plan shall be developed with the family and shall include, at a minimum, the following:

1. A description of transition steps and services the Individualized Family Service team determines necessary to support a smooth transition from early intervention services to preschool special education services, under Part B of the Individuals with Disabilities Education Act, which is incorporated by reference as defined in section 7.900, A, 4, or other appropriate services; and,
2. A description of transition steps includes:
 - a. As appropriate, how the child and his or her family will exit from early intervention services; and,
 - b. How a parent shall be informed of and included in the transition process,

including a review of the future placements and the program options for the child from the child's third (3rd) birthday through the remainder of the school year; and,

- c. Confirmation by the Community Centered Board that the basic personally identifiable information, defined in Section 7.970, D, 1, has been transmitted to the Administrative Unit; and,
- d. With parental consent, confirmation of the transmission of additional information needed by the Administrative Unit to ensure continuity of services from early intervention services to preschool special education services, including a copy of the most recent evaluation and assessments of the child and the family, and the most recent Individualized Family Service Plan; and,
- e. Procedures to prepare a child for changes in service delivery and strategies to help a child adjust to and function in a new setting; and,
- f. Any transition services and other activities that the Individualized Family Service Plan team identifies as needed by the child, or his or her family, to support the transition of the child.

H. With documented verbal or written parental approval, a transition conference shall be convened no later than ninety (90) days and, at the discretion of all participants, no earlier than nine (9) months prior to a child's third (3rd) birthday.

- 1. For a child who is potentially eligible, the participants at a transition conference shall include:
 - a. A parent of a child who is approaching three (3) years of age; and,
 - b. The service coordinator; and,
 - c. Representative(s) from the Administrative Unit.
- 2. In the event that a representative of the Administrative Unit does not attend the transition conference for a child who is potentially eligible, the service coordinator shall conduct a transition conference as scheduled.
- 3. A Community Centered Board shall make reasonable efforts to convene a transition conference for a child who is not potentially eligible for preschool special education services to discuss appropriate services that the child may receive, with the documented verbal or written approval of the parent. The following participants shall attend the conference:
 - a. Parent of a child who is approaching three (3) years of age; and,
 - b. Service coordinator; and,

c. Providers of other appropriate services.

I. If the transition conference is held in combination with the Individualized Family Service Plan meeting to develop the transition plan, the requirements of Sections 7.970, F through H, shall be met.

J. A Community Centered Board shall terminate early intervention services for a child whose parent elects to begin idea Part B preschool special education services provided through an Individualized Education Program prior to the child's third birthday in lieu of receiving IDEA Part C early intervention services.

PROCEDURE – Transition Steps and Services

In accordance with 34 C.F.R., Section 303.209 (b), the Department shall provide monthly notification to the Colorado Department of Education, as the state education agency, the first, middle, and last name, date of birth and parent contact information for all children who are potentially eligible for preschool special education services and for whom a notification date has been entered into the state database.

Other Transition Steps and Services Documents

“Transition Interagency Agreement” (Appendix B)

“Family Guidebook III: Transition Planning”

“Family Rights: Notice of Family Rights and Procedural Safeguards in the Early Intervention Colorado System”

PROCEDURAL SAFEGUARDS

Federal Authority: 20 U.S.C. 1232(g), 1435(13), 1436(e), and 1439; 42 U.S.C., 1320; 34 C.F.R. Sections 99, 303.400-303.422 and 303.402

State Authority: 27-10.5-103(2)(f) and (g); and 27-10.5-703(2), C.R.S. (2014)

RULE 12 CCR 2509-10

7.980 PROCEDURAL SAFEGUARDS

- A. A Community Centered Board shall have policies and procedures that are consistent with 34 C.F.R. Sections 303.400, 303.401 - 303.417, 303.420 - 303.421, and 303.430 - 303.438 which are incorporated by reference as defined in Section 7.900, A, 5.
- B. A parent shall be given written information and a verbal explanation of the procedural safeguards from the date of the referral through the determination of eligibility or ineligibility, delivery of early intervention services, and exit from early intervention services at or before his or her child's third (3rd) birthday.
- C. A Community Centered Board shall ensure that all service coordinators demonstrate competence in the following:
1. Procedural safeguards; and,
 2. How and when those procedural safeguards are to be explained and provided to a parent; and,
 3. What documentation shall be maintained to demonstrate this information has been appropriately provided to each parent.
- D. Parental rights include:
1. Confidentiality
 - a. Personally identifiable data, information, or records pertaining to a referred child shall not be disclosed by a Community Centered Board, any early intervention service provider, or any personnel involved in dispute resolution to any person other than his or her parent, except as provided in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. Section 1320, as amended, and the federal Family Educational Rights and Privacy Act (FERPA) of 1974, 20 U.S.C. Section 1232g, as amended, which is incorporated by reference as defined in Section 7.900, A, 4.
 - b. A parent may voluntarily give written parental consent for the exchange of confidential information to other parties.
 - c. A Community Centered Board shall ensure that all persons collecting,

maintaining, and using personally identifiable information receive training to comply with state and federal confidentiality policies and procedures.

2. Regarding access to records, a Community Centered Board shall:
 - a. Provide a parent, at no cost, a copy of each evaluation, assessment of the child, family assessment and Individualized Family Service Plan. Copies must be provided to a parent without unnecessary delay after each Individualized Family Service Plan meeting, and in no case more than ten (10) days after parental request; and,
 - b. Allow parents to inspect and review any early intervention records related to the child that are collected, maintained, or used by the agency for the purposes of providing early intervention services; and,
 - c. Comply with the request from a parent for access to records without unnecessary delay and in no case more than ten (10) days after the parent makes the request to inspect and review records; and,
 - d. Make available to a parent an initial copy of the child's early intervention record, at no cost to the parent without unnecessary delay and in no case more than ten (10) days after the parent makes the request for a copy;
 - e. If any record includes information on more than one child, provide to the parent the opportunity to inspect and review only the information relating to his or her child; and,
 - f. Be allowed to charge a reasonable fee for providing additional copies of records, provided the fee does not prevent a parent from exercising his or her right to inspect and review the child's early intervention record; however the Community Centered Board shall not charge a fee to search for or to retrieve information for the parent; and,
 - g. Upon a parent's request, provide a response to the parent for explanations and interpretations of his or her child's records without unnecessary delay, and in no case more than ten (10) days after the request has been made; and,
 - h. Shall provide a parent the right to have a representative, with written consent by the parent, to inspect and review the records; and,
 - i. Maintain a log of anyone obtaining access to records, including the name of the individual, the date access was given, and the purpose for the access.
3. Using the state form, prior written notice shall be provided to a parent within a reasonable time before proposing or refusing to initiate or change the identification, eligibility, evaluation, early intervention service setting, the provision of appropriate early intervention services to his or her child and family, or the sharing of personally identifiable information.

- a. The prior written notice form shall contain sufficient detail to inform a parent about:
 - 1) The action that is being proposed or denied; and,
 - 2) The reasons for taking such action; and,
 - 3) All procedural safeguards available; and,
 - 4) State complaint procedures including a description of how to file a due process complaint and the timelines for those procedures.
 - b. Prior written notice, in accordance with 34 C.F.R. Section 303.421, which is incorporated by reference as defined in Section 7.900, A, 5, shall be documented using the state form; and:
 - 1) Written in language understandable to the general public; and,
 - 2) Provided in the native language of a parent; and,
 - 3) If the native language of a parent is not a written language, a Community Centered Board shall take steps to ensure that:
 - a) The prior written notice is translated orally by an interpreter or by other means to the parent in the parent's native language or other mode of communication; and,
 - b) A parent understands the written prior notice; and,
 - c) There is prior written evidence that the requirements for written prior notice are met; and,
 - d) Information shall be provided in the mode of communication used by a parent, such as sign language, Braille, or oral communication.
 - c. A copy of the written prior notice shall be maintained in the child's record.
4. Written parental consent shall be obtained before:
- a. Initiating a referral that contains more than the basic information of a child's name, date of birth, gender, parent contact information and the name of the assigned service coordinator; and,
 - b. Conducting an initial evaluation and assessment of a child; and,
 - c. Providing any early intervention services; and,
 - d. Changing early intervention services or eligibility; and,

- e. Billing of Medicaid or a private health insurance plan, if consent is required under state coordinated system of payment procedures; and,
 - f. Sharing any personally identifiable information about a child or parent with another agency or program, other than authorized representatives, officials, or employees of participating agencies, as defined in Section 7.901, or the required transition information given to the Administrative Unit and the State Education Agency.
5. If written parental consent is not provided, the Community Centered Board shall make reasonable efforts to ensure that a parent:
 - a. Is fully aware of the evaluation, assessment or early intervention services that would be available; and,
 - b. Understands that his or her child will not be able to receive the evaluation, assessment or early intervention services unless consent is given.
 6. The right to decline an early intervention service without jeopardizing the provision of other early intervention services shall be provided to a parent.
 7. A surrogate parent, who meets state required procedures and requirements and who has been appointed in accordance with 34 C.F.R. Section 303.422, which is incorporated by reference in Section 7.900, A, 5, shall be designated to ensure that the rights of a child are protected, if:
 - a. No parent, as defined 34 C.F.R. Section 303.27, which is incorporated by reference as defined in Section 7.900, A, 5, and in Section 7.901, can be identified; or,
 - b. A Community Centered Board, in partnership with other involved public agencies, after reasonable efforts cannot locate a parent; or,
 - c. A child is placed in the legal custody of the county department of human/social services.

PROCEDURES – Procedural Safeguards

- A. 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.*
- B. 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.*
- C. 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.

- D. 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.*
- E. 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).*
- F. 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.*
- G. 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, Individualized Family Service Plans, ongoing assessment results and services received.*
- H. 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 Individualized Family Service Plans, 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. The Department, 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.*

Other Procedural Safeguards Documents

“Formal Dispute Resolution Request Form”

“A Step-by-Step Process for Explaining Procedural Safeguards to Families”

“Family Rights: Notice of Family Rights and Procedural Safeguards in the Early Intervention Colorado System”

“Special Education Administrative Unit/School District Notification Form”

“A Family Guide to the Coordinated System of Payments for Early Intervention Services”
(Appendix E)

“General Supervision and Monitoring Procedures” (Appendix C)

DISPUTE RESOLUTION PROCESS

Federal Authority: 20 U.S.C. 1435(a) (13), and 1439; 34 C.F.R., Sections 303.430-303.434 and 303.435-303.438

State Authority: 27-10.5-103(2)(c); and 27-10.5-703(2), C.R.S. (2014)

RULE 12 CCR 2509-10

7.990 DISPUTE RESOLUTION PROCESS

- A. A Community Centered Board shall have dispute policies and procedures, in accordance with 34 C.F.R. Sections 303.430 - 303.434 and 303.435 - 303.438, which are incorporated by reference as defined in Section 7.900, A, 5, to ensure that parents and service providers are informed of the process for resolution of disputes. These policies and procedures shall include:
1. A process for local level informal resolution of complaints; and,
 2. Formal dispute resolution processes as defined within Section 7.913, C, and Sections 7.991-7.994.
- B. A parent of a child who is referred for services shall have the right to access mediation, state complaint procedures and/or a due process hearing at no cost for the resolution of an individual dispute regarding identification, eligibility determination, early intervention service setting, or the provision of appropriate early intervention services for the child and the child's family.
- C. Families shall have access to mediation and due process procedures for the resolution of a dispute. The Department shall ensure:
1. The availability of a mediator and hearing officer; and,
 2. A mediator and hearing officer is impartial and knowledgeable of the federal and state laws pertinent to early intervention services; and,
 3. There is no cost to the parties involved in the mediation or due process hearing.
- D. If the dispute involves an application for initial early intervention services, the child shall receive those services that are not in dispute.
- E. During the pendency of any proceeding involving a complaint under this section of these rules, unless the public agency and parent of a child otherwise agree, the child shall continue to receive the appropriate early intervention services currently being provided.

7.991 MEDIATION

- A. A statewide mediation system shall be available to ensure that:
1. Any individual may voluntarily access a non-adversarial process for the resolution of

disputes at no cost to the parties involved in the mediation; and,

2. It shall not be used to deny or delay a parent the right to a due process hearing, or to deny any other rights, in accordance with 20 U.S.C. 1439, which is incorporated by reference as defined in Section 7.900, A, 4; and,
3. It shall be scheduled and held in a location that is convenient to the parties involved in the mediation.

B. A request for mediation by a parent or an early intervention services provider shall be submitted to the Department using either the state form or another signed written request.

C. A mediation 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 shall not be used as evidence in any subsequent due process hearing or civil proceeding; and,
2. Is signed by a parent and a representative of the agency who has the authority to bind such agency.

D. A written, signed mediation agreement shall be enforceable in any state court of competent jurisdiction or in a district court of the United States.

7.992 STATE COMPLAINT PROCEDURES

A. A Community Centered Board shall ensure that state procedures for filing a complaint are widely disseminated to parents and other interested individuals within its designated service area, including parent training centers, protection and advocacy agencies and other appropriate entities.

B. In resolving a complaint in which there is a finding of a failure to provide appropriate early intervention services to an eligible child, the following shall be addressed:

1. The remediation of the denial of an Early Intervention Service, 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. The provision of appropriate future early intervention services for all eligible infants and toddlers and their families.

C. An organization or individual may file a written signed complaint using the state form or in another written format that includes the following information:

1. A statement of the alleged violation of rules or statutes; and,

2. The facts on which the complaint is based; and,
 3. The signature and contact information for the complainant and, if alleging violations with respect to a specific child, the name and address of the residence of the child; and,
 4. The name of the provider serving the child; and,
 5. A description of the nature of the problem regarding the child, including facts relating to the problem; and,
 6. A proposed resolution of the problem to the extent known.
- D. An alleged violation shall have occurred not more than one (1) year before the date that the complaint is received by the Department.
- E. The party filing the complaint shall forward a copy of the complaint to the public agency or provider serving the child at the same time the party files the complaint with the Department.
- F. A complaint shall be reviewed within sixty (60) calendar days after a complaint is filed under this process in order to:
1. Carry out an independent on-site investigation, if the Department determines that such an investigation is necessary; and,
 2. Provide the complainant with the opportunity to submit additional information, either orally or in writing, about the allegation(s) included in the complaint; and,
 3. Provide the public agency or provider with an opportunity to respond to the complaint, including a proposal to resolve the complaint; and,
 4. Provide an opportunity for the parent who has filed a complaint and for the agency or provider to voluntarily engage in mediation; and,
 5. Review all relevant information and make an independent determination as to whether the agency is violating a requirement under Sections 7.900-7.994; and,
 6. Issue a written decision to the complainant within sixty (60) calendar days that addresses each allegation within the complaint and contains the following:
 - a. Findings of fact and conclusions; and,
 - b. Reasons for the final decision made by the Department.
- G. An extension of the sixty (60) calendar day time limit may be granted if determined necessary by the Department.
- H. The following activities may be imposed by the Department on a Community Centered Board

or a Certified Early Intervention Service Broker:

1. Technical assistance activities; and,
2. Negotiations; and,
3. Corrective actions to achieve compliance.

I. If a written 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, the following shall apply:

1. Any part of the complaint that is being addressed in the due process hearing procedures as defined in Section 7.933 may be set aside until the conclusion of the hearing; or,
2. Any issue of the complaint that is not a part of the due process hearing procedures may be resolved within sixty (60) calendar days using the complaint procedures described in Section 7.992; or,
3. The complaint alleging that a public agency or private service provider failed to implement a due process decision may be resolved.

7.993 DUE PROCESS PROCEDURES

A. A due process hearing officer shall be appointed to implement the due process procedures described in this Section or the rules, and shall:

1. Have knowledge about the provision of early intervention services in accordance with Sections 7.900-7.994; and,
2. Listen to the presentation of relevant viewpoints about a complaint, examine all information relevant to the issues and seek to reach a timely resolution of the due process complaint; and,
3. Provide a record of the proceedings, including a written decision.

B. In the context of Section 7.993, “impartial”, under this section of the rules, means that a person appointed to implement a complaint resolution process:

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

C. Any parent of a child referred for services under Sections 7.900-7.994 may submit a written request for a due process proceeding to the Department using the State form or another

signed written request, and has the right to:

1. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services, at the parent's expense; and,
2. Present evidence and confront, cross-examine, and compel the attendance of witnesses that are either employed by or under contract with the Certified Early Intervention Service Broker; and,
3. Prohibit the introduction of any evidence at the proceeding that has not been disclosed to a parent at least five (5) calendar days before the proceeding; and,
4. Obtain a written or electronic verbatim transcription of the proceeding; and,
5. Receive written findings of fact and decisions at no cost to the parent.

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

E. No later than thirty (30) calendar days after receipt of a parent's written complaint, the proceeding shall be completed and a written decision mailed to each of the parties.

7.994 CIVIL ACTION

Any party aggrieved by a finding and decision regarding a due process complaint has the right to bring a civil action in state or federal court.

Other Dispute Resolution Process Documents

“Formal Dispute Resolution Request Form”

“A Step-by-Step Process for Explaining Procedural Safeguards to Families”

“Family Rights: Notice of Family Rights and Procedural Safeguards in the Early Intervention Colorado System”

“General Supervision and Monitoring Procedures” (Appendix C)