



# EARLY INTERVENTION COLORADO STATE PLAN

UNDER PART C  
OF THE  
INDIVIDUALS WITH DISABILITIES  
EDUCATION ACT

2013

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Federal Fiscal Year 2013-14

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## **EARLY INTERVENTION COLORADO STATE PLAN**

### **Under Part C of the Individuals with Disabilities Education Act**

**Revised 2013**

#### **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. In the legislative declaration of the Colorado Revised Statutes (C.R.S.) 27-10.5-101(1)(i), one of the purposes of Early Intervention Services is, "To recognize the efficacy of Early Intervention Services and supports in minimizing developmental delays and reducing the future education costs to our society."

The Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, hereafter referred to as the Department, is authorized as set forth in 27-10.5-102(12), 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 in state statute at 27-10.5-102 (3) and 105, C.R.S. as the single entry point into the long-term service and support system for persons with developmental disabilities. Each Community Centered Board has a non-overlapping geographic service region of one to ten counties serving from 101 to 2,160 individuals each. A directory of the Community Centered Board Early Intervention Colorado Programs is located at [www.eicolorado.org](http://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 that are described in the General Supervision and Monitoring Procedures, Appendix C, and the Fiscal Management and Accountability Procedures, Appendix D.

Additional requirements of the FY 2013-14 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.

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 E, 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](http://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.

## **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 National Early Childhood Technical Assistance Center, Mountain Plains Regional Resource Center, 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](http://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](http://www.eicolorado.org).

## **ANNUAL DATA COLLECTION REPORT**

<b>Federal Authority: 20 USC 1418, 1435(a)(14) and 1442; and 34 C.F.R., Sections 303.701-702 and 303.721-724</b>
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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:	27-10.5-102 (12), 27-10.5-103(1)(g), 27-10.5-701(a), (c), (d), and (k), 27-10.5-702(7), 27-10.5-703, 27-10.5-704, 27-10.5-706 and 27-10.5-708(1), C.R.S.

#### RULE 12 CCR 2509-10

#### 7.900 EARLY INTERVENTION PROGRAM [Eff. 7/1/13]

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 101 and 701, which are incorporated by reference; no later amendments or editions are included. The documents may 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.
2. The Colorado Revised Statutes (C.R.S.) Title 10, Article 16, Sections 102 (28.5) and 104(1.3), which are incorporated by reference; no later amendments or editions are included. The documents may 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.
3. The Colorado Revised Statutes (C.R.S.) Title 22, Article 20, Sections 103 and 118, which are incorporated by reference; no later amendments or editions are included. The documents may 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.
4. The United States Code (U.S.C.), Title 20, Parts 1232, 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) 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.gpoaccess.gov/uscode](http://www.gpoaccess.gov/uscode). 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.gpoaccess.gov/nara](http://www.gpoaccess.gov/nara). 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.gpoaccess.gov/nara](http://www.gpoaccess.gov/nara). 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 interagency 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 - Interagency Dispute Resolution*

*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”
- “A Family Guide Book Guide I: Referral and Eligibility for Colorado Early Intervention Services”
- “A Family Guide Book Guide II: Individualized Family Service Plan and Orientation to Early Intervention Services”

## DEFINITIONS

Federal Authority: 34 C.F.R., Sections 303.27, 303.29, and 303.403(c)
State Authority: 27-10.5-103(2), C.R.S.

RULE 12 CCR 2509-10

### 7.901 EARLY INTERVENTION PROGRAM DEFINITIONS [Rev. eff. 7/1/13]

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

"Abuse" includes, but is not limited to:

- A. "Physical abuse", which means the infliction of physical pain, injury, or the imposition of unreasonable confinement or restraint on a person. This includes directing a person to physically abuse another person receiving services.
- B. "Sexual abuse", which means subjecting a person to nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code", Title 18, C.R.S. This may include, but is not limited to, such actions as sexual assault, rape, fondling, or sexual exploitation. Additionally, any sexual interaction between employees or contractors and persons receiving services shall constitute sexual abuse.
- C. "Mental or psychological abuse", which means any verbal or nonverbal act which creates, is intended to create, or reasonably could be expected to create mental anguish for a person. This includes, but is not limited to, such actions as discriminatory remarks, belittlement, derogatory name calling, teasing, and unreasonable exclusion from conversations or activities.

"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.

“Certified Early Intervention Service Broker” is pursuant to the Colorado Revised Statutes (C.R.S.) Title 27, Article 10.5, Section 702(3).

“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 the program of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) (IDEA) and pursuant to Section 22-20-103, C.R.S., that ensures that infants and toddlers in the state who are eligible for services under IDEA, Part C, are identified, located and evaluated.

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

“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](http://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](http://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.

“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.

"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.

"Homeless children" 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.

"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.

"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.

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

"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.

"Neglect" means an act or failure to act by a person who is responsible for another's well being so that inadequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is provided. This may include, but is not limited to, denial of meals, medication, habilitation, or other treatment necessities and which is not otherwise within the scope of Section 27-10.5, C.R.S., or these rules and regulations.

"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.

“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.

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

“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.

“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.

"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(2)(a), 27-10.5-102(12); 27-10.5-103(1)(c) and (g); 27-10.5-702(19); 27-10.5-703; 27-10.5-704(2)- (3); 27-10.5-705(3)(b), 27-10.5-706, 27-10.5-707, 27-10.5-708(1)(a) and (c), 27-10.5-710; and 22-20-118(1)(c), C.R.S.

### RULE 12 CCR 2509-10

#### 7.910 SYSTEM COORDINATION [Eff. 7/1/13]

##### 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”  
“Early Head Start Interagency Operating Agreement”  
“Division of Child Welfare Services Memorandum of Understanding”

## 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 and A-133
State Authority:	22-10-118(1)(c)(III), 25.5, 27-10.516, 27-10.5-701(k), 27-10.5-702(3), (5), (7), (11), and (17), 27-10.5-703(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.

### RULE 12 CCR 2509-10

#### 7.911 Fiscal Management [Eff. 7/1/13]

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: 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; 10-16-104(1.3); and 22-20-118(1)(c)(III), C.R.S.

### RULE 12 CCR 2509-10

#### 7.912 Coordinated System of Payment [Eff. 7/1/13]

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 or public health insurance is used to pay for Early Intervention Services; or,
2. 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 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.

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 (3<sup>rd</sup>) 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 to six thousand three hundred and sixty-one dollars (\$6,361.00).
  - a. For policies or contracts issued or renewed on or after January 1, 2014, and on or after each January 1 thereafter, the limit 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 16.913, 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**

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

**“Fiscal Management and Accountability Procedures” (Appendix D)**

## **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 and A-133
State Authority:	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; 10-16-104(1.3); and 22-20-118(1)(c)(III), C.R.S.

### **RULE 12 CCR 2509-10**

#### **7.913 Certified Early Intervention Service Brokers [Rev. eff. 7/1/13]**

##### **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.
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 Section 16.210, 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 federal funds for Early Intervention Services are utilized as payor of last resort; and,
- c. Use procedures and forms as defined by the Department to document the provision or purchase of Early Intervention Services; and,
- d. Negotiate, within state and federally-defined parameters and Section 7.913, B, for payment of Early Intervention Services; and,
- e. 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.
- f. 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,

- g. Accept and process insurance claims in accordance with state and federal law for those families with health insurance coverage for Early Intervention Services; and,
  - h. 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,
  - i. Participate in ongoing reviews of the use of the funding hierarchy; and,
  - j. 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. These services are documented in the Early Intervention Provider Database.
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 10-16-102 (28.5), 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. Pursuant to Section 27-10.5-104.5(3)(c), C.R.S., 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.*

<p><u>Other Certified Early Intervention Service Brokers Documents</u> “Fiscal Management and Accountability Procedures” (Appendix D)</p>
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## 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(1)(d), 27-10.5-103(2)(f) and 27-10.5-710(2), C.R.S.

RULE 12 CCR 2509-10

### 7.914 Data Collection [Eff. 7/1/13]

- 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 database, data entry requirements and timelines, and report information; and,
  2. Ensure that each staff who enters data into the statewide database 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 database 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 database 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 Community Contract and Management System shall be complete and accurate by the thirtieth (30<sup>th</sup>) 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

“Community Contract and Management System (CCMSWeb) Early Intervention 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(1)(b),(c) and (d), 27-10.5-103(2)(f), 27-10.5-703(2), 27-10.5-703(3)(f) and (g), and 27-10.5-710(1) and (2), C.R.S.

### RULE 12 CCR 2509-10

#### 7.915 General Supervision and Monitoring [Eff. 7/1/13]

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)"

## **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.

### **RULE 12 CCR 2509-10**

#### **7.920 CHILD IDENTIFICATION [Eff. 7/1/13]**

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](http://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.

8. If a Community Centered Board becomes aware of a child who has been referred to an Administrative Unit for a multidisciplinary evaluation that will not be completed within forty-five (45) calendar days of the date of the referral, then the Community Centered Board shall notify the Department within two (2) business days from the time that the Community Centered Board has been notified by the administrative unit using state procedures.

#### 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 and assessment, as defined in Section 7.901, are conducted 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 Individualized Family Service Plan.

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 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.
- a. A family assessment is voluntary on the part of the parent.
  - b. A family assessment shall be family-directed and designed to determine the resources, priorities and concerns of a parent related to the enhancement of his or her child's development.
  - c. If completed, the family assessment must be:
    - 1) Conducted by qualified personnel trained to utilize appropriate methods and procedures; and,
    - 2) Based on information provided by the parent through a personal interview; and,
    - 3) Inclusive of a parent 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. 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.
  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 Services.; 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. Parent 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 appropriate 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 the child shall include the following*
  - a. A review of the results of the evaluation conducted under Section 7.920; and,*
  - 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's eligibility 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

"A Family Guide Book Guide I: Referral and Eligibility for Colorado Early Intervention Services"

"Early Intervention Colorado Established Conditions Database"

"Early Intervention 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 303.23, 303.343(a)(1)(iv), 303.344(g) and 303.345(b)(1)

State Authority: 27-10.5-702(18), 27-10.5-704(1)(c) and 27-10.5-705(3)(a), C.R.S.

RULE 12 CCR 2509-10

### **7.930 SERVICE COORDINATION [Eff. 7/1/13]**

- 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 Service, 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. Ensure that a parent has been given reasonable choice in the selection of available and qualified personnel to provide the Early Intervention Services documented in the Individualized Family Service Plan; and,
10. 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,
11. Inform a parent of available advocacy services; and,
12. Facilitate development of the transition to preschool special education services or other services for a toddler approaching three (3) years of age; and,
13. Assist a parent with dispute resolution regarding Early Intervention Services, if needed.

*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 as service coordinators 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

“Online Service Coordination Orientation Modules”

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



## 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(20)(c); 27-10.5-702(7) and (11), and 27-10.5.703(d), C.R.S.

RULE 12 CCR 2509-10

### 7.940 INDIVIDUALIZED FAMILY SERVICE PLAN [Eff. 7/1/13]

- 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 and 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-appropriate 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. 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.
- H. 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](http://www.eicolorado.org).
- I. 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.
- J. 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.
- K. 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.
- L. 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. 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 initial Individualized Family Service Plan, the Evaluation/Assessment Results Page that documents the signatures and roles of the multidisciplinary evaluation team members, the methods and procedures used, the measurable results of the evaluation in all developmental domains that support and convey the eligibility determination of the child, and the signature of the Community Centered Board representative confirming the child's eligibility status;*
- 4. 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;*
- 5. 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. Help the parent(s) better understand the child's current level of development;*
  - c. Establish a starting point for the child's development upon entry to Early Intervention Services;*
  - 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.*
6. *With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing their child's development;*
  7. *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;*
  8. *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. *Method of service delivery, i.e., how the service is provided, such as through direct individual instruction or consultation with other team members or the parents;*
    - 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 the service is provided on an individual or group basis; and,*
    - d. *Frequency of the services showing the number of days or sessions that a service will be provided.*
  9. *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.*
  10. *A statement that includes, to the extent appropriate, Targeted Case Management, medical or other supports and services necessary to achieve an outcome on the Individualized Family Service Plan but not required under early intervention service definitions and funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private*

*sources. This requirement does not apply to routine medical services, unless a child needs those services and the services are not otherwise available;*

- 11. 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,*
- 12. 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 valid 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.*

*B. 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.*

*C. 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.*

*D. 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 an English copy shall be maintained in the child's record.*
- 2. The service coordinator shall ensure that the provider(s) of Early Intervention Services documented in the Individualized Family Service Plan shall receive an English copy of the plan within a timely manner.*

*E. 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.*

*F. 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”

**“A Family Guide Book Guide 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.

RULE 12 CCR 2509-10

### **7.950 EARLY INTERVENTION SERVICES [Eff. 7/1/13]**

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' 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 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 speech 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: 27-10.5-103(1)(c), (2)(b), 27-10.5-702(17) and 27-10.5-708(1)(a), C.R.S.

RULE 12 CCR 2509-10

### 7.951 Early Intervention Provider Qualifications [Eff. 7/1/13]

- 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 Early Intervention Service 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, the Early Intervention Provider Database, 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, including an Early Intervention Partners group list that includes statewide early childhood stakeholders. Training opportunities for parents and families are distributed through the Parent-to-Parent listserv, as well as through 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;*
- 2. Request from the 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,*
- 3. Use unlicensed providers or paraprofessionals if the following occurs:*
  - a. Ongoing supervision is provided by a qualified professional to assure that the unlicensed personnel understands the intervention plan and all procedures to be followed; and*
  - 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,*
    - 4) All supervisors of Developmental Intervention Assistants must complete the State approved two-day 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 Provider Database)”

“Early Intervention Recruitment Brochure”

## **OUTCOMES MEASUREMENTS**

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

**State Authority:** 27-10.5-103(d)(V) and (f), and 27-10.5-710(2), C.R.S.

RULE 12 CCR 2509-10

### **7.960 OUTCOMES MEASURES [Eff. 7/1/13]**

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 [Eff. 7/1/13]**

- 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 (3<sup>rd</sup>) 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 [Eff. 7/1/13]**

- 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**

“Early Intervention Colorado Required Activities for Child Outcomes Measurements”  
“Child Outcomes Summary Form”  
“Decision Tree for Summary Rating Discussions”  
“COS 7-Point Rating Scale”  
“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), (d), 27-10.5-103(1)(g) and 27-10.5-704(1)(d), C.R.S.

### RULE 12 CCR 2509-10

#### 7.970 TRANSITION STEPS AND SERVICES [Eff. 7/1/13]

- 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

“Part C to Part B Transition Interagency Agreement” (Appendix B)

“A Family Guidebook, Guide 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)(g) and (h), and 27-10.5-703(2), C.R.S.

RULE 12 CCR 2509-10

### 7.980 PROCEDURAL SAFEGUARDS [Eff. 7/1/13]

- 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 (3<sup>rd</sup>) 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 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 the required information given to the administrative unit.

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”

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

“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)(g) and 27-10.5-703(2), C.R.S.

RULE 12 CCR 2509-10

### **7.990 DISPUTE RESOLUTION PROCESS [Eff. 7/1/13]**

- 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 in accordance with Section 27-10.5-104.5(3)(c), C.R.S.
- 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 [Eff. 7/1/13]**

- 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 [Eff. 7/1/13]**

- 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 [Eff. 7/1/13]**

- 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 [Eff. 7/1/13]**

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)



**Implementation in Colorado of Part C of the  
Individuals with Disabilities Education Act (P.L. 108-446)**

# **Memorandum of Understanding**

**Department of Human Services**

**Department of Education**

**Department of Public Health and Environment**

**Department of Health Care Policy and Financing**

**Department of Regulatory Agencies**

Revised –January 2013



**Colorado Department of Human Services**  
*people who help people*

**Memorandum of Understanding Among the Colorado Departments of Human Services,  
Education, Public Health and Environment, Health Care Policy and Financing, and  
Regulatory Agencies**

THIS agreement is made by and between the Colorado Departments of Human Services, Education, Public Health and Environment, Health Care Policy and Financing, and Regulatory Agencies, Division of Insurance to ensure the availability and accessibility of Early Intervention Services for all eligible infants and toddlers, birth through two years of age residing in Colorado, who have developmental delays or disabilities and their families;

WHEREAS, authority exists in law and federal and/or state funds are appropriated to each agency for the benefit of infants and toddlers with developmental delays or disabilities;

WHEREAS, required approval, clearance and coordination has been accomplished from and with the appropriate agencies;

WHEREAS, the Colorado Department of Human Services, as the lead agency for the administration of the Federal Part C Grant from the Office of Special Education Programs, United States Department of Education, is responsible to develop and maintain an interagency agreement pursuant to 34 Code of Federal Regulations (C.F.R.) 303.120(f), 303.202, and 303.511 that assures Colorado's commitment to implementing Part C of the Individuals with Disabilities Education Act (IDEA);

NOW THEREFORE, the following purpose, objectives, outcomes and responsibilities are agreed:

**I. Statement of Common Purpose**

The purposes of this Memorandum of Understanding (MOU) to coordinate among the Colorado Departments of Human Services, Education, Public Health and Environment, Health Care Policy and Financing, and Regulatory Agencies (Division of Insurance), are as follows:

- Develop, implement, and maintain a statewide, comprehensive, coordinated, multidisciplinary, interagency system of Early Intervention Services, herein after referred to as the Early Intervention Colorado program, for all infants and toddlers, birth through two years of age, with developmental delays or disabilities and their families in accordance with:
  - Part C of the Individuals with Disabilities Education Act (IDEA), Public Law 108-446; and,
  - The Colorado application for Federal Part C Funds from the Federal Office of Special Education Programs (OSEP), United States Department of Education (USDE); and,
  - The coordinated system of payment for Early Intervention Services as authorized by the Colorado Revised Statute (C.R.S.) 27-10.5-701, 25.5-8-105, 25.5-1-124, and 10-16-104.
- Identify the statutory and regulatory authority for implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide Early

- Intervention Services for all infants and toddlers with developmental delays or disabilities and their families; and,
- Establish common definitions, where possible, regarding Early Intervention Services; and,
  - Clarify individual agency responsibilities through interagency operating agreements; and,
  - Recognize the federal procedural safeguards available to children and families; and,
  - Define confidentiality of information; and,
  - Formalize dispute resolution procedures between state agencies; and,
  - Define supervision and monitoring responsibilities; and,
  - Establish the terms for review of the MOU.

## **II. Mutual Objectives**

It is agreed by the parties to this MOU that each agency shall support the attainment of the following mutual objectives at the State and local levels through policies, procedures, contracts and other means to provide at no cost to families, except under the financial participation provisions of particular programs:

- A collaborative, community-based, interagency child identification process that coordinates local procedures to locate, evaluate and identify infants and toddlers with developmental delays or disabilities who may be eligible for Early Intervention Services, including Native American/Indian infants and toddlers with developmental delays or disabilities and their families residing on a reservation geographically located in Colorado, infants and toddlers with disabilities who are experiencing homelessness; and infants and toddlers with disabilities who are wards of the State; and,
- Service coordination to assist families of infants and toddlers with developmental delays or disabilities to receive the federal procedural safeguards and the services for which they are eligible; and,
- An Individualized Family Service Plan (IFSP) for each eligible child; and,
- At no cost to families, except under the financial provisions of particular programs, appropriate and necessary services in the context of the family's everyday routines, activities and places as identified on the IFSP utilizing available public and private funding sources.

## **III. Mutual Agreements**

In order to attain the above mutual objectives, each agency agrees to:

- Designate at least one person to act as a representative on early intervention issues and to serve on the Colorado Interagency Coordinating Council (CICC); and,
- Participate in the ongoing development, implementation and evaluation of interagency operating agreements and strategies at the state and local levels; and,

- Support parents to be active participants at all levels in the development, implementation and evaluation of the statewide, comprehensive, coordinated, multidisciplinary, interagency system of Early Intervention Services; and,
- Share information about infants and toddlers with developmental delays or disabilities to the extent necessary and consistent with state and federal confidentiality requirements, including, but not limited to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA), in order to get accurate and unduplicated child counts to meet federal reporting requirements and to facilitate the effective and efficient delivery of Early Intervention Services; and,
- Provide coordinated training and technical assistance for families, service providers across agencies and systems, and other entities as necessary and appropriate; and,
- Provide information to the Early Intervention Colorado program in order to maintain a statewide central directory as required by 34 C.F.R. 303.117 to facilitate access to information for families, service providers and the general citizenship of Colorado; and,
- Define the financial responsibilities for each agency regarding payment for Early Intervention Services; and,
- Establish procedures for resolving disputes and provision of Early Intervention Services during pendency of any dispute between state agencies; and,
- Provide technical assistance and support in the maintenance of local interagency coordination efforts involved in the statewide early intervention system.

#### **IV. Mutual Outcomes**

Within each agency's responsibility and authority, as well as within the requirements of state and federal early intervention regulations, the intended outcomes of this MOU are to:

- Enhance the development of infants and toddlers with developmental delays or disabilities and the capacity of their families to support their child's development; and,
- Assist in improving the well-being, safety and family permanency of infants and toddlers with developmental delays or disabilities; and,
- Increase access to Early Intervention Services and to increase family satisfaction with those services; and,
- Empower families through information and support to participate fully in decision making at personal and policy levels; and,
- Assist families in understanding their right to accept or decline the Early Intervention Services determined to be appropriate through the IFSP process; and,
- Support the participation of eligible children and their families in inclusive and culturally relevant community settings and activities; and,
- Assure better child health and development by promoting access to the following services and supports that align with the Early Childhood Framework:
  - Early learning; and,

- Family support and parent education; and,
- Social, emotional and mental health; and,
- Health.
- Strengthen the statewide early intervention system by initiating, expanding or improving collaborative efforts related to identifying infants and toddlers with delays in development, including the establishment of linkages with appropriate public and private community-based organizations, services and personnel for the purpose of:
  - Identifying, locating and evaluating infants and toddlers who are suspected of having a developmental delay or have an established condition that has a high likelihood of resulting in a developmental delay; and,
  - Making referrals to the early intervention system for infants and toddlers who have been identified as:
    - The subject of a substantiated case of abuse or neglect; and/or,
    - Directly affected by illegal substance abuse or withdrawal systems resulting from prenatal drug exposure.
  - Conducting public awareness efforts to ensure statewide identification of infants and toddlers in under-served populations.

#### **V. Common Definitions**

The signatory agencies to this MOU accept the IDEA 2004, Part C definitions specified in 34 C.F.R. 303 as amended in 2011 and the Early Intervention Colorado State Plan.

#### **VI. Statutory and Regulatory Authority**

As a condition of receiving federal funds under Part C of the Individuals with Disabilities Education Act (IDEA), the State of Colorado must ensure cooperation among state agencies involved in the delivery of Early Intervention Services to infants and toddlers with developmental delays or disabilities and their families. Additionally, federal law requires cooperation among state agencies responsible for the administration and/or supervision of both Title V (Maternal and Child Health) and Title XIX (The Medical Assistance Act or Medicaid) of the Social Security Act. Therefore, this MOU serves to document the signatory agency commitment to cooperate and coordinate as authorized by state and federal statutes and regulations.

The responsibilities and objectives delineated in this MOU are referenced and supported in the following state and federal legislative statutes:

- **The Individuals with Disabilities Education Act (IDEA) (P.L. 108-446)** addresses special education and related services for children with disabilities. IDEA, Part C, charges states to develop and implement a comprehensive, coordinated, interagency system of services for infants and toddlers with disabilities and their families and to ensure cooperation among agencies. Part B of IDEA requires a state to have policies and procedures to ensure that all children, birth to age 21 in need of special education and related services, including children attending private schools and migrant or homeless children, are "identified, located and evaluated".

- **The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402) amendments of 2000**, assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports and other assistance and opportunities that promote independence, productivity and integration and inclusion into the community.
- **Title IV-B of the Social Security Act** provides federal funding for general child welfare services to children and families who meet eligibility criteria. Title IV-B, Subpart 2, Promoting Safe and Stable Families, provides a capped entitlement to states for community-based family support services, time-limited family re-unification services, adoption promotion and support services.
- **Title IV-A of the Social Security Act** provides emergency assistance for families with children who are at risk of placement out of the home.
- **Title IV-E of the Social Security Act and Supplemental Security Income (SSI)** enables states to provide foster care and adoption assistance for children who otherwise would be eligible for aid to families with dependent children.
- **Title V of the Social Security Act, Section 505 (2) (E)** allows for participation with other state programs involved with the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services authorized under Title XIX to ensure that there is no duplication of effort; in the arrangement and carrying out of coordination agreements described in Section 1902 (a) (11), relating to coordination of care and services available under this Title and Title XIX; and, in coordinating activities within the state with programs carried out under this Title and related federal grant programs, such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), related educational programs, and other health and developmental disability programs.
- **Title V of the Social Security Act, Section 505(a)(1)(A-D), Maternal and Child Health Block Grant to States, OBRA '89** requirement: to provide and promote family-centered, community-based, coordinated care including care coordination services for children with special health care needs and to facilitate the development of community based systems of services for such children and their families.
- **Title XIX of the Social Security Act (grants to states for Medical Assistance Programs), Section 1902 (a) (11) (A)**, provides for the entering into cooperative arrangements with the state departments responsible for administering and/or supervising the administration of services to ensure maximum utilization of such services and provides federal funding for EPSDT for children who meet eligibility criteria.
- **Title XX of the Social Security Act** provides a block grant to states for the provision of social services. In Colorado, these funds are used to help pay for a variety of services at the County Departments of Social/Human Services.
- **The Welfare Reform Consolidation Act of 1995 (H.R. 104-999)** requires the Special Supplemental Nutrition Program for Women, Infants and Children to coordinate with other state programs, such as EPSDT and Medicaid.
- **Section 5082 of the Omnibus Budget Reconciliation Act of 1990, the Child Care and Development Fund (effective 1998)** provides child care subsidies for low-income



families and funds for activities to improve the quality of child care and to increase the availability of early childhood development programs and before and after school care services.

- **Community Mental Health and Substance Abuse Services Improvement Act of 1992 (P.L. 102-321)** provides requirements concerning the targeting of mental health services, including children with serious emotional disturbances, as well as coordination of mental health services across relevant agencies.
- **The Americans with Disabilities Act (ADA) of 2008 (P.L. 110-325)** provides a basis for ensuring the civil rights of all people with disabilities, including infants and toddlers with disabilities, to access to both public and private accommodations.
- **Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act (P.L. 111-320)** requires that children who are under the age of three and are involved in a substantiated case of abuse or neglect be referred for evaluation and assessment.
- **Colorado Revised Statute Article 16 of Title 10** is enabling legislation for supports and services for eligible infants and toddlers with developmental delays or disabilities and their families enrolled in qualifying private health insurance plans (Section 104).
- **Colorado Revised Statute Article 20 of Title 22** is enabling legislation that specifies the responsibilities of the Colorado Department of Education and local administrative units (AUs) regarding Child Find activities for screening and evaluation of infants and toddlers, birth through two years of age (Section 118).
- **Colorado Revised Statute Article 80 of Title 22** is enabling legislation that specifies the responsibilities of the Colorado School for the Deaf and the Blind (Sections 111 - 117).
- **Colorado Revised Statute Article 1 of Title 25.5, Colorado Medical Assistance Act**, enabling legislation that includes services for Medicaid eligible infants and toddlers with developmental delays or disabilities and their families as a Medicaid State Plan benefit or under Child Health Plan Plus (CHP+) (Sections 124 and 25.5-8-105).
- **Colorado Revised Statute Article 5 of Title 26** is enabling legislation to provide child welfare services for all eligible populations including services for the protection of children whose physical, mental or emotional well-being is threatened by the actions or omissions of parents, legal guardians, custodians or other individuals responsible for the care of children.
- **Colorado Revised Statute Article 1 of Title 27** pertains to the purchase of mental health services and adoption of rules and regulations concerning mental health services (Sections 202-205).
- **Colorado Revised Statute Article 10.5 of Title 27, Colorado Developmental Disabilities Act** is the enabling legislation for supports and services for infants and toddlers with developmental delays or disabilities and their families that are developed in a manner consistent with Part C of IDEA. (Section 701).
- **McKinney Vento Homeless Assistance Act Subtitle B of Title VII** pertains to access to and provision of coordinated early intervention and educational services for children and youth experiencing homelessness.

## **VII. Funding Responsibilities**

In accordance with 34 C.F.R. Subpart F, Sections 303.500-303.521, the parties to this MOU certify that the State has in place methods to make effective use of available resources through activities, such as coordinated planning, training and integrated service delivery. Accordingly, the departments assure continued provision of available resources to deliver Early Intervention Services to infants and toddlers with developmental delays or disabilities and their families, insofar as they have control over these resources, subject to available appropriations, statutory authority and/or legislative mandates.

Pursuant to 34 C.F.R. 303.501, federal Part C Funds are to be used to supplement and increase the level of State General Funds and local funds expended, and in no case to supplant State General Funds and local funds. Nothing under IDEA, Part C, may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (related to Maternal and Child Health) or Title XIX of the Social Security Act (related to Medicaid for Part C eligible children) within the State.

Colorado follows a funding hierarchy for the system of payments for Early Intervention Services including the protections of 34 C.F.R. 303.520 and 303.521.

Pursuant to 34 C.F.R. 303.510(b), Part C funds are to be used as payor of last resort, and therefore, may not be used to satisfy a financial commitment for Early Intervention Services that would otherwise have been paid for from other public or private sources including any medical program administered by the Secretary of Defense.

Part C funds may be used in the interim, if necessary, to prevent a delay in the timely provision of Early Intervention Services for an infant or toddler with developmental delays or disability and their family.

## **VIII. Administrative Responsibilities**

**The Colorado Department of Human Services** through its administration of the Office of Early Childhood, Division of Community and Family Support, Early Intervention Colorado program, assures:

- Conformity of the Colorado Department of Human Services state rules, regulations and procedures related to administration of funds received under Part C of IDEA, the State General Fund and the Early Intervention Services Trust fund for the implementation of the Early Intervention Colorado program in Colorado; and,
- Statewide coordination of the Early Intervention Colorado program which includes the development and implementation of state and local early intervention policies and procedures; and,
- Development of interagency coordinating councils in order to assure the implementation of a statewide, comprehensive, coordinated, multidisciplinary interagency early intervention system; and,
- Coordination of a public awareness program, including publication and dissemination of materials, that increases the general public's awareness of the effectiveness, need and availability of Early Intervention Services; and,
- A state definition of developmental delay; and,

- A comprehensive child find system as defined in the Early Intervention Colorado State Plan that includes screening, initial evaluation, initial assessment and nondiscriminatory procedures; and,
- Service coordination to children and their families; and,
- Development of an Individualized Family Service Plan (IFSP) in accordance with Part C requirements, including the determination of eligibility for Early Intervention Services, the provision of identified services in a child's natural environment, to the extent possible, and transition planning as the child approaches their third birthday; and,
- Availability of Early Intervention Services that are based on scientifically-based research, to the extent practicable, to all eligible infants and toddlers and their families statewide; and,
- Coordination of available funds, public and private, as appropriate to develop and achieve the provision of services identified on IFSPs; and,
- Technical assistance and training to state and local community agencies, organizations and families to ensure the implementation of the early intervention system; and,
- Procedures to collect, compile and analyze data for the purpose of meeting federal reporting requirements and as a basis for measuring continuous improvement; and,
- Coordination and dissemination of a central directory of information and referral resources to ensure access to information by families and service providers; and,
- Coordination of the Early Intervention Colorado program with other early childhood initiatives or related services; and,
- Maintenance of a comprehensive system of personnel development and personnel standards; and,
- Collaboration with other divisions within the Colorado Department of Human Services, such as Early Care and Learning and Child Welfare Services, and the Office of Behavioral Health.

**The Colorado Department of Education assures:**

- Communication between units within the Colorado Department of Education (such as Exceptional Student Services unit which includes Child Find and Preschool Special Education Services under Part B of IDEA, Colorado Preschool Program, Expanding Quality in Infant Toddler Care, Even Start, Office of Homeless Education, the Colorado Home Intervention Program, and the infant vision program at the Colorado School for the Deaf and the Blind,) with the Early Intervention Colorado Program in the Colorado Department of Human Services; and,
- Participation of Administrative Units (AUs) pursuant to Section 118, Article 20 of Title 22, C.R.S., 2 CCR 503-1, Section 16.920 and the Early Intervention Colorado State Plan in the development of an interagency child identification process to identify, locate, evaluate and assess infants and toddlers who may have disabilities and may be eligible for Early Intervention Services, including participation in initial IFSP development; and,

- Participation in the implementation of a transition interagency agreement with the Colorado Department of Human Services; and,
- Participation by each AU in the transition conference(s) for toddlers who are potentially eligible for Part B Preschool Special Education Services; and,
- Participation in training and technical assistance activities with other state and local community agencies.

**The Colorado Department of Health Care Policy and Financing assures:**

- The availability of medical screening examination and evaluations for children, ages birth through two years, who are enrolled in Medicaid. These children will have available an Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) screen (a.k.a. well child exam). Diagnostic and treatment services for which federal financial participation is available under Title XIX, whether or not such services are included in the Colorado State Medical Assistance Plan, that are identified as services which meet the EPSDT definition of medical necessity as found in Section 8.280, CCR 2505-10; and,
- Collaboration in outreach and case management through EPSDT Outreach, Medicaid Managed Care Organizations (MCO), Accountable Care Collaborative Medicaid Behavioral Health Organizations (BHO) and Medicaid enrolled physicians and clinics; and,
- Collaboration of the Colorado Home Intervention Program with the Early Intervention Colorado program; and,
- Collaboration in outreach to Child Health Plan Plus providers, staff and members on the availability of Early Intervention Services; and,
- Implementation of C.R.S. 25.5-1-124 (5) (a), the system of payment requirements under 34 C.F.R. 303.520, 2 CCR 503.1 Section 16.912, the Early Intervention Colorado State Plan and the Fiscal Management and Accountability Procedures.

**The Colorado Department of Public Health and Environment assures:**

- Local Public Health Agencies contracted with the Colorado Department of Public Health and Environment are aware of Early Intervention Services and refer children ages birth through two years who may be eligible for these services within the requirements of the Health Insurance Portability and Accountability Act (HIPAA); and,
- Local Public Health Agencies contracted with the Colorado Department of Public Health and Environment participate in IFSP meetings based on local interagency agreements and other agency agreements indicating public health personnel listed as part of the IFSP team; and,
- Collaboration with the Early Intervention Colorado program for infants and toddlers attending Health Care Program for Children with Special Needs (HCP) Specialty Clinics to facilitate communication with the family, the child's primary care provider, and specialty care providers in order to provide a medical home approach; and,

- Collaboration with Early Intervention Colorado and HCP state and local offices for resource and referral information and/or care coordination services for all children who are found eligible or not eligible for Early Intervention Services; and,
- Access to other public health services, such as immunizations and Special Supplemental Nutrition Program for Women, Infants and Children.

**The Division of Insurance in the Colorado Department of Regulatory Agencies assures:**

- Compliance of private health insurance plans that are obligated pursuant to C.R.S. 10-16-104(1.3) provide coverage for Early Intervention Services and the system of payment requirements under 34 C.F.R. 303.520, 2 CCR 503.1 16.912, the Early Intervention Colorado State Plan and the Fiscal Management and Accountability Procedures; and,
- Assistance to the Colorado Department of Human Services, as necessary to resolve individual claim disputes.

**IX. Interagency Operating Agreements**

The departments involved in this MOU agree to provide leadership to their constituencies at the local level to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide Early Intervention Services, to develop agreements that will provide guidance to local interagency collaborative efforts, to assist local agencies in fulfilling their obligations to children and families, and to assist in the resolution of interagency disputes.

In order to attain the above mutual objectives and outcomes each agency agrees:

- To develop and implement an interagency operating agreement with the Colorado Department of Human Services regarding specific initiatives to be accomplished between the departments as needed; and,
- To negotiate through the interagency operating agreement any purchase of services agreements or interagency funding transfers for services or materials.

**X. Procedural Safeguards**

The departments involved in this MOU ensure the provision of the procedural safeguards required under 34 C.F.R. Subpart E, Section 303.400. Procedural safeguards protect the legal rights and privacy of children and their parents from the point of referral and continuing through receipt of Early Intervention Services and transition at three years of age. These legal rights include the right to the provisions of:

- Confidentiality; and,
- Parental consent and prior written notice; and,
- Surrogate parents; and,
- Dispute resolution procedures.

**XI. State Agency Dispute Resolution Process**

The parties involved in this MOU agree to keep communication open and frequent at both informal and formal levels. The Colorado Interagency Coordinating Council and the Colorado Department of Human Services, as lead agency for the administration of Part C and State Early

Intervention Services, are responsible to maintain open, on-going communication and resolve disputes among all participating agencies.

Procedures for timely resolution of disputes pursuant to 34 C.F.R. 303.511 include the following:

- When disputes involve various divisions within a single agency, their internal administrative dispute resolution procedures shall be utilized; and,
- If the single agency is not able to resolve the dispute in a timely manner, the Colorado Department of Human Services, as the Governor's designee, shall make a final decision regarding the resolution of the dispute; and,
- When a dispute arises involving two or more agencies, the respective representatives shall review and resolve the dispute; and,
- If this meeting process does not resolve the dispute in a timely manner, the Colorado Department of Human Services, as the Governor's designee, shall assemble a meeting with the representatives of all of the agencies involved in the dispute and the co-chairs of the CICC to resolve the dispute. The lead agency may hire an independent and objective mediator to help facilitate the process to make a final determination for an interagency dispute, which determination is binding upon the agencies involved; and,
- If during the Colorado Department of Human Services resolution of a dispute it is determined that the assignment of financial responsibility for Early Intervention Services was inappropriately made, the procedures defined under 34 C.F.R. 303.511(c)(3)(i) – (ii) shall be followed; and following procedures shall occur:
  - The Colorado Department of Human Services reassigns the financial responsibility to the appropriate agency; and,
  - The Colorado Department of Human Services shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility.
- The methods adopted by Colorado under this agreement:
  - Includes ensuring that no services that a child is entitled to receive under Part C of IDEA are delayed or denied because of disputes between agencies regarding financial or other responsibilities by providing for the Certified Early Intervention Service Broker to arrange the provision and payment of the service with Part C funds pending the resolution and assignment of the financial responsibility; and,
  - Are consistent with the written funding policies adopted by Colorado under this agreement and 27-10.5.706, C.R.S. regarding the use of private insurance to pay for part c services.
- Disputes shall be resolved within sixty (60) days of identification.

## **XII. Supervision and Monitoring**

The Colorado Department of Human Services, as the lead agency for the administration of Part C of IDEA and Early Intervention Services, is responsible for the supervision of all Early Intervention Services used by the State to assure compliance with state and federal regulations.

Supervision is carried out by general supervision and monitoring procedures to review programs and services as a continuous improvement process.


Monitoring procedures include:


- Development and implementation of monitoring protocols to ensure regulatory compliance, ongoing review of data, local contracts for Federal Part C and State General Funds, local performance and fiscal reports, reviewing IFSPs, interviews with families, program implementers and other pertinent community constituents; and,
- Summary survey reports that cite areas of strength, noncompliance and need for improvement; and,
- Annual reports to the public that rank local programs' performance on the State Performance Plan indicators 1-8 and their overall status determination; and,
- Technical assistance provided to agencies and programs that provide Early Intervention Services to address areas of noncompliance and need for improvement; and,
- Enforcement through this MOU of any obligations imposed on agencies or programs related to deficiencies under federal and state statutory or regulatory requirements.


The other participating agencies in the MOU will participate in monitoring activities in coordination with the Colorado Department of Human Services, if appropriate, related to those local agencies or programs implementing early intervention system of supports and services for which they have authority.


### **XIII. Review of the MOU**

This MOU shall be reviewed and updated at any time by mutual agreement of the participating agencies. Reviews shall also be for the purpose of developing new interagency operating agreements, modifying existing interagency operating agreements, clarifying interagency operating agreements or terminating interagency operating agreements as necessary. This MOU shall be effective as of the date of the signatures of the Executive Directors of the participating agencies. It shall remain in effect for all successors of the signatories to the MOU and agencies they represent.

  
\_\_\_\_\_  
Reggie Bicha, MSW  
Executive Director  
CO Dept. of Human Services

  
\_\_\_\_\_  
Robert K. Hammond, BA, MPA  
Commissioner of Education  
CO Dept. of Education

  
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Christopher E. Urbina, MD, MPH  
Executive Director  
CO Dept. of Public Health and  
Environment

  
\_\_\_\_\_  
Susan E. Birch, MBA, BNS, RN  
Executive Director  
CO Dept. of Health Care Policy and  
Financing

  
\_\_\_\_\_  
Barbara J. Kelley  
Executive Director  
CO Dept. of Regulatory Agencies

Effective Date: July 1, 2013



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**STATE OF COLORADO**  
**State Transition Interagency Agreement**

**Infants and Toddlers with Developmental Disabilities and Their Families**  
**Transitioning from Early Intervention Services to Preschool Special Education Services in**  
**Accordance With the Individuals with Disabilities Education Act (IDEA) of 2004**

**Colorado Department of Human Services**  
**Colorado Department of Education**

This Interagency Agreement (IA) between the Colorado Department of Human Services, hereinafter referred to as the CDHS and the Colorado Department of Education, hereinafter referred to as the CDE, is made to assure attainment of mutual goals between the agencies and their programs for the provision of transition services for toddlers who have developmental delays or disabilities, from Early Intervention Services (Part C) to preschool special education services (Part B) at age three.

**I. AUTHORITY FOR AGREEMENT**

As a condition of receiving Federal funds under Part C of the Individuals with Disabilities Education Act of 2004 (IDEA), 34 C.F.R. §303.209(a)(3)(i)-(iii) requires the lead agency that administers Part C of IDEA and the State Education Agency (SEA) that administers Part B of the Act develop and implement an interagency agreement to ensure a seamless transition between services under Part C and Part B of IDEA for eligible children at age three and their families.

Under 2 of the Colorado Code of Regulations (CCR) 22-20-118 and Colorado Revised Statutes C.R.S. 27-10.5-703-704, the CDE and the CDHS are authorized to enter into agreements and make commitments that shall be binding on the operation of the programs of the agencies.

The CDHS is the designated lead agency for administering the Early Intervention (EI) Services Part C program under IDEA. The CDHS ensures access to EI services to infants and toddlers with disabilities, age birth through two years, and their families. The CDHS contracts with twenty Community Centered Boards (CCBs) to administer local EI programs.

The CDE is the designated lead agency and State Education Agency (SEA) for administering Part B under IDEA and ensures that a Free Appropriate Public Education (FAPE) is available to all eligible children with disabilities ages three through twenty-one. At the local level, this is the responsibility of the Special Education Administrative Units (AUs).

The CDHS and the CDE shall abide by respective regulations, and establish policies and procedures in alignment with IDEA. The parties shall ensure coordinated, effective, and smooth transitions for children and families participating in the Early Intervention Services Program (Part

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C) to the Part B early childhood special education programs, as appropriate, and within the required timelines established by IDEA.

The Federal Office of Special Education Programs (OSEP) requires a State Performance Plan (SPP) and an Annual Performance Report (APR) for both Parts C and B of IDEA. The Part C Plan has 14 Indicators and the Part B Plan has 20 Indicators. Both agencies report annually to the OSEP regarding state performance on these indicators, including both compliance and results indicators. The state activities to ensure compliance with the federal and state requirements for transition are reported in the APR to the OSEP. These policies involve reporting for:

Part C Indicator 8 – Percent of all children exiting early intervention services who receive timely transition planning to support the child’s transition to preschool special education services and/or other appropriate community services by their third birthday including: a) Individualized Family Service Plans (IFSPs) with steps and services to support transition; b) notification to AU, if child is potentially eligible for Part B; and c) Transition conference if a child is potentially eligible for Part B.

Part B Indicator 11 – Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

Part B Indicator 12 – Percent of children referred by Part C prior to age three, who are found eligible for Part B, and have an Individualized Education Program (IEP) developed and implemented by their third birthday.

Part B Indicator 20 – State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

The parties agree to collaborate on the review and alignment of regulations, policies and procedures in order to ensure coordination and understanding among departments and agencies.

NOW THEREFORE, the CDHS and the CDE in consideration of the mutual covenants and agreements herein contained, do hereby agree to the purpose, terms and conditions.

## **II. PURPOSE OF AGREEMENT**

The purpose of this IA is to facilitate the development of a cooperative relationship enhancing coordination of transitions for children and families as they move from early intervention services into preschool special education services. This agreement is guided by State and Federal regulations implementing Part B and Part C of the IDEA.

The parties to this agreement are committed to:

- A. Ensuring CCBs and AUs address transition policies and procedures within existing local level IAs in order to address the coordination of transition, data collection and other transition practices; and,
- B. Ensuring inclusion of all children through the integration of services in the natural and least restrictive environment; and,

- 
- C. Enhancing the awareness of the needs of children and families to promote coordination among programs.

### **III. TERMS OF THE AGREEMENT**

To carry out the purpose of this agreement, the parties agree to meet the following terms:

- A. Confidentiality and consent requirements in 34 C.F.R. §303.401(d) and (e), §303.402, §303.414, and the requirements in 34 C.F.R. §300.123; and,
- B. Transition requirements of 34 C.F.R. §303.209 and 34 C.F.R. §303.344; and,
- C. IFSP requirements of paragraph (h) of 34 C.F.R. §303.344; and IEP requirements under 34 C.F.R. §300.323(b) for children determined eligible for Part B; and,
- D. Transition requirements in 34 C.F.R. 300.124; and,
- E. The CDHS and the CDE representation to the Colorado Interagency Coordinating Council (CICC) as specified in 34 C.F.R. §303.604; and,
- F. Coordination of transition activities at the State level through this IA in alignment with 34 C.F.R. §303.209(a)(3) and §303.511(b)(2); and,
- G. Coordination at the local level by fostering and encouraging the development of local level community-based IAs as required in 2 CCR 503-116.910(B)(1)(a), and C.R.S. 22-20-118, and 27-10.5-704; and,
- H. Demonstrate accountability related to the indicators in the Part C and Part B SPP and through the results reported in the APR.

### **IV. TRANSITION PROCESS AND RESPONSIBILITIES**

In order to ensure that the policies and procedures used to ensure a smooth transition for children receiving early intervention services under Part C to Part B preschool special education services under IDEA, §637(a)(9)(A), the parties agree to the following responsibilities in each of the following steps of the transition process:

#### **A. NOTIFICATION/REFERRAL**

The CDHS shall ensure that:

1. Prior to notifying the AU of a child who is potentially eligible for preschool special education services, the CCB service coordinator shall inform the parent of the opt-out policy and if a parent chooses to opt out of having their child's information sent to the CDE and AU for notification of a child who is potentially eligible for preschool special education services the following shall occur:
  - a. The state notification form shall be filled out by a service coordinator; and,
  - b. The parent shall sign the form if they choose to opt out of notification and submit the form to the CCB within ten (10) calendar days; and,

- c. The notification form shall become part of the child's Part C record; and,
  - d. A parent may revoke his or her choice to opt out at any time by providing written notification to the CCB.
2. For the purposes of transition planning, a child who is potentially eligible for preschool special education services is defined as a child who is enrolled in EI services who:
  - a. Has not met all outcomes on his or her IFSP; and/or
  - b. Is demonstrating a delay in any developmental domain based on the expertise of a member of the IFSP team.
3. For the purposes of transition planning, the opt-out policy means the procedural safeguard provided to families to prohibit the transmittal of personally identifiable contact information about their child and family to the CDE and AU.
4. For any child whose parent has not provided a signed opt-out form within the prescribed timeline and process, the CCB service coordinator shall notify the AU in which the child resides of the first, middle and last name, date of birth and parent contact information for each potentially eligible child:
  - a. Not fewer than 90 days prior to the child's third birthday for any child with an active IFSP; or,
  - b. As soon as possible for a child determined eligible for early intervention services fewer than 90 days and more than 45 days prior to the child's third birthday.
5. With written parental consent, a CCB shall provide the AU with current information of a child who is potentially eligible for preschool special education services regarding the child's EI services, including a copy of the most current assessment information, and a copy of the most current IFSP.
6. If a child is referred to the CCB fewer than 45 days prior to that child's third birthday and that child may be potentially eligible for preschool special education services, the CCB, with parental consent, shall refer the child to the AU for Part B eligibility determination and provide notification to the CDHS.
7. In accordance with 34 C.F.R. §303.209(b), the CDHS shall provide monthly notification to the CDE, 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.

The CDE shall ensure:

AUs treat the notification form from the CCB as a referral to the Part B system and that steps must be taken to initiate the evaluation to determine Part B eligibility.

**B. TRANSITION PLAN**

The CDHS shall ensure:

1. A transition plan, as defined in 2 CCR 503-1, 16.970, G, is developed as part of the IFSP not fewer than 90 days, and at the discretion of all parties, not more than nine months, prior to the child's third birthday; and,
2. A transition plan is developed as soon as possible for a child determined eligible for early intervention services at a later age; and,
3. A transition plan shall include, at a minimum, the following
  - a. A description of transition steps and services the IFSP team determines necessary to support a smooth transition from Part C services to preschool services under Part B or other appropriate services; and,
  - b. A description of transition steps that include:
    - 1) As appropriate, how the child and his or her family exit from early intervention services; and,
    - 2) 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 through the remainder of the school year; and,
    - 3) Confirmation by the CCB that the basic personally identifiable information including the child's name, date of birth, and parent contact information has been transmitted to the AU by noting it on the child's transition plan; and,
    - 4) With parental consent, confirmation of the transmission of other additional information needed by the AU to ensure continuity of services from early intervention services to preschool special education services, a copy of the most recent evaluation and assessments of the child and family and the most recent IFSP; and,
    - 5) 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,
    - 6) Any transition services and other activities that the IFSP team identifies as needed by the child or his or her family to support the transition of the child.
4. CCBs coordinate with AUs to fully inform families of the transition policies and procedures available under State and Federal regulations and support family involvement in the transition planning process; and,
5. Confidentiality requirements in 34 C.F.R. §303.401(d) and (e) are followed for all children transitioning from EI services to preschool special education services; and,
6. If the transition conference is held in combination with the IFSP meeting, the CCB

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shall coordinate with and invite an AU representative to develop the transition plan.

The CDE shall ensure:

1. AUs coordinate with CCBs to a) fully inform families of the possible services available under Part B of IDEA; and b) support family involvement in the transition planning process; and,
2. AUs understand their requirement to participate in the transition planning conference consistent with 34 C.F.R. §300.124 (c).

**C. THE TRANSITION CONFERENCE**

The CDHS shall ensure that CCB service coordinators understand their requirement to:

1. Convene for a child who is potentially eligible, with approval of the family, and facilitate a transition conference among the AU, the family and the AU, at least 90 days, and at the discretion of all parties, not more than nine months prior to the child's third birthday to discuss any services the toddler may receive under Part B of the Act; and,
2. Coordinate with and invite an AU representative to the transition conference, with the written or verbal approval of the parents, when a child is potentially eligible for Part B; and,
3. Obtain appropriate written parental consent before information beyond what is allowable for notification is shared with the AU; and,
4. Document all decisions of the transition conference; and,
5. Gather required signatures for the transition conference; and,
6. Meet the requirements of 16.970, F through H if the transition conference is held in conjunction with the IFSP to develop a transition plan.

The CDE shall ensure that AUs:

1. Provide appropriate representative(s) to participate in the transition conference arranged with the designated CCB; and,
2. Coordinate with the CCBs so that the following are provided to parents:
  - a. Information about the Part B eligibility definitions; and,
  - b. State timelines and process for consenting to an evaluation, ~~and~~ conducting eligibility determination under Part B, and Individualized Education Program (IEP) implementation; and,
  - c. Information about the program options for special education and related services.

**D. LATE REFERRALS**

The CDHS shall ensure:

1. For a child referred to the CCB for EI services fewer than 90 days and more than 45 days:
  - a. The transition plan shall be developed; and,
  - b. Notification shall be transmitted to the AU; and,
  - c. A transition conference shall occur as soon as possible.
2. For a child referred to the CCB fewer than 45 days prior to that child's third birthday and who may be eligible for Part B special education services, the CCB, with parental consent, shall refer the child to the appropriate AU and notify the CDHS.

The CDE shall ensure:

1. For a child referred to the CCB for EI services fewer than 90 days and more than 45 days from the child's third birthday the AU shall conduct an initial evaluation under Part B within 60 calendar days of receiving parental informed written consent for the evaluation, even if that timeline expires after the child's third birthday; and,
2. The AU holds a meeting to develop an IEP within 30 days of a determination that the child is eligible for Part B special education and related services; and,
3. The child's information is included under SPP/APR Indicator B-11 (60 calendar day timeline) due to the initial evaluation requirement and includes the child in the APR data.

**E. EVALUATION FOR ELIGIBILITY DETERMINATION UNDER PART B**

The CDHS shall ensure that CCBs transmit, with parental informed written consent, to the AUs in a timely manner current evaluation and assessment information, copies of IFSPs and additional information needed by the AUs to ensure continuity of services from the early intervention program to Part B special education services; and,

The CDE shall ensure:

1. AUs consider early intervention assessments, the current IFSP and information from parents in the Part B eligibility determination process:
  - a. The IEP team and other qualified individuals review evaluation data that is current within the last six months; and,
  - b. Based on that review and input from the family, the team determines what additional data are needed to determine if a child is eligible for Part B special education services.
2. When a referral is made, the AU shall contact the parent in order to begin the Part B eligibility determination process; and,
3. If based on a screening or review of referral information, the AU chooses not to evaluate, prior written notice shall be provided to the parents; and,
4. When it is determined that an initial evaluation is needed:

- a. The AU shall conduct the initial evaluation in accordance with 34 C.F.R. 300.304; and,
  - b. The evaluation will be completed within 60 calendar days of the date parental informed written consent for evaluation is received by the AU and/or before the child's third birthday in accordance with State and Federal regulations; and,
  - c. Appropriately qualified professionals from the AU and the parent of the child shall determine whether the child is a child with a disability in accordance with State and Federal regulations; and,
  - d. The AU shall provide a copy of the evaluation report and the documentation of the eligibility determination at no cost to the parent(s).
6. A child who has been served in EI Services in one AU and moves to another AU after the child has been referred to the Part B preschool special education program, but before the child is evaluated to determine eligibility for preschool special education services, shall be excluded from the APR Indicators B-11. Both AUs shall report on Indicator B-12; and,
  7. When a family moves during the evaluation process, the AU initiating the evaluation process shall work with the family to ensure the AU to which the family moves is notified of the family's move.

**F. IEP DEVELOPED AND IMPLEMENTED BY THIRD BIRTHDAY**

The CDHS shall ensure:

1. When invited, the CCB service coordinator and/or appropriate early intervention staff make every effort to participate in the IEP meeting conducted by the AU; and,
2. Early intervention services shall be provided in accordance with the existing IFSP up to a child's third birthday or until the implementation date specified on the IEP, whichever occurs first; and,
3. A CCB shall terminate early intervention services for a child whose parent elects to begin IDEA Part B preschool special education services provided through an IEP prior to the child's third birthday in lieu of receiving IDEA Part C early intervention services.

The CDE shall ensure:

1. AUs inform families that they may invite early intervention representatives to attend the IEP meeting, and with parental consent, the AU shall notify the CCB of the initial IEP meeting to ensure a smooth transition; and,
2. For a child who is transitioning into preschool special education services from early intervention services, the AU shall:
  - a. Follow Part B requirements for eligibility determination; and,
  - b. Consider the child's current IFSP in developing the initial IEP; and,



- c. Implement the IEP by the child's third birthday.
3. To the extent that an AU has a policy to serve children at two (2) years six (6) months, the IEP team decides the appropriateness of doing so; and,
4. Prior to a child's third birthday, the child's IEP team shall develop the IEP and determine the date when services under the IEP shall be implemented; and,
5. An IEP team may consider Extended School Year (ESY) services for any child transitioning from early intervention services to Part B preschool special education services.

**G. FINANCIAL RESPONSIBILITIES**

The CDHS and the CDE financial responsibilities are reviewed and updated annually or as needed to include the IA.

The CDHS shall ensure:

1. All transition and service coordination activities are available at no cost to families. Fees shall not be charged to a family for staff time related to the development of the IFSP, the provision of procedural safeguards or conducting the transition conference; and,
2. Maximum use shall be made of all third party funding sources for early intervention services; and,
3. Resolution of individual or State agency financial disagreements under Part C; and,
4. During the pendency of any disagreement that:
  - a. Financial responsibility is assigned to the appropriate agency based upon statutory obligation; and,
  - b. Payment for the service is made in accordance with payor of last resort provisions in 34 CFR §303.510(b); and,
  - c. If, in resolving the disagreement, it is determined that the assignment or financial responsibility was inappropriately made, the CDHS shall:
    - 1) Reassign the responsibility to the appropriate agency; and,
    - 2) Make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

The CDE shall ensure:

AUs assume financial responsibility for the following for children eligible under Part B as specified in the child's IEP:

1. Part B evaluations and eligibility determination; and,
2. Part B preschool special education and related services for children eligible under Part B.

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## H. TRAINING AND TECHNICAL ASSISTANCE

The parties jointly agree that training and technical assistance for personnel working in early intervention and preschool special education programs is an important and critical element in the development of quality services for young children with disabilities and their families.

The CDHS and the CDE agree:

To support a collaborative training and technical assistance system that may include:

1. Conducting joint teleconference training calls; and,
2. Participating in regional meetings with CCB and AU staff as appropriate; and,
3. Utilizing existing training opportunities.

## I. STATE LEVEL TRANSITION DATA SHARING

The CDHS and the CDE shall ensure timely, valid and reliable data are used in guiding decisions about the effectiveness, efficiency and efficacy of program service delivery models. Consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and 34 C.F.R. §300.610 through §300.623, the two departments shall continue to improve methods of data collection and reporting.

The CDHS and the CDE agree to:

1. Use the data to respond to requirements from the US Department of Education, the OSEP; and,
2. Refine data reporting reconciliation procedures to inform decision-making and accurately identify system issues and local/regional concerns for program improvement.

The CDHS shall ensure:

1. Monthly reporting to the Exceptional Student Services Unit data team at the CDE on the name, birthdate, and parent contact information of all potentially eligible children for whom a CCB notified an AU in the last 30 days; and,
2. CCBs send notification data to AUs on a monthly basis in accordance with 2 CCR 503-1, 16.970, D; and,
3. CCB's collaborate with AU's to reconcile year-end transition data no later than August 15<sup>th</sup> of each year.

The CDE shall ensure:

1. Timely information or notice is provided to the CDHS of technical changes to the state data system that may affect transmission of files; and,
2. AU's collaborate with CCB's to reconcile year-end transition data no later than August 15<sup>th</sup> of each year.

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**J. INTERAGENCY COLLABORATION**

The CDHS and the CDE agree to:

1. Jointly administer this agreement; and,
2. Provide representation to the Colorado Interagency Coordinating Council; and,
3. Encourage AU's to include transition policies and procedures in their local interagency agreements; and,
4. Demonstrate accountability related to the indicators in the Part C and Part B SPP and APR that address early childhood transition.

**V. EFFECTIVE DATE, AMENDMENT AND TERMINATION OF THE MEMORANDUM OF AGREEMENT**

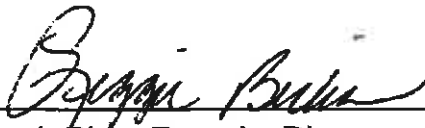
This IA shall be effective when signed by the respective agency heads as parties. The parties shall accomplish evaluation and review of this IA annually, and updated as needed. Agreed upon changes shall be executed in writing by the parties. This IA shall be ongoing and shall not be terminated unless a party gives forty-five (45) days advance written notice to the other party of its intent to terminate its participation in the IA.


**VI. DISPUTE RESOLUTION**

The CDHS and the CDE shall follow the dispute resolution procedures defined in the Memorandum of Understanding between the State agencies involved in the delivery of early intervention services.

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IN WITNESS WHEREOF, the CDHS and the CDE have caused this Interagency Agreement to be executed.

Signature:  Date: 5-3-13  
Reggie Bicha, Executive Director  
Colorado Department of Human Services

Signature:  Date: 4-12-13  
Robert Hammond, Commissioner  
Colorado Department of Education

Program Name	Description	Governing Statutes
<b>Colorado Department of Human Services</b>		
<b>Early Intervention Colorado Program</b>	The Early Intervention Colorado Program provides services for infants and toddlers, birth through two years of age, with developmental delays or disabilities and their families through a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services. These services are designed to meet the needs of an eligible infant or toddler in the areas of adaptive, cognitive, communication, physical, and social and emotional development and to achieve the outcomes identified in the IFSP.	<p>Individuals with Disabilities Act (IDEA 2004)</p> <p>Code of Federal Regulations (C.F.R.), Title 34, §303 (revised September 28, 2011)</p> <p>Colorado Revised Statute (C.R.S.), 27-10.5-701-710</p> <p>2 Colorado Code of Regulations 503-1, 16.900-994</p>
<b>Colorado Department of Education</b>		
<b>Colorado Part B, Section 619 Preschool Special Education Services</b>	Section 619 of Part B of IDEA 2004, defines the preschool program which guarantees a free appropriate public education (FAPE) to children with disabilities age three through five. Under this program preschool children who have disabilities are entitled to Special Education and Related Services in the Least Restrictive Environment (LRE). The IDEA 2004 Preschool Program (Section 619) ensures educational services for young children with disabilities when they turn three years of age. It addresses individual needs within the context of developmentally appropriate activities, including early Learning experiences in language, pre-reading and writing skills, play, and other social emotional areas.	<p>Individuals with Disabilities Education Improvement Act (IDEA 2004)</p> <p>34 C.F.R. §300</p> <p>C.R.S., 22-20-118</p> <p>Exceptional Children's Education Act (ECEA)</p>





# General Supervision and Monitoring Procedures

Revised 2013

Colorado Department of Human Services  
Office of Early Childhood  
Division of Community and Family Support  
Early Intervention Colorado  
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## **I. OVERVIEW OF THE EARLY INTERVENTION COLORADO GENERAL SUPERVISION AND MONITORING SYSTEM**

Part C of the Individuals with Disabilities Education Act (IDEA) requires that each state have a system of general supervision that monitors the implementation of Early Intervention (EI) Services by the State and local programs.

The Colorado Department of Human Services, hereafter referred to as the Department, is the lead agency under Part C of IDEA and administers the EI program in Colorado, known as Early Intervention Colorado (EI Colorado) Program. The Department contracts with 20 Community Centered Boards (CCBs) to implement EI Services at the local level. The Department monitors all CCBs in a variety of ways: focused monitoring; annual desk audits of data captured in the Community Contract and Management System web-based data system (CCMSWeb); annual fiscal audits; dispute resolution; and training and technical assistance.

The following General Supervision and Monitoring Procedures have been developed in partnership with the Colorado Interagency Coordinating Council (CICC) with technical assistance from Mountain Plains Regional Resource Center (MPRRC), the Early Childhood Technical Assistance (ECTA) and a private consultant.

The EI Colorado General Supervision and Monitoring system consists of nine components:

1. Rules, Policies and Procedures
2. State Performance Plan and Strategic Planning
3. Annual Performance Report
4. Local Program Performance Profiles
5. Data Collection and Verification
6. Focused Monitoring
7. Fiscal Management
8. Dispute Resolution
9. Training and Technical Assistance

This document includes a description of the components and how each supports the General Supervision and Monitoring system in Colorado.

## **II. GENERAL SUPERVISION AND MONITORING COMPONENTS**

### **1. Rules, Policies and Procedures**

The Department develops policies, rules, procedures, agency letters and advisory memorandums that support and provide clarification of state and federal statutes to ensure effective implementation of EI Services statewide at the local level.

- The “Early Intervention Colorado State Plan” encompasses policies and procedures regarding the Federal Part C of IDEA regulations (34 C.F.R. Part 303), the State Developmental Disability statute (27-10.5 C.R.S.) and other applicable state and federal regulations related to EI Services.
- The “Early Intervention Colorado State Plan” is reviewed annually by the EI Colorado staff and CICC and revised as needed.
- Any revisions made to policies in the “Early Intervention Colorado State Plan” or state rules are made available for specified public review and comment periods.
- In addition to the “Early Intervention Colorado State Plan”, the Department issues Agency Letters when further clarification to policies, rules or procedures is needed to ensure effective implementation.
- Rules, policies and procedures are distributed statewide to all CCBs, the CICC and other key stakeholders.
- These documents are also available to the public on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org).

### **2. “Early Intervention Colorado State Performance Plan” and Strategic Planning**

The Department in collaboration with the CICC develops, and revises as needed, a State Performance Plan (SPP) that spans a time period specified by the Federal Office of Special Education Programs (OSEP). The SPP addresses 14 federally-required Indicators (Appendix A), sets annual targets and details improvement strategies to meet those targets.

- Once final revisions have been made by the Department, the SPP is submitted to the OSEP on or before the first of February.
- The SPP Improvement Activities establish the actions that the Department takes to meet the annual targets. Improvement activities are reviewed annually with the CICC, contractors who provide training and technical assistance and other key stakeholders to determine if revisions are needed.
- The SPP is distributed to stakeholders and is posted on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org) as soon as possible after the annual submission to the OSEP in February each year.
- The CICC establishes Special Purpose Committees within the CICC to work on SPP priority areas when needed.

### **3. Early Intervention Colorado Annual Performance Report**

Each year the Department submits to the OSEP an Annual Performance Report (APR) on or before the first of February. The APR addresses the 14 Indicators that are described in the SPP. The APR functions as a report on the progress or slippage in meeting the requirements for the statewide EI Colorado program based on performance in the previous fiscal year. The APR also documents progress on improvement activities and reports on timely correction of local programs.

- For each Indicator the Department completes the following:
  - Current data and performance against annual targets;
  - Analysis of current data;
  - Discussion of improvement activities completed to meet targets;
  - Explanation of progress or slippage compared to the previous APR performance;
  - Status of noncompliance identified in previous APR; and
  - Revisions, if any, to targets, improvement activities, timelines and resources
- Data are generated from the following sources:
  - Desk audits of data collected through CCMSWeb;
  - Data collected through the EI Provider Database;
  - Data collected through the annual Family Outcomes Survey;
  - Reports of dispute resolution; and
  - Status of timely correction of noncompliance.
- The CICC is involved in the review of the overall document prior to submission to the OSEP.
- The APR is posted on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org) and distributed to stakeholders soon after submission to the OSEP in February each year.
- Colorado receives an annual state status determination from the OSEP (Appendix B) based on the APR performance in meeting the requirements of the compliance Indicators. The categories are: “Meets Requirements”; “Needs Assistance”; “Needs Intervention”; and “Needs Substantial Intervention”.

### **4. Local “Early Intervention Program Performance Profiles”**

Annually, the Department conducts a desk audit and measures the compliance and performance of each CCB on Indicators 1-8 of the SPP and publicly reports this information on an individual “Early Intervention Program Performance Profile”.

- For Indicators 1-8, the Department uses the “Early Intervention Program Performance Profile” to report the performance of each CCB on the following:
  - Current data;
  - Current data performance in relation to State targets and CCBs of similar size using percentage measurements;
  - Ranking of CCB performance in comparison to other CCBs of similar size; and
  - Description of whether the CCB met the target or made progress or slipped.
- The CCB “Early Intervention Program Performance Profile” also includes:
  - The status determination;
  - Demographic information about the CCB;
  - The geographic area that is covered by the CCB; and

- Contact information for the CCB.
- A statement is provided by the Department regarding timely correction of noncompliance, timely submission of fiscal audits, completion of local interagency operating agreements and timely submission of valid and reliable data.
- CCBs are given the opportunity to provide a statement regarding their performance during the previous year.
- Data are generated from the following sources:
  - CCMSWeb;
  - Child and family outcomes data;
  - “Table 1 Report of Children Receiving Early Intervention Services in Accordance with Part C”; and
  - “Table 2 Report of Program Setting Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C”.
- The OSEP requires the Department to enforce IDEA by making status determinations annually on the performance of each CCB EI Program using the same four categories that the OSEP uses in making the State status determination and consider the following:
  - Performance on compliance Indicators;
    - Whether data submitted by the CCB EI Programs are valid, reliable and timely;
    - Uncorrected noncompliance from other sources; and
    - Any audit findings.
- In addition, the Department also considers:
  - Progress in meeting performance Indicators;
  - Timely submission of fiscal audits; and
  - Completion of local interagency operating agreements.
- The criteria used to establish status determinations are described in the “Local Program Status Determinations Criteria” (Appendix C).
- A CCB’s status determination indicates the level of technical assistance and/or corrective action that is required for the local program.
- The CCB “Early Intervention Program Performance Profiles” are posted on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org) and distributed to the stakeholders each spring.

## **5. Data Collection and Verification**

The CCMSWeb is an online database and billing system that allows real time reporting at the local and state level. The Department uses the CCMSWeb database to gather data for federal and state reporting (Appendix D), monitoring of local programs and for a variety of management functions. Desk audits are conducted offsite to analyze progress or slippage on key Indicators, monitor compliance for federal, state and local reporting and inform monitoring activities.

- The CCMSWeb database includes demographic and Individualized Family Service Plan (IFSP) data, allowing a wide array of performance and management reports to be generated at the state and local level. The database also includes direct service expenditure information for state and federal funding resources. EI Colorado staff conducts data verification during onsite CCB monitoring to check the validity and reliability of data entered into the CCMSWeb database.
- Data reports are run annually to inform the APR.

- EI Colorado staff reviews the APR data to:
  - Determine if a finding of noncompliance should be issued to a CCB;
  - Verify whether data demonstrate noncompliance, and then issue a finding if data demonstrate noncompliance; or
  - Verify that the CCB has corrected any noncompliance identified in the desk audit, in which case a finding of noncompliance would not be issued.
- EI Colorado staff use data reports to inform decisions about focused monitoring activities.
- Reports are generated prior to onsite visits for data verification purposes and ad hoc reports are run throughout the year as needed.
- Reports are generated through the CCMSWeb database for the federally required Section 618 data tables and are submitted to meet the February and November deadlines. These data are also published on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org), as required.
- Child count data for each CCB informs the fiscal allocation for state and federal funds.
- EI Colorado staff generates data reports that look at trends across a number of data elements for a number of years. Trend reports include performance on Indicators as well as other factors, such as number of referrals and referral sources, age at referral, exit reasons, etc.
- Data for reporting child outcomes are collected via the EI Colorado Provider Database.
- Data for reporting family outcomes are collected via the annual Family Outcomes Survey.

## **6. Focused Monitoring**

Focused monitoring may occur when there are patterns of statewide issues related to noncompliance, poor statewide or local performance on specific priority areas or if the Department has a need to investigate a complaint. Focused monitoring occurs to determine the specific reasons for the noncompliance. Investigation in this manner allows the Department to tailor technical assistance to meet the specific needs of local programs as well as accelerate the process for timely correction of noncompliance.

- A priority area is determined by the Department annually depending on the results of APR data, new procedures being implemented or specific concerns raised by stakeholders or staff.
- If there are no concerns about specific programs, the monitoring schedule is chosen to represent a cross-section of programs based on size, region of the State and program structure.
- A focused monitoring visit typically lasts one to two days and may include interviews with administrators, staff, parents and community partners, as well as review of child records, policies and procedures and other pertinent documents (Appendix E).
- As a result of the focused monitoring, technical assistance is provided and the results of the monitoring are reviewed to:
  - Determine if a finding of noncompliance should be issued to a CCB;
  - Verify whether data demonstrate noncompliance, and then issue a finding if data demonstrate noncompliance; or
  - Verify that the CCB has corrected any noncompliance identified during the monitoring, in which case a finding of noncompliance would not be issued.
- A Plan of Correction (POC) may be developed following the monitoring in accordance with the “Focused Monitoring Protocol”, if warranted. The POC has prescribed actions that must occur within specified timelines (Appendix F).
- A CCB receives a written focused monitoring report that includes the POC, if applicable.
- Specific data reporting requirements, including frequency of data submissions, are outlined in the POC.

- Data is submitted until 100% compliance is reached and verified.
- If after six months a CCB has not corrected noncompliance, additional data reporting may be initiated.
- Once 100% compliance is reached and verified, the CCB is sent a letter releasing it from the finding of noncompliance and closing the POC.

## **7. Fiscal Management**

EI Colorado staff works with the CICC to promote interagency funding of EI services that meet federal and state requirements and ensure that eligible infants and toddlers and their families benefit from a comprehensive, coordinated EI system.

- EI Colorado staff prepares the annual application and budget for the OSEP and ensures proper accounting of funds expended under the Federal Part C grant.
- EI Colorado staff prepares an annual budget and the allocation formula for State General Funds.
- The Department has statutory authority to ensure financial and service provision.
- EI Colorado staff ensures that Federal Part C Funds are obligated and liquidated within the allowable timeframe and for appropriate activities.
- The Department has annual contracts in place with the 20 CCBs as the local EI program administrators. The “Fiscal Management and Accountability Procedures” document is provided to the CCBs and posted on the website at [www.eicolorado.org](http://www.eicolorado.org) to provide guidance for funding utilization.
- CCBs are required to have an audit of annual financial statements to ensure that they are billing appropriately for services rendered.
- Periodically, EI Colorado staff conducts utilization surveys to monitor expenditures for direct services to ensure that the funding hierarchy is being followed and that Federal Part C Funds are used as payor of last resort.
- CCBs receiving a focused monitoring also have a review of records conducted to ensure that the funding hierarchy is being followed and allowable services are being provided and paid for in accordance with state and federal policies and procedures.
- EI Colorado staff works with the CICC to assure that a “Memorandum of Understanding” is in place to ensure that the appropriate state agency is responsible for funding specific services and activities as described in the “EI Colorado State Plan”.
- Service coordination, evaluation and assessment, development of the IFSP and resolution of disputes are provided at no cost to families.
- No fees are charged to families whose children receive EI services designated on an IFSP.
- The coordinated system of payment for Early Intervention Services pursuant to C.R.S. 27-105-701 mandates that certain private health insurance plans, also known as qualifying plans, fund EI Services. The use of insurance through qualifying plans cannot affect a child’s annual or lifetime plan benefit and no co pay or deductible is levied on the family for the provision of EI Services by their insurance provider.

## **8. Dispute Resolution**

An array of dispute resolution options is available for families including complaint procedures, mediation and due process hearing procedures . Trends in complaints and due process hearings are analyzed to determine the need for system changes and improvements. Each CCB is required to keep a log of informal and formal complaints received by their organization.

- The “EI Colorado State Plan” describes the policies and procedures that are followed during dispute resolution.
- Complaints are investigated within 60 days and due process hearings are conducted within 30 days of receipt.
- If a complaint is substantiated, or if a hearing officer rules against a CCB EI program, a finding is issued to the CCB. The CCB must correct the action for the particular child and family in the dispute, as well as for any other children in the program to prevent the noncompliance from occurring again. A POC may be issued in addition to a finding.
- The Department contracts with The Legal Center for People with Disabilities and Older People (Legal Center) to provide training for CCBs on dispute resolution and instruction for surrogate parents and hearing and mediation officers.
- All parents are provided with the “Notice of Child and Family Rights and Procedural Safeguards” brochure that includes dispute resolution options when the family receives prior written notice of the determination of eligibility or ineligibility, and initiation of, or changes to, EI Services.
- Mediation is made available at any time to parents who submit a complaint or request a due process hearing.
- Annually, EI Colorado staff conducts a review of any dispute resolution activities to determine any trends that require a system change or other improvement activities. These trends are reported to the CICC for recommendations regarding follow-up strategies.

## **9. Training and Technical Assistance**

The Department publishes and distributes rules, policies and procedures. Statewide training is conducted and technical assistance documents are distributed in order to clarify and reinforce requirements under IDEA Part C and State EI rules. The ultimate goal of all training and technical assistance activities is to promote recommended and promising practices in meeting the needs of infants and toddlers who have developmental delays or disabilities and their families.

- The Department promulgates rules as necessary to ensure alignment with the Federal and State statutes.
- EI Colorado staff review, with input from the CICC and the Comprehensive System of Personnel Development (CSPD) Committee, and revise if necessary, the “Early Intervention Service Definitions and Personnel Standards”.
- EI Colorado staff, the CICC and the CSPD Committee review the annual “Comprehensive System of Personnel Development Plan” to ensure that training needs are being met through statewide initiatives and interagency collaborative efforts.
- EI Colorado staff produces technical assistance documents to address aspects of the EI process and to promote effective and evidence-based EI practices. Current technical assistance documents are posted on the EI Colorado website at [www.eicolorado.org](http://www.eicolorado.org).
- The Department contracts with university programs, parent organizations and private consultants to provide training and technical assistance to CCBs, providers and families.

- Self-assessment practices (Appendix G) are encouraged to enable local programs to monitor their performance and timely identify training and technical assistance needs.
- Training and technical assistance staff and contractors review data and monitoring reports to inform the content of the training materials and identification of specific programs that need assistance.
- Technical assistance conference calls are provided each month to accompany the launch of new policies and procedures.
- All service coordinators and local EI program administrators are required to attend the statewide Service Coordination Core Training and IFSP Training. Families, providers and interagency partners are also encouraged to attend.



**Appendix A:  
State Performance Plan  
Compliance and Performance Indicators**

**Indicator:**

1. Percent of infants and toddlers with IFSPs who receive the EI services on their IFSPs in a timely manner – within 28 days.
2. Percent of infants and toddlers with IFSPs who primarily receive EI services in the home or programs for typically developing children.
3. Percent of infants and toddlers with IFSPs who demonstrate improved:
  - A. Positive social-emotional skills;
  - B. Acquisition and use of knowledge and skills; and
  - C. Use of appropriate behaviors to meet their needs.
4. Percent of families participating in Part C who report that EI services have helped the family:
  - A. Know their rights;
  - B. Effectively communicate their children’s needs; and
  - C. Help their children develop and learn.
5. Percent of infants and toddlers birth to 1 with IFSPs.
6. Percent of infants and toddlers birth to 3 with IFSPs.
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.
8. Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:
  - A. IFSPs with transition steps and services;
  - B. Notification to the Local Education Agency (LEA), also known as Administrative Units in Colorado, if the child is potentially eligible for Part B; and
  - C. Transition conference, if the child is potentially eligible for Part B.
9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.
10. Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

11. Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.
12. Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (not applicable in Colorado, at this time).
13. Percent of mediations held that resulted in mediation agreements.
14. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

*Indicators 1-8 are used to report on State and local CCB EI performance. Indicators 9-14 are used only to report State performance in the APR.*

*Indicators 1, 7 and 8A, 8B and 8C are Compliance Indicators. Indicators 2, 3, 5 and 6 are Performance Indicators.*

## **Appendix B: STATE STATUS DETERMINATION**

### **Introduction:**

As required by sections 616(b)(1)(A) and 642 of the Individuals with Disabilities Education Act (IDEA), each State must have in place a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of Parts B and C of the IDEA, and describes how the State will improve its implementation. Section 616(b)(2) requires that the State report annually to the Secretary on its performance under the State performance plans for Parts B and C of the IDEA. Specifically, the State must report, in its Annual Performance Report (APR), on its progress in meeting the measurable and rigorous targets it established in its SPP.

Section 616(d) requires that the federal Office of Special Education Programs (OSEP) review the APR each year. Based on the information provided in the State's APR, information obtained through monitoring visits, and any other public information, the OSEP will determine if the State: Meets Requirements; Needs Assistance; Needs Intervention; or Needs Substantial Intervention. In making these determinations and in deciding upon appropriate enforcement actions, the OSEP will consider all information available to the OSEP at the time of the determination, including the history, nature and length of time of any reported noncompliance, and any evidence of correction. For example, a State may report data in its Federal fiscal year (FFY) APR that indicates that noncompliance was identified in one or more indicators during or prior to the FFY reporting period. If the State also provides quantitative and qualitative data demonstrating that the State timely corrects identified noncompliance in the indicator, the OSEP will consider the State to be in substantial compliance regarding that indicator.

States that do not meet one or more of the State's performance targets identified in their SPP should closely examine the improvement activities identified in the SPP and the State's implementation of those activities, and consider whether the State needs to change those activities or adjust its implementation of those activities. States may want to monitor the IDEA related requirements identified by the OSEP under each performance indicator in locations in the State that have contributed to the State's inability to meet its performance targets. Failure to meet performance targets may result in focused monitoring, requests for additional data or information regarding related requirements, or other actions by the OSEP.

### **I. Meets Requirements**

Factors the Department will consider in determining whether a State meets the requirements and the purposes of IDEA, include the following:

- The State demonstrates substantial compliance on all compliance indicators, which can include, as appropriate, a demonstration through quantitative and qualitative data that the State timely corrects identified noncompliance for indicators that are not 'new' or where noncompliance was previously identified by the OSEP, and, for 'new' indicators for which noncompliance was not previously identified by the Department, that the State has improvement activities to timely correct identified noncompliance.
- All indicators, including performance indicators, have valid and reliable data as required by the SPP/APR (actual target data, baseline data, etc.).

- The State demonstrates that it timely corrects noncompliance identified by the OSEP through monitoring or other means.

## II. Needs Assistance

Factors the OSEP will consider in determining whether a State needs assistance in implementing the requirements of IDEA include the following:

- The State does not demonstrate substantial compliance on one or more of the compliance indicators. Evidence related to substantial compliance can include, as appropriate, a demonstration through quantitative and qualitative data that the State timely corrects identified noncompliance for indicators that are not ‘new’ or where noncompliance was previously identified by the OSEP, and, for ‘new’ indicators for which noncompliance was not previously identified by the OSEP, that the State has improvement activities to timely correct identified noncompliance.
- One or more indicators, including performance indicators, do not have valid and reliable data as required by the SPP/APR (actual target data, baseline data, etc.).
- The State does not demonstrate that it timely corrects any noncompliance identified by the OSEP through monitoring or other means.

If the OSEP determines, for two consecutive years, that the State needs assistance, the OSEP shall take one or more of the following enforcement actions, consistent with section 616(e)(1):

- Advise the State of available sources of technical assistance.
- Direct the use of State-level funds under section 611(e) on area(s) in which the State needs assistance.
- Identify the State as a high-risk grantee and impose special conditions on the State’s grant.

## III. Needs Intervention

Factors the OSEP will consider in determining whether a State needs intervention in implementing the requirements of IDEA include the following:

- The State does not demonstrate substantial compliance on one or more of the compliance indicators and has not made significant progress in correcting noncompliance previously identified by the OSEP on those indicators. Evidence related to substantial compliance can include, as appropriate, a demonstration through quantitative and qualitative data that the State timely corrects identified noncompliance for indicators that are not ‘new’ or where noncompliance was previously identified by the OSEP, and, for ‘new’ indicators for which noncompliance was not previously identified by the OSEP, that the State has improvement activities to timely correct identified noncompliance.
- One or more indicators, including performance indicators, are missing valid and reliable data as required by the SPP/APR (actual target data, baseline data, etc.), and the State has not made significant progress in correcting previously identified data problems.
- The State does not demonstrate that it corrects noncompliance identified by the OSEP through monitoring or other means, and has not made significant progress in correcting that noncompliance.

If, the OSEP determines, for three consecutive years that the State needs intervention, the OSEP may take any of the actions described under needs assistance and shall take one or more of the following enforcement actions, consistent with section 616(e)(2):

- Require the State to prepare a corrective action plan or improvement plan, if the OSEP determines that the State should be able to correct the problem within 1 year.
- Require the State to enter into a compliance agreement, if the OSEP has reason to believe that the State cannot correct the problem within 1 year.
- Withhold a percentage of the State's funds under section 611(e), for each year of the determination.
- Seek to recover funds.
- Withhold any further payments to the State.
- Refer the matter for appropriate enforcement action.

#### IV. Needs Substantial Intervention

If the OSEP determines, at any time, that a State needs substantial intervention in implementing the requirements of this part or that there is a substantial failure to comply with any condition of a State lead agency's or local EI agency's eligibility under this part, the OSEP will designate the State as in need of substantial intervention. Among the factors that the OSEP will consider are:

- The failure to substantially comply significantly affects the core requirements of the program, such as the delivery of services to children with disabilities or State exercise of general supervision; and/or
- The State has informed the OSEP that it is unwilling to comply.

If the OSEP determines, at any time, that the State needs substantial intervention, the OSEP shall take one or more of the following enforcement actions, consistent with section 616(e)(3) and provide an opportunity for a hearing:

- Recover funds.
- Withhold any further payments to the State.
- Refer the case to the Office of the Inspector General.
- Refer the matter for appropriate enforcement action

Note that under section 616(g), the OSEP may at any time utilize any authority under the General Education Provisions Act to monitor and enforce the requirements of IDEA, regardless of the determination of the State's status under section 616(d).

**Appendix C:  
Local Status Determination Criteria**

**Status Determination Categories**

I. **Meets Requirements**

A Community Centered Board (CCB) Early Intervention (EI) program demonstrates substantial compliance on the selected criteria.

II. **Needs Assistance**

A CCB EI program does not demonstrate substantial compliance on one or more of the selected criteria. One or more of the following enforcement actions may be taken if the program remains at this status determination for two consecutive years:

- The CCB will be advised of available sources of technical assistance to address areas on which the EI program needs assistance; and/or
- Conditions will be imposed on the use of funds.

III. **Needs Intervention**

A CCB EI program exhibits noncompliance in multiple areas on the selected criteria. If the EI program has remained at this status determination level for three consecutive years, sanctions may include:

- Requiring the CCB to participate in technical assistance, self-assessment and training activities;
- Implementation of a Plan of Correction (POC);
- More frequent desk and/or onsite monitoring; or
- Withholding, in whole or in part, further payments to the program.

IV. **Needs Substantial Intervention**

A CCB EI program exhibits repeated noncompliance in multiple areas on the selected criteria and has failed to substantially comply with requirements or has informed the lead agency that it is unwilling to comply. Sanctions may include:

- Required staff training;
- Withholding of funds; or
- Other enforcement actions or cancellation of contract for EI Services.

INCENTIVES	HIERARCHY OF SANCTIONS
<ul style="list-style-type: none"> <li>• Wide distribution of local “Early Intervention Program Performance Profile” to stakeholders, families, and general public</li> <li>• High level commendation to CCBs who meet requirements</li> <li>• Public recognition through the media</li> <li>• Less frequent onsite monitoring by the Department staff and more autonomous correction planning</li> </ul>	<ul style="list-style-type: none"> <li>• Optional training, technical assistance and use of self-assessment</li> <li>• POC</li> <li>• Required training, technical assistance and self-assessment</li> <li>• Focused monitoring</li> <li>• Frequent desk audits</li> <li>• More frequent onsite monitoring</li> <li>• Financial penalties when absolutely necessary</li> <li>• Revoking contract, when absolutely necessary and in accordance with Department rules</li> </ul>

DETERMINATION SCORE	DETERMINATION CATEGORY
No Compliance Indicator <90% and 25-35 points*	Meets Requirements
No more than one Indicator <80% and 21-35 points*	Needs Assistance
Two or more Indicators <80% or one or more Indicator <60% or 15-20 points*	Needs Intervention
<15 points*	Needs Substantial Intervention

<b>*POINT CRITERIA</b>	
<b>State Performance Plan Indicators 1-8</b>	<p><i>Local performance on Indicators 1-8.</i></p> <p><b>Indicator 1*</b>: Percent of infants and toddlers with IFSPs who receive the services on their IFSPs in a timely manner – 28 days</p> <p><b>Indicator 2**</b>: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.</p> <p><b>Indicator 3**</b>: Percent of infants and toddlers with IFSPs who demonstrate improved:</p> <p>A. Positive social-emotional skills (including social relationships);</p> <p>B. Acquisition and use of knowledge and skills (including early language/communication); and</p> <p>C. Use of appropriate behaviors to meet their needs.</p> <p><b>Indicator 4**</b>: Percent of families participating in Part C who report that early intervention services have helped the family:</p> <p>A. Know their rights;</p> <p>B. Effectively communicate their children’s needs; and</p> <p>C. Help their children develop and learn.</p> <p><b>Indicator 5**</b>: Percent of infants and toddlers birth to 1 with IFSPs.</p> <p><b>Indicator 6**</b>: Percent of infants and toddlers birth to 3 with IFSPs.</p> <p><b>Indicator 7*</b>: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline</p> <p><b>Indicator 8*</b>: Percent of all children exiting early intervention services who received timely transition planning to support the child’s transition to preschool and/or other appropriate community services by their third birthday including:</p> <p>A. IFSPs with steps and services;</p> <p>B. Notification to LEA, if child potentially eligible for Part B; and</p> <p>C. Transition conference if child potentially eligible for Part B.</p> <p><i>*Compliance Indicators</i></p> <p><i>**Performance Indicators</i></p>
<b>Timely Correction of Noncompliance</b>	<i>10 point scale that measures level of substantial correction of noncompliance</i>
<b>Valid and Reliable Data</b>	<i>10 point scale that measures validity and reliability of required data fields</i>
<b>Timely Submission of Data</b>	<i>5 point scale that measures timely submission for required</i>
<b>Dispute Resolutions</b>	<i>4 point scale that measures no request for dispute resolutions and/or unfounded complaints or dispute with a finding against the local program</i>
<b>Fiscal Accountability</b>	<i>3 point scale that measures timely and accurate submission of required fiscal data</i>
<b>Interagency Operating Agreements</b>	<i>3 point scale that measures the completion of required interagency operating agreements</i>



## **Appendix D: Data Collection and Desk Audits Schedule**

### **August 1**

- Purpose: Collect data to determine compliance toward Indicators 1, 7 and 8 A, B and C and issue findings of noncompliance when warranted. Reported in the “Annual Performance Report” (APR) and used for local program status determination. Exit data collected for submission to Federal Office of Special Education Programs (OSEP) in Table 3.
- Data set: July 1 – June 30
- Data source: CCMSWeb.

### **August 1**

- Purpose: Child outcomes data; report to the OSEP for Indicator 3 and local program status determination and APR.
- Data set: July 1 – June 30
- Data source: EI Colorado Provider Database

### **November 1**

- Purpose: Data count of children with active Individualized Family Service Plan (IFSP) on October 1, including race of child and primary location of early intervention (EI) services, reported to the OSEP in Tables 1 (Child count/race) and 2 (primary location of EI services) on February 1.
- Data set: October 1 point-in-time
- Data source: CCMSWeb.

Edit checks are made available to CCBs by EI Colorado to identify required missing and incomplete data in the CCMSWeb system.

CCB-specific data is reviewed to determine if progress is being made toward timely correction on a plan of correction (POC).

CCBs are expected to run data reports regularly for self-assessment and data verification purposes.

Data may be reviewed prior to, or during, a site visit for data verification purposes.

## **Appendix E: Focused Monitoring Protocol**

### **1) Agency Notification**

Early Intervention Colorado (EI Colorado) staff contacts a representative of the Community Centered Board (CCB) several weeks in advance of when a focused monitoring and/or data verification visit is to be scheduled. EI Colorado proposes a date for the visit. If the date is not viable for the CCB due to absence of key staff, planned conferences, etc. EI Colorado staff works with the CCB to find a mutually agreeable date for the visit. The final decision for the date of the visit is made by the EI Colorado staff. An entrance conference and a tentative date for the exit conference are scheduled with the CCB in advance to allow for maximum participation of CCB staff.

At the time of the initial contact, the CCB is asked to identify an individual at the administrative level to work with EI Colorado staff during the visit. Generally this is the Early Intervention Director, but may also be an assistant director or other administrative level staff. The EI Colorado Program Quality and Data Coordinator works with this individual to determine specific scheduling requirements, such as location of meeting rooms and scheduling of staff time.

Monitoring and/or data verification visits may also be conducted with little or no advance notice. Such a visit may occur, for example, when EI Colorado staff believe that giving advance notice may substantially impact findings, or when there have been complaints concerning the fiscal administration or due process for children served.

### **2) Focused Monitoring and Data Verification Methodology**

#### Record Review

A sampling of files of children receiving Early Intervention (EI) Services is selected by EI Colorado and the local program. The sample is reflective of children in the CCB service area, including demographic diversity. Some additional information may also be requested from the CCB to assist in the sample selection. In general, the sample consists of 10% of children receiving EI Services, at minimum 5%. For a smaller CCB, a larger percentage may need to be selected in order to make decisions on findings and for a very large CCB the sample may be smaller. Generally, the child record sample is not greater than 30 children and:

- Is balanced for factors such as geographic location, gender, primary language spoken and types of supports and services being received. The sample includes children recently found eligible for services, children transitioning out of services and children with significant medical issues;
- Includes some children receiving Targeted Case Management (TCM) through Medicaid; and
- May be adjusted during the onsite visit at the discretion of the team members conducting the visit.

### Monitoring/Verification Team

The team conducting onsite focused monitoring or data verification of an EI Program is made up of EI Colorado staff and may include additional recruited team members, depending on the intensity of the monitoring.

In selecting a team:

- Consideration is given to the integrity of the survey, the balance of the team (representation from various areas) and the dynamics between members of the team and the CCB;
- The size of the team varies and depends on the size of the CCB EI Program and the geographic area to be covered;
- All team members who are not EI Colorado staff members are asked to sign a confidentiality agreement prior to starting the monitoring or data verification visit;
- Staff from other CCB EI Programs may be included as team members to provide orientation to the process in preparation for upcoming onsite monitoring or data verification of their own programs; and
- Staff from the CCB being visited may be included to provide technical assistance in program supervision or implementation.

Colorado Interagency Coordinating Council (CICC) members, Local Interagency Coordinating Council (LICC) members, parents and other stakeholders recruited for the team may participate in a variety of ways:

- The entrance and/or exit conference;
- Review of files and completion of checklists;
- Parent interviews;
- Staff interviews;
- Onsite technical assistance activities;
- Telephone or written surveys; and
- Required Plan of Correction (POC) activities.

### Focused Monitoring and Data Verification Activities

The following scheduled events occur for each monitoring/verification visit:

- Prior to the start of any onsite monitoring visit the Program Quality and Data Coordinator provides orientation and training to volunteer team members, as needed, on the organization of the visit, the tools and checklists being used and requirements for program administration and EI service provision. All team members are generally assigned to review program records. Team members may also be asked to assist with reviews of specific practices of the CCB such as child count data requirements, documentation of complaints, public awareness and outreach materials and practices, etc.; however, EI Colorado staff maintains overall responsibility for these areas.
- The Program Quality and Data Coordinator conducts an entrance conference on the first day of the visit. The purpose of the conference is to:
  - Communicate the purpose and scope of the visit;
  - Introduce the team members to the CCB staff;
  - Review the file sample and add/change names in the sample due to specific circumstances;
  - Identify key CCB staff for reviewing other documentation; and

- Answer any questions from CCB staff and monitoring team members.
- Subsequent to the entrance conference, the team members begin the review of the individual records of the children included in the sample. An “EI Services Focused Monitoring Checklist” may be used for this purpose.
- Interviews with CCB administration and EI staff are conducted as needed to obtain additional information to identify compliance with requirements. Generally, interviews are held with the EI Director, Case Management Director, Program Managers and a sampling of service coordinators.
- Administrative records are reviewed as necessary to ascertain CCB compliance with EI Colorado requirements. This includes:
  - Administrative reviews of trends and patterns of child count data. Such a review should also compare data reported to the Department;
  - Agency records of complaints and disputes; and
  - Reports of family satisfaction.
- Prior to the exit conference, the Program Quality and Data Coordinator convenes a team meeting to review the findings of individual verification team members and to identify the strengths and problems of administrative and programmatic practices.
- The Program Quality and Data Coordinator conducts an exit conference with assistance of monitoring team members. The exit conference is generally attended by the EI Director, Case Management Director, Program Managers, service coordinators, EI staff, and others selected by the program director. The purpose of the exit conference is to:
  - Review the purpose of the verification visit and the methods used to conduct the visit;
  - Thank all team members and CCB staff involved in the verification visit;
  - Communicate the preliminary findings of the verification visit;
  - Answer any questions from CCB administration or staff; and
  - Provide information concerning the timelines for the survey report and if a POC will be needed.
- A pre-exit conference may be held with the Executive Director and/or Program Director at the discretion of the team leader. Generally, this occurs if EI Colorado staff believes the Executive Director is not aware of some of the issues identified as problematic at the time of the monitoring or verification visit.
- The Program Quality and Data Coordinator collects all checklists, team member notes, and agency documents obtained as part of the verification process.

#### Onsite Technical Assistance

EI Colorado staff provide onsite technical assistance throughout the monitoring/verification visit, as needed and appropriate. Team members from other agencies are encouraged to share information concerning practices, procedures and other information they have found to work well at their agency. If as a result of the verification visit, the need for additional technical assistance is identified, the Program Quality and Data Coordinator assists the agency in identifying resources.

### Reporting

The Program Quality and Data Coordinator provides the CCB with a written report of the monitoring/verification visit along with a letter of conveyance within 45 working days of completion of the visit. The report consists of a narrative summary of overall findings, including strengths and areas for improvements, identification of team members and information about the monitoring/verification visit process. The CCB is responsible for distributing the report to appropriate EI system partners. If noncompliance is identified, a notification of finding(s) of noncompliance and a POC will accompany the report with specific requirements for data reporting and CCB activities that will be required to bring the CCB into compliance. The report is posted on the DDD website.

### **3) Plans of Correction and Follow-up**

#### Disposition of POCs

If a POC is issued to a CCB as a result of noncompliance identified during an onsite monitoring/data verification visit, the CCB has specific data reporting requirements which are submitted to the EI Colorado office on a monthly basis. Other CCB-specific activities may be required dependent upon the individual circumstances of the noncompliance. Data submissions and required activities are tracked until noncompliance is corrected at which time the CCB is notified that compliance has been achieved and the POC has been closed. The POC is posted on the website until noncompliance has been corrected and the POC is closed.

#### Determining and Conducting Follow-up

The Program Quality and Data Coordinator determines if additional follow-up is needed when there are pervasive and/or serious problems that require the close monitoring of an agency's progress in implementing its POC. If this is the case, additional EI Colorado staff may be enlisted to provide technical assistance to the CCB throughout the duration of the POC and until noncompliance is corrected and verified. Methods used to conduct follow-up include:

- **Additional Document Review:** The Program Quality and Data Coordinator may request copies of key documents that help determine whether the CCB is correcting the cited deficiencies.
- **Progress Reports:** The Program Quality and Data Coordinator may request that the CCB provides periodic (e.g., monthly, quarterly, etc.) written reports on its progress in implementing the agency's POC.
- **Onsite Monitoring Review:** The Program Quality and Data Coordinator and, where needed, additional EI Colorado staff members may re-visit the CCB to review agency records and records of children receiving EI Services and interview staff to determine if the CCB has made adequate progress in implementing its POC.
- After the determination has been made that noncompliance has been corrected and verified, the Program Quality and Data Coordinator notifies the CCB in writing that it is released from the finding and the POC is closed.

#### **4) Documentation and Record Keeping**

Onsite monitoring reports, POCs, and correspondence regarding the monitoring are maintained in an official file at the EI Colorado office. A separate file of all other information such as completed checklists, interview forms, etc. is maintained for three (3) years.

Appendix F:  
**SAMPLE Plan of Correction Template**

**EARLY INTERVENTION COLORADO  
 PLAN OF CORRECTION**

The attached Plan of Correction (POC) is required due to identified areas of noncompliance. The POC is to be submitted to Christy Scott, Early Intervention Colorado (EI Colorado) Program Quality and Data Coordinator.

<b>Agency Name</b>	_____
<b>Agency Contact</b>	_____
<b>Date of Notification</b>	_____
<b>Date POC Due to EI Colorado</b>	_____
<b>Date to Timely Correct</b>	_____

*The date to timely correct shall be as soon as possible, but no longer than one year from the date the Community Centered Board was notified.*

I do hereby attest that the attached Plan of Correction represents our agency's commitment to timely correct the identified areas of deficiency.

\_\_\_\_\_  
 Signature of CCB Executive Director Date  
  
 \_\_\_\_\_ Date  
 Signature of Authorized EI Colorado Staff

**INDICATOR 7**

“... service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State’s early intervention program”. (34 C.F.R. 303.23(a))

Corrective Actions: All noncompliance must be corrected in accordance with the evidence of change statements provided below.

Findings	Agency activity to correct problem	Specific Bench Marks
<ul style="list-style-type: none"> <li>Failure to implement service coordination responsibilities.</li> </ul>	<p><u>Required by EI Colorado:</u></p>	<p>Send child-specific report to EI Colorado as described in the Required Evidence of Change.</p>

Indicator – Required Evidence of Change –
<p>1. Document the following information for all children for whom an activity occurred and a required prior written notice should have been provided to the family and send a report in Excel format to the EI Colorado:</p> <ul style="list-style-type: none"> <li>Name of Child</li> <li>Early intervention activity that occurred (eligibility determination, initial IFSP, annual IFSP, transition conference, etc.)</li> <li>Date early intervention activity occurred</li> <li>Date prior written notice was sent to family</li> <li>Where applicable, explanation of why notice did not occur within the required 10 days</li> <li>Where applicable, explanation of why notice did not occur and actions taken as a result</li> </ul>

**CCB:** Baseline data for Indicator is XX% (based on Date of file review)

The required targets for compliance are:

- 100% compliance by (Date)
- No new evidence of systemic noncompliance
- Evidence of sustainability



## **Appendix G: Local Program Self-Assessment**

Each CCB is encouraged to self-assess the agency's policies and practices against the policies, procedures and Agency Letters for Early Intervention (EI) programs as part of a process of continuous quality improvement. Examples of self-assessment processes may include:

- Compliance - The agency, with the assistance of its local partners, reviews its policies and procedures to identify areas of compliance/non-compliance with EI requirements.
- Child Data Integrity and Program Outcomes - In this process the agency compares the data reported to EI Colorado to the source documentation in the child's file to determine the extent to which the reported data is backed up by written documentation (e.g., timeliness of Individualized Family Service Plan (IFSP) development, completion of multidisciplinary assessments, etc.).
- IFSP Quality Review - The CCB staff, with the assistance of its local partners, reviews IFSPs for quality.
- Parent Satisfaction - Although EI Colorado collects some specific satisfaction data for reporting purposes, all local EI programs are encouraged to conduct regular reviews and analysis of parent satisfaction data. Such data should include measures of satisfaction with service coordination as well as EI Services.

## Appendix H: Definitions

Complete Data – Data that is submitted with no missing data points.

Desk Audit – Reports generated from the CCMSWeb that allow Early Intervention Colorado (EI Colorado) staff to conduct an analysis of data offsite.

Finding – A written conclusion that includes the citation of the regulation or requirement and a description of the quantitative and/or qualitative data supporting a decision of noncompliance with that regulation or requirement.

General Supervision – A range of activities and functions used by the EI Colorado program at the Colorado Department of Human Services (Department) to ensure that Early Intervention (EI) Services are carried out as prescribed in the federal and state statutes and regulations.

Incentive – An action taken by the Department to publicly recognize or reward Community Centered Boards (CCBs) who consistently achieve compliance in meeting requirements under federal and state regulations.

Sanction – An enforceable action taken by the Department for those CCBs who show persistent deficiencies in meeting the requirements of federal and state regulations.

Section 618 Data - Data that states are required to collect and report that measure results for children and families served through state Part C programs. These data include: Child Count; Program Settings; Exit Reasons; and Dispute Resolution.

Timely Correction – Noncompliance that is corrected and verified as soon as possible, but no later than one year from the written notification to the CCB of the noncompliance.

Timely Data – All required data reports are submitted on or before the mandatory due dates.

Valid and Reliable Data – Data provided are from the correct time period, are consistent with other child count data, if applicable, and are error free and consistent with like data from other sources such as record reviews.

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# Fiscal Management and Accountability Procedures

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Revised July 1, 2013

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Colorado Department of Human Services, Early  
Intervention Colorado Program

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## **Section I: Overview of the Early Intervention Colorado Program**

The Colorado Department of Human Services (CDHS) administers a statewide, comprehensive, coordinated, multidisciplinary interagency system of Early Intervention Services, known as the Early Intervention Colorado Program. The CDHS provides leadership for the direction, funding and operation of services for infants and toddlers with developmental delays or disabilities, and their families, through community based services.

The CDHS contracts with Community Centered Boards (CCBs) to purchase or provide community based services to infants and toddlers with developmental disabilities. A CCB, as defined under Section 27-10.5-105 (3), C.R.S., is a “private corporation, for profit or not for profit, that, when designated pursuant to section 27-10.5.105, provides case management (a.k.a. service coordination) services to persons with developmental disabilities, is authorized to determine eligibility of those persons within a specified geographical area, serves as the single point of entry for persons to receive services and supports under this article and provides authorized services and support to those persons either directly or by purchasing services and supports from service agencies.”

The CDHS is authorized to designate Certified Early Intervention Service Brokers as defined under Section 27-10.5-702 (3), C.R.S. and has designated the CCBs as such. The CCBs, hereafter referred to as Early Intervention Service Brokers, deliver Early Intervention Services and supports under Section 27-10.5-700, C.R.S. and provide authorized services and supports either directly or by purchasing such services and supports from service agencies or qualified providers.

The functions of an Early Intervention Service Broker include:

1. Establishing a registry of Early Intervention Services providers in order to inform families of their choices and verify the qualifications of all providers with whom it contracts;
2. Accepting and processing claims;
3. Negotiating for payment of Early Intervention Services;
4. Ensuring payment for services rendered;
5. Using procedures and forms determined by the CDHS to document the provision or purchase of Early Intervention Services;
6. Participating in ongoing reviews of funding practices; and
7. Providing the CDHS with information necessary for reporting purposes for the legislature or other funding sources.

Early Intervention Services are provided to infants and toddlers, birth through two years of age, who have been determined to have a developmental delay or disability, who have been diagnosed with a physical or mental condition that has a high probability of resulting in a significant delay in development or who are living with a parent who has a developmental disability as determined by an Early Intervention Service Broker in accordance with 12 CCR 2509-10, Section 7.920 (F) through (I). The Early Intervention Colorado Program provides

eligible infants and toddlers and their families with services and supports to enhance child development in the areas of adaptive skills, cognition, communication, physical development, including vision and hearing and social and emotional development (12 CCR 2509-10, Section 7.900 (B)).

Funding for Early Intervention Services comes from private pay, private health insurance, TRICARE, Medicaid (Title XIX or Home and Community Based Services (HCBS) Waiver), Child Health Plan Plus Program (CHP+), Child Welfare and Temporary Assistance to Needy Families (TANF), other state and federal sources, non-profit local funds, State General Funds, Mill Levy Funds and Federal Part C Funds (12 CCR 2509-10, Section 7.912 (C)). In order for the CDHS and Early Intervention Service Brokers to fully document implementation of the funding hierarchy, data is collected within the CCMSWeb regarding available funding sources. Actual expenditures for the Early Intervention Services Trust Fund, State General Funds and Federal Part C Funds are recorded within the DDDWeb. Any funds from other sources may be recorded in the CCMSWeb and are reflected in the "Early Intervention Services Revenue and Expenditure Report," Appendix A, for an Early Intervention Service Broker (12 CCR 2509-10, Section 7.911 (A) (2-5)).

## **Section II: Coordinated System of Payment Policies and Procedures**

### **Coordinated System of Payment Legislation**

The Coordinated System of Payment Legislation, 27-10-5-08, C.R.S., was enacted to ensure use of all available funding sources and to coordinate and streamline administrative procedures. In accordance with 12 CCR 2509-10, Section 7.912, a funding hierarchy was established to facilitate access to multiple funding sources for allowable Early Intervention Services for eligible infants and toddlers.

### **Overview of Federal Requirements**

The CDHS, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) (34 C.F.R. Section 303.202) and Early Intervention Services in Colorado is responsible for ensuring the following federal fiscal requirements:

1. Federal Part C Funds are used in accordance with the requirements of the IDEA (20 U.S.C. 1437(b)(1) and 1438 and 34 C.F.R. Sections 303.500 through 303.521);
2. Identification and coordination of all available resources for Early Intervention Services statewide, including those from private, local, state and federal sources (34 C.F.R. Sections 303.120(b), 303.203(b) and 303.500);
3. Federal Part C Funds are used as payor of last resort, not commingled with State General Funds, used to supplement the level of local and state funds expended for eligible infants and toddlers and their families and, in no case, used to supplant those local and state funds (20 U.S.C. 1437(b) and 1440(a) and 34 C.F.R. Sections 303.225, 303.500, 303.501 and 303.510);
4. Fiscal control and fund accounting procedures to ensure proper disbursement and accounting of federal funds (20 U.S.C. 1443 and 1437(b)(3), 34 C.F.R. Sections 76.702, 80.20, 303.120 through 303.122, 303.221 through 303.226, 303.510 and 303.511);
5. Procedures are in place to ensure that federal funds are timely obligated and liquidated (34 C.F.R. Section 80.23; OMB Circular A-87 and EDGAR Section 80.23(b));
6. Federal audit requirements are followed (OMB Circular A-133 and 34 C.F.R. 303.226);
7. Contracts are developed to ensure that service provision requirements are met and services are provided in a timely manner (20 U.S.C. 1435(a)(11) and (12), 1440(a) and (b)(2) and 34 C.F.R. Section 303.511); and
8. Early Intervention Services are provided at no cost to the family except where federal and state law provides for a system of payments by families, including a schedule of sliding fees (20 U.S.C. 1432(4)(B) and 34 C.F.R. Section 303.12(a)(e)(iv), 303.520(b) and 303.521(a)).

### **Office of Management and Budget Circulars**

The United States (U.S.) Office of Management and Budget (OMB) issues circulars that pertain to operating and accounting principles which entities receiving federal funds must follow. The OMB Circular A-87 defines allowable and non-allowable costs that the CDHS must adhere to as

a state agency. The OMB Circular A-122 contains cost principles for non-profit organizations such as an Early Intervention Service Broker.

Additional information about the OMB is located at the following website: [http://www.whitehouse.gov/search/site/OMB%20Circulars?filters=im\\_og\\_gid:10275](http://www.whitehouse.gov/search/site/OMB%20Circulars?filters=im_og_gid:10275).

### **The Education Department General Administrative Regulations**

The Education Department General Administrative Regulations (EDGAR) consists of 34 C.F.R. Sections 74-99. The regulations in the EDGAR govern virtually all grant programs administered by the U.S. Department of Education. Hence, every federal grant administrator at the school district, college or state level will have cause to consult the EDGAR on a regular basis.

The EDGAR establishes cross-cutting rules that apply to all programs unless a given program is exempted specifically by its own statute or regulations. These rules cover such over-arching issues as application procedures, financial administration, property management, record retention, protection of human subjects, lobbying and program oversight, among others.

The EDGAR is complemented by certain circulars issued by the OMB that establish government-wide standards for specific functions. For education grantees, the most critical OMB circulars are those that set standards for allowable costs (Circulars A-21, A-87 and A-122) and for audits (Circular A-133).

Additional information about the EDGAR is located at the following website: <http://www2.ed.gov/policy/fund/reg/edgarReg/edgar.pdf>

## **Overview of State Requirements**

### **Statutes**

There are three different Colorado Statutes that directly impact Early Intervention Services:

1. Section 10-16, C.R.S. (Private Health Insurance) requires carriers offering insurance plans, under the authority of the Commissioner of Insurance and Sections 10-1-109 and 27-10.5-709, hereafter referred to as Qualifying Health Insurance Plans, to make payment for Early Intervention Services for infants and toddlers eligible for benefits under the Federal Part C Regulations of the IDEA (34 C.F.R. Part 303). This mandate applies to all individual and group sickness and accident insurance policies and all service or indemnity contracts issued or renewed by entities subject to C.R.S. Part 2, Part 3 and Part 4 of Article 16 of Title 10 of the Colorado Revised Statutes, which provide coverage for health care services and are required to provide fiscal protections to families under this statute;
2. Section 25.5, C.R.S. (CHP+ and Medicaid (Title XIX)) allows families who are eligible for CHP+ or Medicaid Title XIX to access therapy services for their infants and toddlers who are determined to be eligible for the Early Intervention Colorado Program. Families continue to have access to other CHP+ and Medicaid (Title XIX) benefits, as appropriate, as well; and
3. Section 27-10.5, C.R.S. (Developmental Disabilities) requires the CDHS to:
  - a. Develop a statewide plan for a comprehensive system of Early Intervention Services;

- b. Establish interagency operating agreements with the Colorado Departments of Education (CDE), Health Care Policy and Financing (HCPF) and Public Health and Environment (CDPHE);
- c. Develop a coordinated system of payment, in cooperation with the CDE, HCPF, CDPHE, Department of Regulatory Agencies (DORA), Division of Insurance, private health insurance carriers and Early Intervention Service Brokers;
- d. Designate Early Intervention Service Brokers; and
- e. Ensure appropriate allocation of payment responsibilities for Early Intervention Services among private, local, state and federal sources, including medical assistance and private health insurance coverage.

### **State Regulations**

State regulations (26-1-107, 26-1-109, and 26-1-111, C.R.S.) grant authority to the State Board of Human Services to promulgate rules and coordinate with federal programs.

State rules assist in the implementation of provisions of Section 27-10.5-701, C.R.S. for supports and services for infants and toddlers with significant developmental delays or disabilities and their families. As required by Section 27-10.5-703 (3) (a), C.R.S., rules are developed in a manner consistent with the Federal Part C Regulations for the IDEA (34 C.F.R. Part 303). To implement the full range of activities for the Early Intervention Colorado Program, 12 CCR 2509-10, Sections 7.900 through 7.994 was revised in 2013. The state rules provide guidance and direction to certified Early Intervention Service Brokers that provide Early Intervention Services, to meet federal assurances that are part of the annual grant application for the Federal Part C Funds, and to support local programs in the implementation of Early Intervention Services in a consistent and effective manner statewide.

Additional information regarding state statutes and rules is located on the Michie's Legal Resources website at the following location: <http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp=>.

### **Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act**

The "Early Intervention Colorado State Plan" is the compilation of policies and procedures used by the CDHS to fully comply with Federal Part C Regulations of the IDEA (34 C.F.R. Part 303). The document contains content required by the Office of Special Education Programs (OSEP) to meet the annual grant application criteria for the Federal Part C Funds. It also provides a unified compilation of state rules, procedures to support those rules and other guidance documents and required forms for local programs. The "Early Intervention Colorado State Plan" is reviewed annually and revised when needed. Under the requirements of 303.208, this document is reviewed by the public when policy or procedural changes are made.

## **Non-regulatory Guidance**

### ***Early Intervention Colorado General Supervision and Monitoring Procedures***

The “Early Intervention Colorado General Supervision and Monitoring Procedures” details the descriptors for the nine general supervision and monitoring components for the Early Intervention Colorado Program. These include:

1. Rules, policies and procedures
2. The “Early Intervention Colorado State Performance Plan” and strategic planning
3. The “Early Intervention Colorado Annual Performance Report”
4. Local “Early Intervention Program Performance Profiles”
5. Data collection and verification
6. Focused monitoring
7. Fiscal management
8. Dispute resolution
9. Training and technical assistance

### ***DDDWeb and Community Contract and Management System Early Intervention Instruction Manual***

The "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" provides guidance to the Early Intervention Service Brokers for data entry into the DDDWeb and CCMSWeb data system. This manual provides data entry instructions for the following topic areas:

1. Child and family demographics
2. Program enrollment
3. IFSP
4. Transition
5. Program exit
6. Creating and revising a Prior Authorization Request (PAR) for Targeted Case Management Services
7. Claim procedures for:
  - a. Early Intervention Services Trust Fund
  - b. State General Funds
  - c. Federal Part C Funds

## **Section III: Program Allocations and Fiscal Accountability**

### **Early Intervention Services Allocations**

The CDHS utilizes a funding formula that is predicable from year to year. Data from the DDDWeb, including the average monthly-enrolled child count data for at least six months of the current fiscal year, is used to determine the distribution of available funds. Projections of the percentage of children expected to be covered by Qualifying Health Insurance Plans under the Early Intervention Services Trust Fund and Medicaid (Title XIX) are included in the formula<sup>1</sup>.

Service Coordination, as defined in 12-CCR 2509-10, Section 7.930, is funded by State General Funds and Federal Part C Funds. The annual rate paid by State General Funds and Federal Part C Funds for service coordination is distributed to an Early Intervention Service Broker in one-twelfth payment.

Pending available Federal Part C Funds, a flat annual rate is paid per child for service coordination for children who are referred, evaluated and not eligible for Early Intervention Services. This rate is based on the previous year's child count of those children evaluated and not eligible and assumes an average of three hours of service coordination per child.

Funding for Early Intervention Services by the State General Funds and Federal Part C Funds is based on actual monthly expenditures.

Funding for the management fee by the State General Funds and Federal Part C Funds is distributed to an Early Intervention Service Broker in one-twelfth payments. The management fee provides funding for meeting all state and federal assurances that include, but are not limited to the following:

1. Developing and implementing interagency agreements with Administrative Units, Head Start and Child Welfare offices;
2. Facilitating a local interagency council;
3. Fulfilling the requirements of a Certified Early Intervention Service Broker under Section 27-10.5-708, C.R.S. and 12 CCR 2509-10, Sections 7.912 and 7.913;
4. Providing procedural safeguards to families;
5. Ensuring timely, valid and reliable data collection;
6. Conducting public awareness to ensure the identification of potentially eligible infants and toddlers;
7. Quality assurance activities under 12 CCR 2509-10, Section 7.915;

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<sup>1</sup> Failure to meet the combined minimum percentage of children who are expected to utilize private health insurance and Medicaid (Title XIX) as their funding source per the annual allocation formula. Failure to do so by mid-year may result in a change in the payment methodology for the State General Funds and/or Federal Part C Funds for Early Intervention Services specified and may include fiscal monitoring, access of required technical assistance or a temporary or permanent fiscal year holding of remaining funds.

8. Activities necessary for financial and corporate administration, such as training, executive director and board of directors activities, accounting and bookkeeping and budget development and tracking;
9. Overhead costs, which may include the management of office space, utilities, telephone, purchasing and distributing materials, receptionist and switchboard activities and postage;
10. Corporate legal services;
11. Administrative overview reporting;
12. The purchase and maintenance of current published versions of the necessary instruments for use by employed staff for initial and ongoing evaluations and assessments<sup>2</sup>;
13. Other related activities indispensable to the organization's corporate existence pursuant to C.R.S., Sections 27-10.5-105 and 708.

Section 10-16-104(1.3)(b)(II), C.R.S., specifies that the annual maximum benefit amount will be adjusted by the CDHS for policies issued or renewed on or after each January 1 based on the consumer price index for the Denver-Boulder-Greeley metropolitan statistical area.

### **Record Keeping**

An Early Intervention Service Broker shall maintain a complete file of all records, documents, communications and other written materials which pertain to the operation of programs or the delivery of services, and shall maintain such records for a period of six years from the date of final payment or submission of the final expenditure report for a fiscal year.

### **Timely Data and Submission of Claims**

Under 12 CCR 2509-10, 7.911 an Early Intervention Service Broker shall submit claims to the CDHS for Early Intervention Services funded by the Early Intervention Services Trust Fund, State General Funds and Federal Part C Funds no later than the 30<sup>th</sup> day of each month and shall enter the corresponding data into the DDDWeb no later than the 30<sup>th</sup> day of each month for all activities completed in the previous month<sup>3</sup>. Expenditures shall be accounted for each funding source and service type and activity.

### **End of Year Reporting**

Early Intervention Service Brokers shall ensure that Federal Part C Funds are not co-mingled with any other funds and shall adhere to the CDHS accounting guidelines. Any necessary cost accounting systems shall be established by an Early Intervention Service Broker to properly record and allocate separately the revenue and expenses for private and public health insurance funds, local funds, State General Funds, Federal Part C Funds and any other funds used for the purchase of Early Intervention Services.

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<sup>2</sup> The Early Intervention Service Broker may, but is not required to, purchase instruments that are used by subcontractors in accordance with copyright laws.

<sup>3</sup> The Early Intervention Service Broker shall not be held responsible for compliance failures caused by state processing or database difficulties that are beyond the control of the Early Intervention Service Broker.



### **Early Intervention Services Revenue and Expenditure Report**

Section 27-10.5-710 (1), C.R.S. mandates that the CDHS report to the General Assembly by November 1 of each year the various funding sources used for Early Intervention Services, the number of eligible children served, the average service costs and any other information the CDHS deems appropriate. Section 27-10.5-710 (1), C.R.S. mandates that Early Intervention Service Brokers provide information regarding the Early Intervention Services that the CDHS needs to prepare the annual report required by this section or other required federal or state reports.

The Early Intervention Service Broker shall provide to the Early Intervention Colorado Program staff at the CDHS by September 1 each year an accounting of revenue and expenses for Early Intervention Services. The Early Intervention Service Brokers shall include those Early Intervention Services paid for by private health insurance funds, Medicaid and other funds used for the purchase of Early Intervention Services, but not claimed through the DDDWeb. This report shall be submitted on the "Early Intervention Services Revenue and Expenditure Report," Appendix A, and include each funding source by line item for service coordination (i.e., case management), direct services, management fee and any other expense line item for the previous fiscal year.

### **Procedure to Request Additional Payor of Last Resort Federal Part C Funds**

If an Early Intervention Service Broker projects it cannot meet the assurance to serve all eligible children that are referred and eligible for Early Intervention Services it shall provide written notice to the Early Intervention Colorado Program staff at the CDHS at least 30 days in advance of any action on the part of the Early Intervention Service Broker. Included in the written notice must be a completed "Payor of Last Resort Federal Part C Funds Request Form," Appendix B, and a financial projection of the estimated additional funds needed for the remainder of the fiscal year. The Early Intervention Service Broker must continue to serve all eligible children during the Early Intervention Colorado Program staff at the CDHS review of the submitted "Payor of Last Resort Federal Part C Funds Request Form."

An Early Intervention Service Broker requesting additional Federal Part C Funds shall:

1. Demonstrate through data or other appropriate means how it has implemented the funding hierarchy for all children enrolled in the Early Intervention Colorado Program;
2. Assure the Early Intervention Services provided meet the definitions in the Early Intervention Colorado State Plan and are provided in accordance with the Individualized Family Service Plan;
3. Assure that no State General Funds or Federal Part C Funds are utilized to cover the cost of Early Intervention Services beyond a child's third birthday; and
4. Assure that the data in the DDDWeb is valid and reliable through the end of the previous month of the request.

Upon review and approval of the request for additional Federal Part C Funds, the Early Intervention Colorado Program staff at the CDHS will notify the Early Intervention Service

Broker in writing and issue a revised allocation. The Early Intervention Service Broker shall adhere to the funding hierarchy and to the CDHS accounting guidelines for additional Federal Part C Funds and ensure that they are used strictly as the payor of last resort.

## **Section IV: Evaluation, Assessment and Targeted Case Management Services Claim Procedures**

### **Initial Multidisciplinary Evaluation**

An Early Intervention Service Broker shall work cooperatively and proactively with their respective Administrative Unit(s) (AU) to meet the 45-day time period for all infants and toddlers who are referred for evaluation and services. When an AU will exceed the 45-day time period due to systems issues, and not family circumstance, the Early Intervention Service Broker shall make every effort to complete the evaluation in a timely manner. When a child is determined eligible, the Early Intervention Service Broker shall also develop an IFSP within the 45-day time period.

Pursuant to Section 20-22-118(1) (b), C.R.S. an AU must adhere to the Federal Part C Regulations of the IDEA (34 C.F.R. Part 303) regarding child find responsibilities for children who require an evaluation to determine their present levels of development in order to establish the presence of a developmental delay. Pursuant to 12 CCR 2509-10, Section 7.920 (C) (8), if an Early Intervention Service Broker becomes aware of a child who has been referred to an AU for a multidisciplinary evaluation that will not be completed within 45 calendar days of the date of the referral, then the Early Intervention Service Broker shall notify the Early Intervention Colorado Program staff at the CDHS within two (2) business days from the time that the CCB has been notified by the AU using state procedures. Through a local interagency operating agreement, an Early Intervention Service Broker and AU shall develop predetermined arrangements to ensure that all children receive a timely evaluation, which may include contracting with an Early Intervention Service Broker or other local qualified professionals.

If no alternative arrangements can be made between the Early Intervention Service Broker and AU, and the Early Intervention Service Broker determines that a child will not be evaluated by the AU within the 45-day time period, the Early Intervention Service Broker may perform or contract with other qualified professionals to perform the evaluation. If it is determined that the Early Intervention Service Broker, either through the use of staff or contract, is unable to conduct the evaluation within the 45-day timeline, the Early Intervention Service Broker shall notify the AU to conduct the evaluation as scheduled, even though it will be late.

### **Claim Procedures**

Once the evaluation has been completed an Early Intervention Service Broker may access Federal Part C Funds to cover the cost of the evaluation by submitting a claim to the CDHS. In order to qualify for reimbursement, the Early Intervention Service Broker shall:

1. Provide documentation using the “Early Intervention Colorado Evaluation Form” with the basic child information and the circumstances surrounding the child’s evaluation to receive prior authorization from Early Intervention Colorado Program staff at the CDHS before completing an evaluation; and
2. Once the initial multidisciplinary evaluation has been completed, an Early Intervention Service Broker may submit a claim using a “one time” unit designation through the

DDDWeb following the instructions outlined within the “Community Contract Management System Early Intervention Instruction Manual.”

In order to qualify for reimbursement for an evaluation, the Early Intervention Service Broker shall:

1. Submit the “Early Intervention Colorado Evaluation Form” once it is determined that the child will not be evaluated by the AU within the 45-day time period to provide documentation to, and receive prior authorization from, the Early Intervention Colorado Program staff at the CDHS before completing an evaluation; and
2. Ensure that appropriate qualified providers, as defined in the “Early Intervention Colorado Part C State Plan,” from at least two disciplines complete the evaluation within 45 days of the child’s referral date.

### **Required Form**

An Early Intervention Service Broker shall use the “Early Intervention Evaluation Form,” Appendix B, when submitting a request to the Early Intervention Colorado staff at the CDHS for prior authorization and payment for an evaluation that exceeds the 45-day time period due to a system issue.

### **Early Intervention Initial Assessment**

An Early Intervention Service Broker may access the Early Intervention Services Trust Fund, State General Funds or Federal Part C Funds to cover the cost of an initial assessment when a referral is received for a child who meets at least one of the below criteria:

1. Diagnosed with an established condition;
2. Moved to Colorado from another state with an IFSP developed within the last six months that substantiates the child meets the Early Intervention Colorado definition for developmental delay; or
3. Medical documentation submitted with the referral substantiates the child meets the Early Intervention Colorado definition for developmental delay.

### **Claim Procedure**

Once the initial assessment has been completed, an Early Intervention Service Broker may submit a claim using a “one time” unit designation through the DDDWeb following the instructions outlined within the “Community Contract Management System Early Intervention Instruction Manual.”

To be reimbursed for an initial assessment, an Early Intervention Service Broker shall:

1. Ensure that appropriate qualified professionals, as defined in the “Early Intervention Colorado Part C State Plan,” from at least two separate disciplines, which may include one individual who is qualified in more than one area, complete the assessment; and
2. Ensure that all five areas of development are assessed, including vision and hearing.

### **Early Intervention Reentry Assessment**

An Early Intervention Service Broker may access the Early Intervention Services Trust Fund, State General Funds or Federal Part C Funds to cover the cost of a reentry assessment when an eligible infant or toddler meets at least one of the below criteria:

1. Moved from another Community Centered Board service area with an existing IFSP; or
2. Exited the Early Intervention Colorado program prior to the child's third birthday and the family has requested an assessment because of a new developmental concern.

#### **Claim Procedure**

Once the reentry assessment has been completed, an Early Intervention Service Broker may submit a claim using a "one time" unit designation through the DDDWeb following the instructions outlined within the "Community Contract Management System Early Intervention Instruction Manual."

To be reimbursed for a reentry assessment, an Early Intervention Service Broker shall:

1. Ensure that appropriate qualified professionals, as defined in the "Early Intervention Colorado Part C State Plan," from at least two separate disciplines, which may include one individual who is qualified in more than one area, complete the assessment; and
2. Ensure that all five areas of development are assessed, including vision and hearing.

### **Early Intervention Annual Assessment**

An Early Intervention Service Broker may access the Early Intervention Services Trust Fund, State General Funds or Federal Part C Funds to cover the cost of an annual assessment when additional expertise is required to determine the current levels of development in all domains for an eligible infant or toddler at the annual IFSP meeting.

#### **Claims Procedure**

Once the annual assessment has been completed, an Early Intervention Service Broker may submit a claim using a "one time" unit designation through the DDDWeb following the instructions outlined within the "Community Contract Management System Early Intervention Instruction Manual."

To be reimbursed for an annual assessment, an Early Intervention Service Broker shall ensure:

1. The annual assessment is completed at least nine months after the date documented on the child's initial or prior annual IFSP;
2. All areas of development are assessed; and
3. Qualified professionals complete the appropriate child and family assessment(s).

### **Early Intervention IFSP Review**

An Early Intervention Service Broker may access the Early Intervention Services Trust Fund, State General Funds or Federal Part C Funds to cover the cost of a consulting provider to

conduct an assessment when the IFSP team has a new developmental concern for an eligible infant or toddler and the assessment does not result in a new service being added to the IFSP.

### **Claims Procedure**

Once the IFSP review has been completed and the assessment does not result in a new Early Intervention Service on the child's IFSP, an Early Intervention Service Broker may submit a direct service claim for the Early Intervention Service for which the provider conducted the assessment using an "IFSP review" unit designation through the DDDWeb following the instructions outlined within the "DDDWeb and Community Contract Management System Early Intervention Instruction Manual." If the consultation results in a new Early Intervention Service on the child's IFSP then a direct service claim shall be submitted according to the new service type using a "15 minute" unit designation.

### **Targeted Case Management Services**

Targeted Case Management is an optional Colorado Medicaid State Plan Benefit that is available for specific target populations. One of the target populations is children who are actively enrolled in the Early Intervention Colorado Program. Early Intervention Service Brokers shall provide Targeted Case Management Services for a child eligible for Medicaid (Title XIX or HCBS Waiver) who is enrolled in the Early Intervention Colorado Program with an active IFSP, regardless of the funding source being used to pay for the Early Intervention Services.

In accordance with 10 CCR 2505-10, Section 8.760, an Early Intervention Service Broker is the only qualified provider for the Targeted Case Management Service for a child enrolled in Early Intervention Services. An Early Intervention Service Broker shall ensure:

1. A child has a single service coordinator of record;
2. Personnel hired to provide Targeted Case Management Services have at least a bachelor's level degree of education, five years of experience in the field of developmental disabilities or some combination of education and experience appropriate to the requirements of the position;
3. Personnel hired to provide Targeted Case Management Services complete the Service Coordination Core Competencies and IFSP Trainings within 120 days of providing Targeted Case Management Services;
4. The service coordinator and other personnel providing Targeted Case Management Services document the activity within the case notes<sup>4</sup> in the child's Early Intervention record; and
5. The provision of Targeted Case Management Services is not sub-contracted.

To ensure that a parent understands the Targeted Case Management Services that are available for his or her child, the service coordinator shall inform the parent about Targeted Case Management Services. This conversation shall be documented within the child's case notes, including statements that demonstrate the parent received an explanation of the provision and

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<sup>4</sup> These activities may include participation in onsite monitoring, scheduling of meetings and services during a service coordinator's leave, such as medical or maternity. A service coordinator of record may not document Targeted Case Management Services provided by another employee.

expectation of Targeted Case Management Services, prior to the parent signing the IFSP for his or her child. The service coordinator shall address the following key talking points with the parent:

1. Service coordination is an entitlement for every child and family referred to the Early Intervention Colorado Program, no matter the funding resources available to each child and family;
2. Early Intervention Colorado adheres to the Coordinated System of Payment Legislation and accesses all available resources to cover the costs of Early Intervention Services;
3. Targeted Case Management Services allows the Early Intervention Colorado Program to access Medicaid State Plan Benefits to support service coordination activities;
4. If Medicaid (Title XIX or HCBS Waiver) coverage is discontinued for a child, service coordination supports will continue to be provided throughout the child's eligibility for the Early Intervention Colorado Program;
5. Targeted Case Management Services is listed as an "other" service on the IFSP Agreement Page; and
6. The brochure, "A Family Guide: Funding Early Intervention Services" provides further information regarding the funding of Early Intervention Services.

### **Reimbursement for Targeted Case Management Services**

An Early Intervention Service Broker shall not exceed 240 units per child per state fiscal year. This unit limitation is child specific, so in cases where a child is receiving Early Intervention Services through the Early Intervention Colorado Program and is also enrolled in a HCBS Waiver, the Early Intervention Service Broker shall ensure that the total units (unit = 15 minutes) claimed for Targeted Case Management Services does not exceed the 240 unit limit per child per state fiscal year.

The Early Intervention Service Broker shall apply the following guidelines when determining the number of units to record for reimbursement purposes:

1. Activities performed that are less than 15 minutes are claimed as one unit when the activity has a specifically defined and purposeful outcome;
2. Service coordination activities that involve indirect contact, such as documentation, mailing or data entry into the CCMSWeb shall be considered in the units appropriate to the primary service coordination activity whenever possible<sup>5</sup>;
3. The number of units claimed by a service coordinator in a given time period cannot exceed the total amount of time worked; and
4. The primary intent of the Targeted Case Management Service shall always be related in some manner to the development, implementation, amendment, coordination or monitoring of a child's IFSP.

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<sup>5</sup> For example, if 25 minutes is spent to write a letter, and five minutes is spent to mail the letter on the following day, the entire activity is claimed as two units.

### **Reimbursable Targeted Case Management Services**

An activity must meet the definition of Targeted Case Management Services in order to be reimbursed as a Medicaid State Plan Benefit. Targeted Case Management Service activities, as defined in the Medical Assistance Rule concerning Targeted Case Management Services, Section 8.760, consist of the following:

1. Facilitating enrollment;
2. Locating, coordinating and monitoring needed services; and
3. Coordinating with other non-developmental disabilities funded services, such as medical, social, educational and other services to ensure non-duplication of services and monitor the effective and efficient provision of services across multiple funding sources.

Targeted Case Management Service activities include the following:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services and completed annually or when the client experiences significant change in need or level of support. These assessment activities include:
  - a. Taking client history;
  - b. Identifying the client's needs, completing related documentation and gathering information from the other sources such as family members, medical providers, social workers, and educators as necessary to form a complete assessment of the client.
2. Development and periodic revision of a specific care plan that:
  - a. Is based on the information collected through the assessment;
  - b. Specifies the goals and actions to address the medical, social, educational and other services needed by the client;
  - c. Includes activities such as ensuring the active participation of the client, and working with the client (or the client representative as defined in 10 CCR 2505-10 Section 8.500.0) and others to develop those goals; and
  - d. Identifies a course of action to respond to the assessed needs of the client.
3. Referral and related activities to help a client obtain needed services including activities that help link the client with:
  - a. Medical, social, education providers; or
  - b. Other programs and services including, making referrals to providers for needed services and scheduling appointments, as needed.

### **Non-Reimbursable Targeted Case Management Services**

Activities that may be a service coordination responsibility, but are not reimbursed as Targeted Case Management Services are those activities either paid through the "Early Intervention Contract," personnel costs, indirect costs, a service to be paid by third party or activities that are built into the rate structure for Targeted Case Management Services. The list below is not



exhaustive:

1. Intake and initial eligibility determination for the Early Intervention Colorado Program;
2. Preparation for and participation in the dispute resolution processes in accordance with Federal Part C Regulations of the IDEA (34 C.F.R. Part 303) procedural safeguards;
3. Service coordination staff meetings not related to individual child and family reviews;
4. Service coordination training and personnel development;
5. Recreational events provided by the Early Intervention Service Broker when no service coordination activity is provided; and
6. Fund raising activities for the Early Intervention Service Broker.

### **Documentation of Targeted Case Management Services**

Targeted Case Management Services activities shall be documented in the child's case notes. Documentation of Targeted Case Management Services shall include at least the following:

1. The name of the client;
2. The date of the activity;
3. The nature of the activity, including whether it is a direct or indirect contact;
4. The content of the activity including the relevant observations, assessments, findings;
5. Outcomes achieved, and as appropriate, follow-up action;
6. The total number of units associated with the activity; and
7. The name of the person completing the activity.

Targeted Case Management Services performed on behalf of a child and family and the number of corresponding units required shall be documented in a child's case notes. All service coordination activities shall be documented within ten business days of the activity.

### **Claim Procedures**

To provide and receive reimbursement for Targeted Case Management Services, the Early Intervention Service Broker shall ensure:

1. The child:
  - a. Is eligible for Medicaid (Title XIX or HCBS Waiver) in the month for which a claim for Targeted Case Management Services is made;
  - b. Is actively enrolled in the Early Intervention Colorado Program, which is defined as eligible for Early Intervention Services with an active Early Intervention Program and IFSP in the CCMSWeb;
  - c. Has a Medicaid number entered in the CCMSWeb and the "TCM" box checked on the child's IFSP Record; and
  - d. Has Targeted Case Management Services noted within the "other service" grid on the IFSP Agreement Page;

2. An approved PAR is completed for Targeted Case Management Services;
3. The provision of Targeted Case Management Services and the corresponding number of units associated with the activity are documented in the month for which a claim is submitted for payment;
4. Ensure Targeted Case Management Services activities documented and claims submitted are for an allowable activity provided by a qualified individual; and
5. Submit a claim when a child has received Targeted Case Management Services<sup>6</sup>.

The Early Intervention Service Broker shall not submit claims for Targeted Case Management Services in any month where the service was not provided and documented, even though the child may have received Early Intervention Services or for any month in which the child is not eligible for Medicaid (Title XIX or HCBS Waiver).

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<sup>6</sup> See the HCPF website for instructions

## **Section V: Early Intervention Services**

### **General Information**

Early Intervention Services mean developmental services that are provided by an Early Intervention Colorado Program under the supervision of an Early Intervention Service Broker. These services are designed to meet the developmental needs of a child with a disability and the needs of the family to assist appropriately in the child's development, as identified by the IFSP Team, in any one or more of the following developmental domains: adaptive, cognitive, communication, physical or social and emotional. In accordance with 12 CCR 2509-10, Section 7.950 (D), 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.

### **Early Intervention Services Rates**

The minimum, maximum and most frequently used rates are on file with the CDHS. These rates are provided by each Early Intervention Service Broker through a self-report survey process. Pursuant to 12 CCR 2509-10, Section 7.911(A)(6) and (B), each Early Intervention Service Broker shall:

1. Not exceed the maximum rate limit on file for Early Intervention Services; and
2. Notify the Early Intervention Colorado Program staff at the CDHS of any proposed change of reimbursement rates for all Early Intervention Services at least fifteen (15) calendar days prior to the use of such rates, and upon request, its rate-setting methodology.

The maximum reimbursement rate for Early Intervention Services shall be subject to restriction by the CDHS.

## **Guidelines for the Reimbursement of Early Intervention Services**

Data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for activities completed in the previous month. When submitting claims data for Early Intervention Services or a related cost for service provision, an Early Intervention Service Broker shall ensure the following criteria are met:

1. The service is documented on a child's IFSP and authorized by the Early Intervention Service Broker;
2. The service claimed is consistent with the service description and Early Intervention Services procedures defined in the Early Intervention Colorado State Plan;
3. The service provider meets the "Early Intervention Colorado Personnel Standards" for claimed Early Intervention Services;
4. The activities submitted for reimbursement are allowable for the Early Intervention Services claimed; and
5. In cases where Early Intervention Services are provided in a group setting, such as an inclusive play group, childcare setting or Early Head Start classroom, the number of units claimed shall be split based on the number of children on IFSPs receiving that service in the group setting.

The following are not covered by the Early Intervention Colorado Program:

1. Direct service (individual or group), consultation or device provided or purchased without the appropriate documentation on the IFSP and authorization from the Early Intervention Service Broker; and
2. Direct service (individual or group) and consultation provided in a setting other than a natural environment without the required justification documentation recorded on a child's current IFSP; and
3. Expenses associated with playgroups operated by an Early Intervention Service Broker organization.

## **Assistive Technology Services**

### **Service Description for Assistive Technology Services**

Assistive Technology Services 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;
2. Selection, acquisition, modification or customization and maintenance of assistive technology devices;
3. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing intervention plans and programs;

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;
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 IFSP; 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 to the child and family's needs.

Assistive Technology Services does not mean a device that is primarily intended to treat a medical condition or to meet life-sustaining needs or a medical device that is surgically implanted, including a cochlear implant, or the optimization, maintenance or the replacement of such a device.

**Personnel Standards for Assistive Technology Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
<p>All disciplines described under other services including:</p> <p>Early Childhood Educator                      Early Childhood Special Educator                      Speech Language Pathologist                      Physical Therapist                      Occupational Therapist                      Psychologist                      Special Education Specialist: Deaf/Hard of Hearing, birth-21                      Special Education Specialist: Visually Impaired, birth-21</p>	<p>Degree/discipline specific certification or license and additional professional development, knowledge or experience in assistive technology</p>	<p>See discipline specific category for appropriate regulatory agency</p>
<p>Assistive Technology Practitioner (ATP) or Rehabilitation Engineer</p>	<p>Degree/discipline specific certification or license</p> <p>For Assistive Technology Devices:                      The product to be delivered must meet all applicable state licensing requirements and all applicable manufacturer specifications. The provider of the device must have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>Rehabilitation Engineering &amp; Assistive Technology Society of North America (RESNA)</p> <p>N/A</p>

**Reimbursable Activities for Assistive Technology Services**

The below table includes the reimbursable activities for Assistive Technology Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)

Unit of Service	Description
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Evaluation (functional evaluation of developmental needs in the child's environment for purposes of the selection, acquisition, modification, customization, or maintenance of assistive technology devices)
One Time	Assistive Technology Device (actual cost of device) – It is recommended that lending libraries, such as the Assistive Technology Loan Bank <sup>7</sup> , be utilized to meet the short-term needs of infants and toddlers for the purpose of acquiring and/or using toys and other equipment that may or may not be adapted for the child.

## **Audiology Services**

### **Service Description for Audiology Services**

Audiology Services means services for the identification, evaluation 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;
2. Auditory training, aural rehabilitation, speech reading and listening devices, orientation and other training to increase functional communication skills;
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;
4. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability with 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.

Audiology Services 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 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.

<sup>7</sup> <http://www.techfortykes.org/index.html>

**Personnel Qualifications for Audiology Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
<p>Audiologist</p> <p>*The following may perform some of the activities found in the definition of Audiology Services, but not those associated with evaluation and assessment of hearing:</p>	<p>Master’s degree with national certification (Certificate of Clinical Competence/CCC), or master’s degree with national certification in audiology</p>	<p>Colorado Department of Regulatory Agencies (DORA) and the American Speech- Language Hearing Association (ASHA) or American Board of Audiology</p>
<p>Speech Language Pathologist or Special Education Specialist: Deaf/Hard of Hearing, birth-21 serving as a CHIP (Colorado Home Intervention Program) Facilitator</p>	<p>Master’s degree with appropriate certification or license (Speech Language Pathology or Deaf Education) or for CHIP Facilitators, demonstrated proficiencies, competencies and skills as developed by the Colorado Early Intervention Task Force for Infant Hearing Screening, Audiologic Assessment, and Intervention</p>	<p>DORA</p>

**Reimbursable Activities for Audiology Services**

The below table includes the reimbursable activities for Audiology Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)

**Developmental Intervention Services**

**Service Description for Developmental Intervention Services**

Developmental Intervention Services means developmental assessment and special instruction to address the functional developmental needs of an infant or toddler and includes:



1. 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;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP;
3. Working with the child to enhance the child's development; and
4. 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.

**Personnel Qualifications for Developmental Intervention Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
All disciplines described under other services including:		
Speech Language Pathologist Physical Therapist Occupational Therapist Psychologist	Degree/discipline specific certification or license	See discipline specific category for appropriate regulatory agency
Early Childhood Educator, birth-8	Bachelor's degree and state license as an early childhood educator or current equivalent license in another state	CDE
Early Childhood Special Educator or Early Childhood Special Education Specialist	Colorado license/ endorsement or current equivalent license/ endorsement in another state	CDE
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse (includes Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS))	Colorado state license	Colorado Board of Nursing
Speech Language Pathologist, Audiologist or Special Education Specialist: Deaf/Hard of Hearing, birth-21 serving as a CHIP	Master's degree with appropriate certification or license or for CHIP Facilitators, demonstrated proficiencies, competencies and skills as developed by the	ASHA or CDE (for Special Education Specialist: Deaf/Hard of Hearing, birth-21)

Qualified Personnel	Minimum Standards	Regulatory Agency
Facilitator	Colorado Early Intervention Task Force for Infant Hearing Screening, Audiologic Assessment, and Intervention	
Special Education Specialist: Visually Impaired, birth-21	Bachelor's or master's degree with endorsement or teacher license or current equivalent license in another state	CDE
Special Education Specialist: Deaf/Hard of Hearing, birth-21	Master's degree with teacher license or current equivalent license in another state	CDE
Pyramid Plus Infant/Toddler Coach	Bachelor's degree in related field, and certification	Colorado Center for Social Emotional Competence and Inclusion, University of Colorado Denver
The following may perform some of the activities found in the definition of Developmental Intervention under supervision by a licensed professional:		
Parent Educator (Parents as Teachers -PAT)	Current certificate of completion of PAT training	Parents as Teachers (PAT)
Developmental Intervention Assistant	Associate's degree, GED, or HS diploma with certificate of completion of state required training	PAR <sup>2</sup> A Center University of Colorado, Denver
Paraprofessional providing Behavioral Intervention	High school diploma or GED, associate's, bachelor's or master's degree with a minimum of 24 hours of training in the implementation of applied behavior analysis and/or positive behavioral supports and interventions.	N/A

**Reimbursable Activities for Developmental Intervention Services**

The below table includes the reimbursable activities for Developmental Intervention Services with the appropriate authorization from the certified Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Supervision of Paraprofessional Provider (must be conducted by a Qualified Licensed Professional for this service and in adherence to the supervision guidelines of the related professional organization)
15 minutes (up to 4 units per month per child)	Primary Service Provider/Transdisciplinary Model Teaming (allowable only for children served through this model of service provision as defined by the CDHS)

### **Primary Service Provider/Transdisciplinary Model Teaming**

In cases where the Early Intervention Service Broker utilizes the evidence-based Primary Service Provider/Transdisciplinary Team Model for the provision of Early Intervention Services the Early Intervention Service Broker may compensate providers who participate in teaming activities. Provision of services through this model maintains the integrity of team interaction while minimizing the number of professionals that families are required to interact with on a regular basis. In this model, the parent and persons from two or more disciplines teach, learn and work together across traditional disciplinary or professional boundaries. One provider is designated as the primary interventionist and through regular team meetings, consults with providers of other disciplines for purposes of developing and revising strategies to most effectively support the child and family in making progress toward the outcomes as documented on the IFSP. The following criteria shall apply:

1. The amount claimed per child shall not exceed four 15 minute units per child per month; and
2. The teaming time shall be documented as a method on the child's IFSP for Developmental Intervention Services. See the "Instruction Manual: Completing Colorado's Individualized Family Service Plan Form" for further instruction.

The funding hierarchy shall be applied when determining the appropriate funding source to cover the Primary Service Provider/Transdisciplinary Team Model costs.

### **Claim Procedures**

All related Early Intervention Services activity costs claim data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for all activities completed in the previous month. To submit a claim for the cost of the teaming activities associated with the Primary Service Provider/Transdisciplinary Team Model the Early Intervention Service Broker shall complete the following steps:

1. Ensure that the Developmental Intervention Services is entered within the IFSP Record for the child in the DDDWeb and follow the steps for billing Early Intervention Services, selecting the corresponding service designation for the Primary Service Provider/Transdisciplinary Team Model. See the "DDDWeb and Community Contract

and Management System Early Intervention Instruction Manual" for data entry instructions;

2. The DDDWeb will automatically calculate the total cost for the Developmental Intervention Services, Primary Service Provider/Transdisciplinary Team Model cost based on the units and cost per unit selected; and
3. Finalize the batch within the DDDWeb to submit to the CDHS for payment.

## **Health Services**

### **Service Description Health Services**

Health Services means a service 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;
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.

Health Services does not include:

1. Services that are:
  - a. Purely medical in nature, such as hospitalization, or the prescribing of medicine or other drugs for any purpose;
  - b. Surgical in nature, such as cleft palate surgery or shunting for hydrocephalus;
  - c. Medical diagnostic procedures, services that are primarily intended to treat a medical condition;
  - 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.
3. Nothing in this part limits the right of an infant or toddler with a disability with 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.
4. Nothing in this part 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, of an infant or toddler with a disability are functioning properly.

**Personnel Qualifications for Health Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Physician	M.D. or D.O.; license to practice in Colorado (or other state, with reciprocity)	Colorado Board of Medical Examiners
Physician Assistant	Colorado state license	Colorado Board of Medical Examiners

**Reimbursable Activities for Health Services**

The below table includes the reimbursable activities for Health Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)

**Medical Services**

**Service Description Medical Services**

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.

**Personnel Qualifications for Medical Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Physician	M.D. or D.O.; license to practice in Colorado (or other state, with reciprocity)	Colorado Board of Medical Examiners
Physician Assistant	Colorado state license	Colorado Board of Medical Examiners

**Reimbursable Activities for Medical Services**

The below table includes the reimbursable activities for the Medical Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)

**Nursing Services**

**Service Description Nursing Services**

Nursing services means:

1. 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;
2. Nursing care to prevent health problems, restore or improve functioning, and promote health and development; and
3. The administration of medications, treatments, and regimens prescribed by a licensed physician.

**Personnel Qualifications for Nursing Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Licensed Practical Nurse	Colorado state license	Colorado Board of Nursing
Child Health Associate	Colorado state license	Colorado Board of Medical Examiners

**Reimbursable Activities for Nursing Services**

The below table includes the reimbursable activities for Nursing Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a

	participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
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**Nutrition Services**

**Service Description for Nutrition Services**

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:

1. The assessment of the nutritional history, dietary intake, body measurements such as height and weight, and feeding status;
2. Consultation to develop, implement and monitor appropriate plans to address the nutritional needs;
3. Referral to appropriate community resources to carry out nutritional goals; and
4. 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.

**Personnel Qualifications for Nutrition Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Dietitian	Bachelor’s degree in human nutrition, foods and nutrition, dietetics, nutrition education, food systems management, or public health nutrition w/ current certification	American Dietetic Association

**Reimbursable Activities for Nutrition Services**

The below table includes the reimbursable activities for the Nutrition Service with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Individual direct service (with the child and caregiver present)
15 minutes	Group direct service (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)

**Occupational Therapy Services**

**Service Description for Occupational Therapy Services**

Occupational Therapy Services 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 and minimize the impact of initial or future impairment, delay in development or loss of functional ability;
2. Consultation to adapt the environment to promote development, access and participation in everyday routines, activities and places;
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.

Occupational Therapy Services 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 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.

**Personnel Qualifications for Occupational Therapy Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Occupational Therapist	Colorado state license	DORA
The following may perform some of the activities found in the definition of Occupational Therapy Services under supervision by a licensed Occupational Therapist: Occupational Therapy Assistant (OTA)	Associate's or bachelor's degree and completion of an educational OTA program accredited by the Council for Occupational Therapy Education	N/A

**Reimbursable Activities for Occupational Therapy Services**

The below table includes the reimbursable activities for Occupational Therapy Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service -- Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)



15 minutes	Supervision of Paraprofessional Provider (must be conducted by a Qualified Licensed Professional for this service and in adherence to the supervision guidelines of the related professional organization)
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**Physical Therapy Services**

**Service Description for Physical Therapy Services**

Physical Therapy Services means assessment and intervention services with an emphasis on sensorimotor function, mobility, positioning, neurobehavioral organization, perceptual and motor development, and both strength and endurance and includes:

1. Intervention strategies to address the functional developmental needs of an infant or toddler;
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;
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 the 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.

Physical Therapy Services 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 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.

**Personnel Qualifications for Physical Therapy Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Physical Therapist	Colorado state license	DORA
The following may perform some of the activities found in the definition of Physical Therapy Services under supervision by a licensed Physical Therapist: Physical Therapy Assistant (PTA)	Colorado state certification	DORA

**Reimbursable Activities for Physical Therapy Services**

The below table includes the reimbursable activities for Physical Therapy Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Supervision of Paraprofessional Provider (must be conducted by a Qualified Licensed Professional for this service and in adherence to the supervision guidelines of the related professional organization)

**Psychological Services**

**Service Description for Psychological Services**

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

1. The administration of psychological and developmental tests and other assessment procedures to identify the developmental, cognitive, behavioral and social emotional status;
2. The acquisition, integration and interpretation of test results and other information about development and behavior and the family and living situation related to learning, social and emotional development and behavior;
3. The provision of individual or parent counseling, activities;
4. Planning and managing a child's program of psychological services;
5. Consultation on child behavior, and child and family conditions related to learning, mental health, and development to a parent, other caregivers and other service providers; 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 psychological strategies and enhancing the child's psychological and cognitive development.

**Personnel Qualifications for Psychological Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Clinical Psychologist	Doctorate of psychology and Colorado state license	Colorado Psychologist Examiners Board and Colorado Department of Education
School Psychologist	Master’s degree and school psychologist certification	National Association of School Psychologists and CDE

### Reimbursable Activities for Psychological Services

The below table includes the reimbursable activities for Psychological Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Supervision of a Paraprofessional Provider (applicable to the lead therapist in an autism intervention team)
15 minutes	Supervision provided to plan and manage a child’s program of Psychological Services
15 minutes	Consultation (for the provision of individual or parent counseling)

### Sign Language and Cued Language Services

#### Service Description for Sign Language and Cued Language Services

Sign Language and Cued Language Services means instruction that includes sign language, cued language, and auditory or oral language, providing oral transliteration services, and providing sign and cued language interpretation for an infant or toddler.

#### Personnel Qualifications for Sign Language and Cued Language Services

Qualified Personnel	Minimum Standards	Regulatory Agency
Sign Language Interpreter	Sign language proficiency interview (advanced and above)	Colorado School for the Deaf and Blind
Educational Sign Language Interpreter	National interpreter certification, or temporary educational interpreter certification	Registry of Interpreters for the Deaf, CDE
Cued Speech Interpreter Cued Speech Instructor	Cued speech national certification	National Cued Speech Association
Special Education Specialist, Deaf/Hard of Hearing, Birth-21	Master’s degree with teacher license or equivalent license in another state and demonstrated proficiency in sign language or cued speech	CDE

**Reimbursable Activities for Sign Language and Cued Language Services**

The below table includes the reimbursable activities for Sign Language and Cued Language Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Consultation with the caregiver for purposes of instruction in Sign Language or Cued Language

**Social and Emotional Services**

**Service Description for Social and Emotional Services<sup>8</sup>**

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:

1. Home visits to evaluate an infant's or toddler's living conditions and patterns of parent-child interaction;
2. The completion of social emotional developmental assessment;
3. 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;
4. The provision of social skill building activities with the child and parent;
5. 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;
6. 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
7. 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 and for enhancing the child's social and emotional development.

**Personnel Qualifications for Social and Emotional Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Psychiatrist	M.D. with child and adolescent board certification	Colorado Board of Medical Examiners

<sup>8</sup> 2013 Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act (pending Office of Special Education Program approval)

Qualified Personnel	Minimum Standards	Regulatory Agency
Clinical Psychologist	Doctorate of psychology and state license	National Association of School Psychologists
School Psychologist	Master's degree and state license	Colorado Social Work Examiners Board
Social Worker	Master's degree and state license	Colorado Social Work Examiners Board
Licensed Social Worker or Licensed Clinical Social Worker	Master's degree and state license and education or experience in an early childhood mental health	Colorado Professional Counselor Examiners Board
Licensed Professional Counselor	Master's degree and state license and education or experience in early childhood mental health	Colorado Marriage Therapist Examiners Board
Marriage & Family Therapist	Master's degree, specific graduate coursework, supervised experience and certification	Behavior Analyst Certification Board
Board Certified Behavior Analyst	Colorado license/endorsement or equivalent license/endorsement in another state	CDE
Early Childhood Special Educator or Early Childhood Special Education Specialist	* For above listed practitioners providing evaluation in the area of social and emotional development (exclusive of a Child Find evaluation), training in DC: 0-3R Practitioner Preparation course is required.	
Early Childhood Mental Health Specialist	Master's degree in related discipline, experience in early childhood mental health, training in DC: 0-3R Practitioner Preparation	DORA and the related Board of Examiners specific to the discipline

Qualified Personnel	Minimum Standards	Regulatory Agency
<p>Infant Mental Health Specialist or Mentor</p> <p>* The following may perform some of the activities found in the definition of social emotional services, but not those associated with evaluation of social emotional impairment, counseling, or clinical therapy services:</p>	<p>course is required. Practitioner preparation course is required</p> <p>Completion of infant mental health endorsement (level III or IV)</p>	<p>Colorado Association for Infant Mental Health (confers endorsement to qualified candidates only – not a regulatory board)</p>
<p>Mental Health Clinician</p>	<p>Master’s degree in related discipline with supervision by licensed mental health professional</p>	<p>DORA and the related Board of Examiners specific to the discipline</p>
<p>Board Certified Associate Behavior Analyst</p>	<p>Bachelor’s degree with specialized instruction, supervised experience and certification</p>	<p>Behavior Analyst Certification Board</p>
<p>Psychiatric Technician</p>	<p>Associate’s or bachelor’s degree with state licensure and early childhood mental health training and experience</p>	<p>Colorado Board of Nursing</p>
<p>Pyramid Plus Infant/Toddler Coach</p>	<p>Bachelor’s degree in related field and certification</p>	<p>Colorado Center for Social Emotional Competence and Inclusion, University of Colorado Denver</p>
<p>Infant Family Specialist</p>	<p>Completion of infant mental health endorsement (level II)</p>	<p>Colorado Association for Infant Mental Health (confers endorsement to qualified candidates only – not a regulatory board)</p>

Qualified Personnel	Minimum Standards	Regulatory Agency
Registered Nurse	Colorado state license and early childhood mental health training and experience	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license and early childhood mental health training and experience	Colorado Board of Nursing

### Reimbursable Activities for Social and Emotional Services

The below table includes the reimbursable activities for Social and Emotional Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Supervision of a Paraprofessional Provider (applicable to the lead therapist in an autism intervention team)
15 minutes	Consultation with the caregiver for purposes of individual or group counseling

### Speech Language Pathology Services

#### Service Description for Speech Language Pathology Services

Speech Language Pathology Services means assessment and intervention services to address the functional, communication needs of an infant or toddler and include:

1. Language and speech development;
2. Oral motor functioning, including the identification of specific communication disorders;
3. Consultation to adapt an environment and activities to promote speech and language development and participation in everyday routines, activities and places;
4. Habilitation, rehabilitation or prevention of communication disorders and delays in language and speech development;
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 the parent or other caregivers in understanding the special needs of the child as related to speech language pathology strategies for enhancing the child's communication development and participation in everyday routines, activities and places.

Speech Language Pathology Services 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.

**Personnel Qualifications for Speech Language Pathology Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
Speech Language Pathologist	Colorado state license	DORA
* The following may perform some of the activities found in the definition of Speech Language Pathology under supervision by a licensed Speech Language Pathologist:		
Speech Language Pathology Assistant	Associate's or bachelor's degree plus internship and coursework authorized through the Institutions of Higher Education (IHE) Consortia	N/A

**Reimbursable Activities for Speech Language Pathology Services**

The below table includes the reimbursable activities for Speech Language Pathology Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)
15 minutes	Supervision of Paraprofessional Provider (must be conducted by a Qualified Licensed Professional for this service and in adherence to the supervision guidelines of the related professional organization)

**Transportation Services**

**Service Description for Transportation Services**

Transportation Services means reimbursement for the cost of travel, including mileage, taxis, common carriers, tolls or parking, that are necessary to enable an infant or toddler and his or her parent to receive another Early Intervention Services identified in the Individualized Family Service Plan.



**Personnel Qualifications for Transportation Services**

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

**Reimbursable Activities for Transportation Services**

The below table includes the reimbursable activities for Transportation Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
Dollar	Reimbursement for reasonable and most appropriate travel expenses identified on the IFSP to enable an infant or toddler and his or her parent to travel to and from the location where another Early Intervention Services is provided.

**Vision Services**

**Service Description for Vision Services**

Vision Services 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;
2. Orientation and mobility training for all environments;
3. Visual and other training necessary to activate visual motor abilities;
4. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both;
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.

Vision Services does not mean therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury, and 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.

**Personnel Qualifications for Vision Services**

Qualified Personnel	Minimum Standards	Regulatory Agency
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Qualified Personnel	Minimum Standards	Regulatory Agency
Orientation and Mobility Specialist	Bachelor's or master's degree in orientation and mobility with national ACVREP certification and CDE license	Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) and CDE
Special Education Specialist, Visually Impaired, birth-21	Bachelor's degree and endorsement (graduate-level work) with teacher license, or equivalent licensure in another state	CDE
Ophthalmologist	Medical license and certification in ophthalmology and one year of fellowship in pediatric ophthalmology and/or strabismus	American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology
Optometrist	Doctorate of optometry with state licensure	DORA

### Reimbursable Activities for Vision Services

The below table includes the reimbursable activities for Vision Services with the appropriate authorization from the Early Intervention Service Broker.

Unit of Service	Description
15 minutes	Direct Service – Individual (with the child and caregiver present)
15 minutes	Direct Service - Group (with the child and caregiver present)
15 minutes	Consultation (with the child and caregiver present or involved as a participant) (e.g., direct, video/webcam, phone, co-visit, etc.)

### Related Costs for the Provision of Early Intervention Services

#### Interpreter Services

Interpreter services are an important and necessary support for some infants, toddlers and families in order for Early Intervention Services to be effective. When provision of a service to an eligible child requires interpreter services, the Early Intervention Service Broker shall pay for this related cost. The funding hierarchy will be applied when determining the appropriate funding source to cover the cost of interpreter services.

#### Claim Procedures

All related Early Intervention Services costs claims data for related Early Intervention Services costs shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for activities

completed in the previous month. To submit a claim for the cost of interpreter services the Early Intervention Service Broker shall complete the following steps:

1. Ensure that the related service is entered within the IFSP Record for the child in the DDDWeb and follow the instructions for billing Early Intervention Services, selecting the corresponding service designation for interpreter services. See the "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" for data entry instruction;
2. The DDDWeb will automatically calculate the total cost for Early Intervention Services and related activity based on the units and cost per unit selected; and
3. Finalize the batch within the DDDWeb to submit to the CDHS for payment.

### **Provider Travel Costs**

When rendering of Early Intervention Services to an eligible child requires the provider to travel significant distances, the Early Intervention Service Broker may pay for the provider's travel costs. The funding hierarchy shall be applied when determining the appropriate funding source to cover the provider travel costs.

### ***Claim Procedures***

All related early intervention service costs claims data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for activities completed in the previous month. To submit a claim for provider travel costs the Early Intervention Service Broker shall complete the following steps:

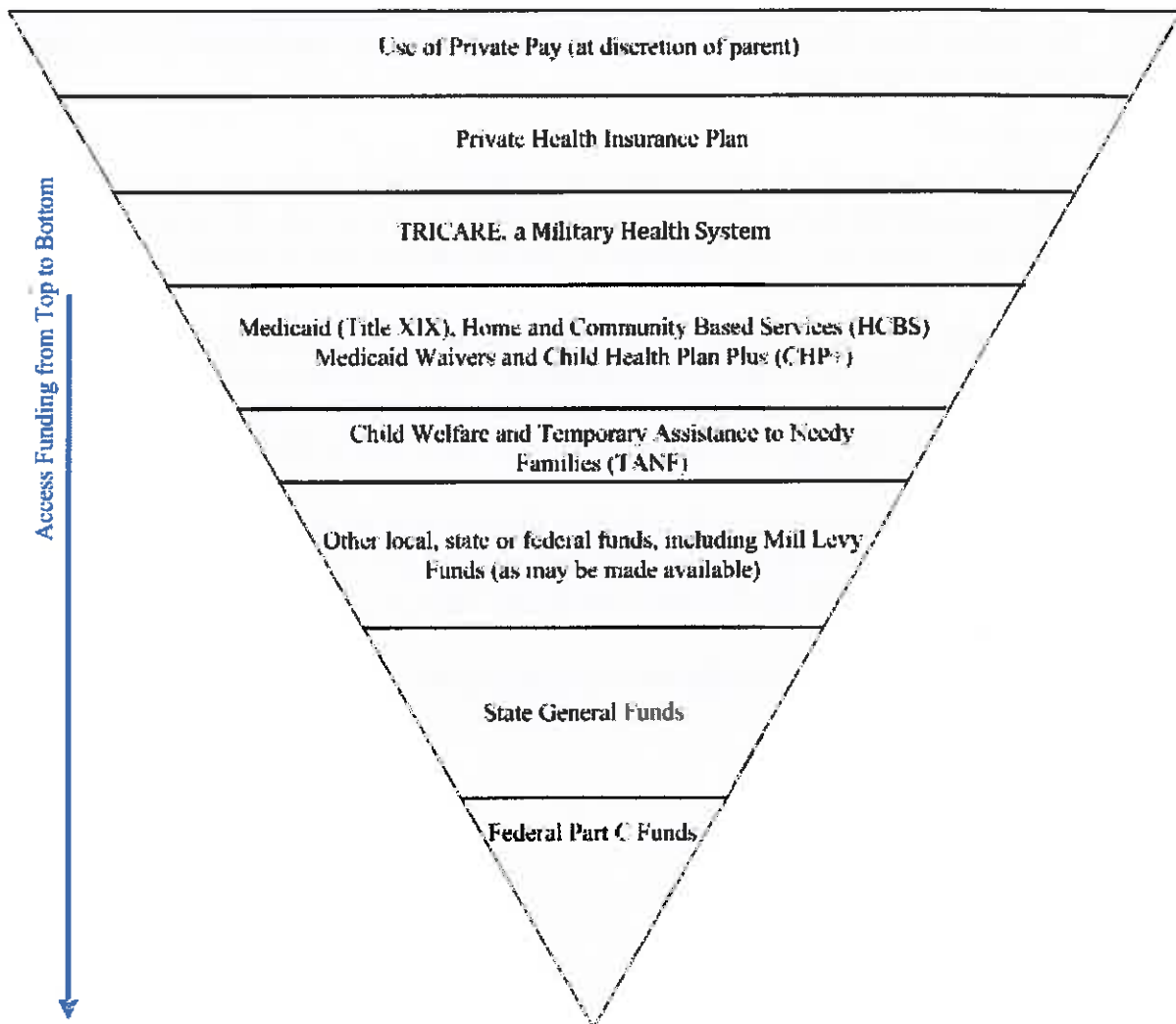
1. Ensure that the related service is entered within the IFSP Record for the child in the DDDWeb and follow the instructions for billing Early Intervention Services, selecting the corresponding service designation for provider travel costs. See the "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" for data entry instruction;
2. The DDDWeb will automatically calculate the total cost for Early Intervention Services and related activity based on the units and cost per unit selected. Costs for provider travel shall not factor into the upper rate for the associated Early Intervention Services; and
3. Finalize the batch within the DDDWeb to submit to the CDHS for payment.

## Section VI: Administrative Requirements for Funding Hierarchy Resources

### Implementing the Funding Hierarchy

During the IFSP development process, the service coordinator is responsible to facilitate discussion among team members regarding available funding sources to pay for necessary Early Intervention Services documented in the IFSP. A funding hierarchy is followed to ensure appropriate payment for those services to assure State General Funds and Federal Part C Funds are used for payment only when other funds are not available.

#### COORDINATED SYSTEM OF PAYMENT: FUNDING HIERARCHY



## **Steps in Determining the Funding Source for Early Intervention Services**

### **Step 1: Provide Written Notification to the Family and Determine Type of Health Insurance Coverage or Benefits**

In accordance with 34 C.F.R., Section 303.520, the Early Intervention Service Broker shall provide the family with a copy of “A Family Guide to the System of Payments for Early Intervention Services” brochure to provide written notification regarding the Early Intervention Colorado Program system of payment policies. In Colorado, pursuant to Section 7.912 (A) (12 CCR 2509-10), 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 or public health insurance is used to pay for Early Intervention Services; or
2. Use of private health insurance is required prior to the use of public insurance or benefits.

Certified Early Intervention Service Brokers may pay co-pays and deductibles for Early Intervention Services, but a parent is responsible, under Section 7.9 related to the use of public benefits or insurance or private insurance to pay for Early Intervention Services.

The Early Intervention Service Broker shall inform the family about the following protections under 34 C.F.R., Section 303.520:

1. Parental consent is required before the Early Intervention Service Broker discloses, for billing purposes, a child’s personally identifiable information to the public or private health insurance carrier;
2. A parent has the right to revoke his or her consent to the disclosure of personally identifiable information to the public or private health insurance carrier at any time and such revocation applies to any release of information that has not already been disclosed; and
3. The general categories of costs to a parent that may apply when accessing the public or private health insurance plan to pay for Early Intervention Services, such as co-payments or deductibles, for those health insurance plans that are not subject to Section 10-16-104(1.3), C.R.S.

The “Health Insurance Authorization for Early Intervention Services Form,” Appendix C, is used to obtain the written authorization from a parent that his or her child’s health insurance plan will be accessed in order to pay for the cost of Early Intervention Services. By signing this form, the parent:

1. Authorizes the personally identifiable information to be released by the Early Intervention Service Broker to the health insurance carrier to process claims; and
2. Requests payment of benefits to the Early Intervention Service Broker for Early Intervention Services provided and claimed.

The form is also used to request confirmation of eligibility under Section 10-16-104(1.3), C.R.S. for the listed health insurance carrier.

To determine the type of health insurance coverage the Early Intervention Service Broker shall gather the following information:

1. Name of the health insurance carrier;
2. Name of the insured;
3. Subscriber ID;
4. Policy or group number; and
5. Whether the insurance is a Qualifying Health Insurance Plan.

In accordance with 34 C.F.R., Section 303.520(a)(2)(i), in cases where a family does not have private or public health insurance, the Early Intervention Service Broker may provide assistance to apply for health insurance to the family, but shall not require the family to do so in order to receive Early Intervention Services.

### **Step 2: Determine the Funding Source**

An Early Intervention Service Broker shall follow the IFSP process, as described in the “Instruction Manual: Completing Colorado’s Individualized Family Service Plan Form.” When the IFSP Team has identified the necessary Early Intervention Services, the service coordinator shall use the health insurance information that has been gathered from the family to determine if private or public health insurance can be used to pay for any or all of the Early Intervention Services documented on the IFSP.

If private or public health insurance can be utilized for some or all of the Early Intervention Services documented on the IFSP, the service coordinator shall assist the family in accessing the Early Intervention Services and follow the requirements outlined in the health insurance plan for prior authorization to submit a claim. In cases where a Non-qualifying Health Insurance Plan is being utilized to cover the costs for Early Intervention Services, benefits may be limited in terms of number of sessions. In this case, the provider identified for the Early Intervention Services shall also be approved to access other funding sources to ensure continuity of service provision once any insurance limit has been reached.

When accessing public or private health insurance an Early Intervention Service Broker shall follow one of the following rules pursuant to Section 7.912 (D) and (E) (12 CCR 2509-10):

“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."

An Early Intervention Service Broker may reimburse a parent for co-payments or deductibles for

Early Intervention Services documented on his or her child's IFSP. However, if the co-payment or deductible for a Non-qualifying Health Insurance Plan is more costly to the Early Intervention Colorado Program than accessing the health insurance plan for payment for a service, then other funding sources shall be utilized.

If necessary, to prevent a delay in the timely provision of Early Intervention Services identified on a child's IFSP, State General Funds, Federal Part C Funds or other available funds may be used to pay for Early Intervention Services pending reimbursement from the private or public health insurance plan that has primary responsibility for payment.

### **System Exceptions to the use of Private or Public Health Insurance Plans**

If the family has private or public health insurance and the insurance plan cannot be utilized to pay for Early Intervention Services on the child's IFSP due to a system reason, the "Insurance Exemption Form," Appendix D, shall be completed to document the reason and filed within the child's record for the Early Intervention Colorado Program. The Early Intervention Service Broker shall then determine the next appropriate funding source from the funding hierarchy.

The IFSP always takes precedent over the requirements of the funding source. If the family has private or public health insurance and the insurance plan cannot be utilized to pay for Early Intervention Services documented on the child's IFSP due to a system reason, the Early Intervention Service Broker shall complete the "Insurance Exemption Form" documenting the specific reason insurance is not being accessed. The use of private or public health insurance shall not be required in the following circumstances:

1. A claim was submitted and the health insurance carrier has denied coverage for the Early Intervention Services documented on the Individualized Family Service Plan;
2. The service as defined by the Early Intervention Colorado Program is not a covered benefit;
3. There are no service providers who will provide the Early Intervention Services in accordance with the IFSP, for example in the home or community settings identified by the family as their natural environment;
4. There is not a provider available who is enrolled or networked with the child's health insurance carrier;
5. The cost of the co-payment or the deductible is more costly than using other funding sources;
6. The Community Centered Board is utilizing State General Funds or Federal Part C Funds until the deductible required by the child's health insurance carrier is met;
7. The Early Intervention Service Trust Fund maximum annual benefit has been reached;
8. The family has chosen a provider who is not enrolled or networked with the child's health insurance carrier;
9. The child's insurance is a Non-Qualifying Health Insurance Plan and the Community Centered Board or contracted provider does not submit claims for this insurance type;



10. The Community Centered Board or contracted provider does not submit claims to the child's public health insurance (Medicaid or CHP+ (managed by Colorado Access or the State Managed Care Network));
11. The health insurance carrier does not allow for out-of-network benefits;
12. The Community Centered Board and/or contract provider missed billing insurance because adequate prior authorization was not obtained; or
13. The child does not have health insurance coverage.

The completed form shall be filed in the child's record and a copy submitted to the Early Intervention Colorado Program staff at the CDHS. The Early Intervention Service Broker shall then determine the next appropriate funding source from the funding hierarchy.

### **Family Exceptions to the use of Private or Public Health Insurance Plans**

The Early Intervention Service Broker shall complete the "Insurance Declination Form," Appendix E, if public or private health insurance is not accessed for any of the family related circumstances:

1. The family does not have health insurance;
2. The family declines to provide health insurance information to the Early Intervention Colorado Program;
3. The family was asked and could not or did not provide documentation from the health insurance carrier; or
4. The family declines to give consent to access insurance benefits for the child because the use of the public or private health insurance would result in one of the system exceptions to the use of private or public health insurance plans.

The completed form shall be filed in the child's Early Intervention Colorado Program record and a copy submitted to the Early Intervention Colorado Program staff at the CDHS.

In those circumstances where a parent does not provide parental consent for the use of the child's or parent's public or private health insurance when such consent is required pursuant to the procedures noted under the second family related circumstance noted above, the Early Intervention Service Broker shall make all Early Intervention Services documented in the IFSP available to the child and family at no cost.

### **Funding Hierarchy Levels**

#### **Funding Hierarchy Level: Use of Private Pay**

A family can voluntarily pay for the cost of the Early Intervention Services. The amount a family pays towards the cost of the Early Intervention Services must be documented on IFSP Agreement Page.

### **Funding Hierarchy Level: Private Health Insurance Plans**

The family's insurance should first be explored as an option for payment of Early Intervention Services. A family may agree to have Early Intervention Services paid for by their private health insurance plan. The process for accessing private health insurance plans will vary depending on whether the insurance plan is a qualified plan (Qualifying Health Insurance Plan) under C.R.S. 10-16-104(1.3) or not. In cases where C.R.S. 10-16-104(1.3) is not applicable, the health insurance plan is referred to as a Non-qualifying Health Insurance Plan.

### ***Qualifying Health Insurance Plans***

Under the authority of the Commissioner of Insurance and Sections 10-1-109 and 27-10.5-709, C.R.S., carriers who offer Qualifying Health Insurance Plans are required to make payment for Early Intervention Services as documented on an IFSP for infants and toddlers eligible for benefits under Part C of the IDEA. This amended statute applies to all individual and group sickness and accident insurance policies and all service or indemnity contracts issued or renewed by entities subject to Part 2, Part 3 and Part 4 of Article 16 of Title 10 of the Colorado Revised Statutes, which provide coverage for health care services. The code "CO-DOI" is printed on the insurance card for Qualifying Health Insurance Plans.

Qualifying Health Insurance Plans include the following protections for families:

1. No requirement to pay co-payments;
2. No requirement to meet an annual deductible before Early Intervention Services will be paid for in full; and
3. Early Intervention Services are not included in the total annual or lifetime benefit maximum for the child.

Regulating Agency

DORA, Division of Insurance

Eligibility

Eligibility for coverage varies by health insurance carrier.

Services

Early Intervention Services specified in an eligible child's IFSP shall qualify as meeting the standard for medically necessary health care services as used by private health insurance plans. The following Early Intervention Services are covered benefits through the Early Intervention Services Trust Fund:

1. Audiology Services
2. Developmental Intervention Services
3. Health Services
4. Medical Services
5. Nursing Services

6. Nutrition Services
7. Occupational Therapy Services
8. Physical Therapy Services
9. Psychological Services
10. Sign Language and Cued Language Services
11. Social and Emotional Services
12. Speech Language Pathology Services
13. Vision Services

#### Flow of Funds

The Early Intervention Service Broker shall notify the Qualifying Health Insurance Plan using the "Health Insurance Authorization for Early Intervention Services Form." Once an insurance carrier has been notified that a child covered under a Qualifying Health Insurance Plan has been determined eligible, the maximum annual benefit amount for Early Intervention Services will be deposited into the Early Intervention Services Trust Fund. These funds are accessed through the DDDWeb.

#### Claim Procedures

Early Intervention Services claim data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for all activities completed in the previous month. In order to submit a claim to the Early Intervention Services Trust Fund the Early Intervention Service Broker shall complete the following steps:

1. Obtain informed written consent from the parent using the "Health Insurance Authorization for Early Intervention Services Form" when a child is covered by a qualifying health insurance plan. The code "CO-DOI" is printed on the insurance card for these plans;
2. Fax the completed "Health Insurance Authorization for Early Intervention Services Form" with a copy of the child's IFSP to the designated Early Intervention Services Trust Fund contact to notify the insurance carrier about the child's eligibility for the Early Intervention Colorado Program and request confirmation of eligibility under C.R.S. 10-16-104(1.3) for the listed insurance carrier. This confirmation should occur within five business days;
3. Once it is verified that C.R.S. 10-16-104(1.3) applies to the child's health insurance plan and the child is covered under the plan, a second Early Intervention Colorado Program record must be created within the DDDWeb. See the "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" for data entry instructions when submitting a claim to the Early Intervention Services Trust Fund;
4. The DDDWeb will automatically calculate the total cost for Early Intervention Services based on the units and cost per unit selected; and
5. Finalize the batch to submit for payment to the State Accounting Office.

## Other Required Form

An Early Intervention Service Broker shall use the “Early Intervention Services Trust Fund Transfer Form,” Appendix F, when facilitating a transfer of a child enrolled in the Early Intervention Services Trust Fund from one service area to another service area within Colorado. The sending Early Intervention Service Broker shall initiate the transfer by sending the completed form to the receiving Early Intervention Service Broker. Once the child has moved, the receiving Early Intervention Service Broker shall send the completed form to the State Accounting Office so that the Early Intervention Services Trust Fund account information for the child can be transferred to the new program.

## Additional Information

Additional information regarding Sections 10-1-109 and 27-10.5-709, C.R.S., and the requirements of qualifying health insurance plans is located on the Michie’s Legal Resources website at the following location:

<http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp=>.

## ***Non-qualifying Health Insurance Plans***

Non-qualifying Health Insurance Plans will have many different restrictions. In cases where an eligible child is insured by a Non-qualifying Health Insurance Plan, the service coordinator shall assist the family to determine whether the services identified on the IFSP can be paid for with insurance. The service coordinator shall assist and encourage the family to understand the insurance benefits, not only for the purpose of helping to cover the costs of Early Intervention Services, but to help access the benefits to which the family is entitled during the period of time the child is covered by the health insurance plan.

When utilizing a Non-qualifying Health Insurance Plan, payment for Early Intervention Services will be factored into the total annual or lifetime benefit maximum for the child. Also, families may be subject to the following costs:

1. Co-payments for Early Intervention Services provided; and
2. A requirement to meet an annual deductible before Early Intervention Services will be paid for in part or in full

An Early Intervention Service Broker may reimburse a family for co-payments or deductibles for Early Intervention Services documented on the child’s IFSP. However, if the co-payment or deductible for a Non-qualifying Health Insurance Plan is more costly to the Early Intervention Colorado Program than accessing the insurance plan for payment for a service, then other funding sources shall be utilized.

## Regulating Agency

Regulating agency varies by health insurance carrier.

## Eligibility

Eligibility for coverage varies by health insurance carrier.

## Services

Non-qualifying Health Insurance Plans may reimburse for some Early Intervention Services, such as Occupational Therapy Services, Physical Therapy Services and Speech Language Pathology Services for covered children. Each family's insurance plan may offer benefits other than those required by Colorado law.

## Flow of Funds

Payment for approved Early Intervention Services will be made by the health insurance carrier directly to the provider or Early Intervention Service Broker.

## Claim Procedures

Claim procedures will vary by health insurance carrier.

## Funding Hierarchy Level: **TRICARE, a Military Health System**

TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. As a major component of the Military Health System, TRICARE brings together the health care resources of the uniformed services and supplements them with networks of civilian health care professionals, institutions, pharmacies and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

When utilizing TRICARE, families who are not active in the military may be subject to the following costs:

1. Co-payments for Early Intervention Services provided; or
2. A requirement to meet an annual deductible before Early Intervention Services will be paid for in full.

An Early Intervention Service Broker may reimburse a family for co-payments or deductibles for allowable Early Intervention Services documented on a child's IFSP. However, if the co-payment or deductible for TRICARE is more costly to the Early Intervention Colorado Program than not using the insurance, then other funding sources shall be utilized.

## Regulating Agency

U.S. Department of Defense

## Eligibility

TRICARE is available to active duty service members and retirees of the seven uniformed services, their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). The uniformed services include the:

- U.S. Army
- U.S. Air Force
- U.S. Navy
- U.S. Marine Corps

- U.S. Coast Guard
- Commissioned Corps of the Public Health Service
- Commissioned Corps of the National Oceanic and Atmospheric Association

TRICARE is also available to members of the National Guard and Reserves.

#### Services

TRICARE covers the following Early Intervention Services: Occupational Therapy Services, Physical Therapy Services and Speech language Pathology Services. In cases where an infant or toddler is diagnosed with certain mental health conditions, such as a condition that meets the “Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition” (DSM-IV) criteria, TRICARE may cover the costs for Psychological Services and Social and Emotional Services.

Special instruction associated with Early Intervention Services is covered by TRICARE when a child is enrolled in the Extended Care Health Option (ECHO). A child must have at least one of the following qualifying conditions to be enrolled in the ECHO:

1. Moderate or severe intellectual disability;
2. A serious physical disability; or
3. A physical or psychological condition that causes the beneficiary to be homebound.

All Early Intervention Services must be determined to be medically necessary in order to be covered by TRICARE.

#### Flow of Funds

Services funded by TRICARE are paid directly to a network provider through a contractual agreement with the managed care support contractor or a certified non-network provider.

#### Claim Procedures

As defined by TRICARE.

#### Additional Information

The Federal Interagency Coordinating Council has created the resource “TRICARE and IDEA Part C: A Guide to Services” to address questions about the interface between the Department of Defense military health system and the Early Intervention Services offered under Part C of the IDEA. This guide is posted at the following location on the Early Intervention Colorado website:

<http://www.eicolorado.org/Files/Tricare%20Joint-Document-091900.pdf>

Specific information regarding TRICARE is located at the following website:

<http://www.tricare.mil/>

**Funding Hierarchy Level: Medicaid (Title XIX), Home and Community Based Services (HCBS) Medicaid Waivers and Child Health Plan Plus Program (CHP+)**

There are two public insurance programs in Colorado: Medicaid (Title XIX) and CHP+. Both of these insurance programs are administered by HCPF. Medicaid (Title XIX) has comprehensive benefits that can potentially cover many Early Intervention Services. CHP+ has more limited benefits. An infant or toddler may be eligible for Medicaid (Title XIX) because of their family's income level, Medicaid Buy-in Program for children with disabilities or through a HCBS Medicaid Waiver.

***Medicaid (Title XIX)***

Title XIX of the Social Security Act provides for federal grants to the states for medical assistance programs. Title XIX, popularly known as Medicaid, enables states to furnish:

1. Medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services; and
2. Rehabilitation and other services to help these families and individuals become or remain independent and able to care for themselves.

Medicaid is a joint federal-state program. Each state operates its own Medicaid system, but this system must conform to federal guidelines in order for a state to receive matching funds and grants. The matching rate provided to states is determined using a federal matching formula, Federal Medical Assistance Percentages, which generates payment rates that vary from state to state, depending on each state's respective per capita income. People served by Medicaid (Title XIX) are U.S. citizens or legal permanent residents.

**Regulating Agency**

HCPF

**Eligibility**

Medicaid (Title XIX) eligibility for family and children's programs are detailed on the following location on the HCPF website:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1198141245169>

**Services**

Medicaid (XIX) may cover all or part of the following Early Intervention Services:

1. Assistive Technology Services
2. Audiology Services
3. Medical Services
4. Occupational Therapy Services
5. Physical Therapy Services
6. Psychological Services

7. Social and Emotional Services
8. Speech Language Pathology Services

Early Intervention Services must be determined to be medically necessary and provided by a qualified Medicaid provider in order to be covered as a Medicaid State Plan Benefit.

#### Flow of Funds

HCPF is designated as the single state agency to administer Colorado's Medicaid Program. This department approves and generates payment for all Medicaid State Plan services.

#### Options for Accessing Medicaid Payment

There are three ways an Early Intervention Service Broker may access the Medicaid State Plan to cover the costs of Early Intervention Services: a qualified Medicaid provider submits claims directly to the Medicaid Management Information System (MMIS); an Early Intervention Service Broker acts as a billing agent; or an Early Intervention Service Broker submits claims as the Medicaid provider.

When a qualified Medicaid provider is identified in the IFSP to meet a specific developmental need, the provider may submit claims directly to the MMIS. Under this situation, there is no contract required between the Early Intervention Service Broker and the Medicaid provider. However, the IFSP serves as the coordinating document to ensure that the needed Early Intervention Services are delivered and monitored by the service coordinator.

An Early Intervention Service Broker may act as a billing agent in cases where a qualified Medicaid provider voluntarily elects this option. In this case, the Early Intervention Service Broker submits a claim on behalf of the Medicaid provider using the following procedures:

1. The Early Intervention Service Broker submits a claim using the agency's Trading Partner Identification (TPID) Number and the Medicaid provider's identification number;
2. The full reimbursement amount is paid directly to the Medicaid provider;
3. The Early Intervention Service Broker may charge a fee to the Medicaid provider for the billing function (2 CCR 503-1, 16.247 C.3.); and
4. The Early Intervention Service Broker may not require a Medicaid provider who is providing Early Intervention Services to use the Early Intervention Service Broker as his or her billing agent.

Finally, an Early Intervention Service Broker may directly employ qualified staff to provide Early Intervention Services included as a Medicaid State Plan Benefit. In order for an Early Intervention Service Broker to receive payment for Early Intervention Services that are provided by staff, the agency must be an approved Medicare Agency or noted as provider type (48) rehabilitation agency, professional. When a claim is submitted to Medicaid in this way, the Early Intervention Service Broker shall:

1. Have a separate National Provider Identifier (NPI);



2. Have a separate Medicaid provider number;
3. Ensure each staff member has a Medicaid provider identification number;
4. Submit claims to MMIS using each staff's Medicaid identification number;
5. Collect funds from Medicaid for Early Intervention Services provided by staff; and
6. Pay the employed staff his or her normal salary.

#### Claim Procedures

Private Health Insurance shall be accessed prior to submitting a Medicaid (Title XIX) PAR or claim for Early Intervention Services.

For billing rules, please reference the billing manual located on the HCPF website at the following location: <http://www.colorado.gov/hcpf>. To locate the Billing Manual section from the main page, click on Provider Services - Provider Services – Billing Manuals. Once you are in the Billing Manual section, scroll to the Colorado 1500 Specialty Services section and select the appropriate manual by service.

Prior authorizations are not required for Speech Language Pathology. PARS are required for either Physical Therapy Services or Occupational Therapy Services after the first 24 units have been billed.

#### Additional Information

Additional information regarding the Medicaid State Plan is located on the HCPF website at the following location: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364086675>.

#### ***Home and Community Based Services (HCBS) Medicaid Waivers***

HCBS Medicaid Waivers are intended to minimize the risk of institutionalization or placement in a nursing facility, hospital or Intermediate Care Facility for the Intellectually Disabled (ICF/ID). To utilize waiver benefits, a child must receive services in their homes or communities.

#### Regulating Agency

HCPF

#### Eligibility

HCBS Medicaid Waivers have different enrollment limits and eligibility criteria.

#### Services

Specific services offered through HCBS Medicaid Waivers will vary; however, children who receive services through a waiver are also eligible for all Medicaid State Plan Benefits except nursing facility and long-term hospital care. In no case shall the cost of HCBS Medicaid Waiver services exceed the cost of placement in a nursing facility, hospital or ICF/ID.

#### Flow of Funds

HCPF approves and generates payment for all HCBS Medicaid Waivers.

## Claim Procedures

When a child receives services under a HCBS Medicaid Waiver, the services must be provided by certified Medicaid providers or by a Medicaid contracting managed care organization. A PAR shall be submitted to the appropriate HCBS Medicaid Waiver Coordinator. Once the PAR is approved the Early Intervention Service Broker shall submit a claim following the HCPF Medicaid claims procedures.

## Additional Information

A list of HCBS Medicaid Waivers is located at the following location on the HCPF website: <http://www.colorado.gov/cs/Satellite?c=Page&cid=1204322399048&pagename=HCPF%2FHCPFLayout>

## ***Child Health Plan Plus Program (CHP+)***

CHP+ is a program administered by the U.S. Department of Health and Human Services that provides matching funds to states for health insurance to families with children. The program is a low-cost health insurance program for uninsured children ages 18 and under for families whose income does not meet the guidelines for Medicaid (Title XIX), but do not have private health insurance. The coverage has limitations and is provided through a managed care model administered by five HMOs (Colorado Access, Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan) and the State Managed Care Network, which is the state funded fee for service plan for the CHP+ program.

If the child's CHP+ program is administered by Colorado Access or is part of the State Managed Care Network the Early Intervention Service Broker may reimburse a family for co-payments or deductibles for allowable Early Intervention Services included on the child's IFSP. However, if the co-payment or deductible for CHP+ is more costly to the Early Intervention Colorado Program than not using the insurance, then other funding sources shall be utilized.

If the child's CHP+ program is administered by Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan the protections of the Coordinated System of Payment law apply and the family will not have to pay co-payments for the IFSP documented Early Intervention Services.

## Regulating Agency

HCPF

## Eligibility

CHP+ eligibility is detailed on the following location on the CHP+ website: <http://www.chpplus.org/index.cfm?action=eligibility&language=eng>.

## Services

CHP+ covers the following Early Intervention Services:

1. Audiology Services
2. Developmental Intervention Services

3. Health Services
4. Medical Services
5. Nursing services
6. Nutrition Services
7. Occupational Therapy Services
8. Physical Therapy Services
9. Psychological Services
10. Sign Language and Cued Language Services
11. Social and Emotional Services
12. Speech Language Pathology Services
13. Vision Services

#### Flow of Funds

The following HMOs participate in the Early Intervention Services Trust Fund: Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan.

Colorado Access and the State Managed Care Network generate payment for all CHP+ covered services.

#### Claim Procedures

CHP+ HMOs participating in the Early Intervention Services Trust Fund are considered Qualifying Health Insurance Plans, required to pay into the Early Intervention Services Trust Fund and cover the corresponding EI Services for Qualifying Health Insurance Plans. The Early Intervention Service Broker shall follow the claims procedures for Qualifying Health Insurance Plans in cases where a child's CHP+ program is managed by Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan.

If the child's CHP+ program is managed by Colorado Access or the State Managed Care Network, the Early Intervention Service Broker may access the CHP+ program to cover the costs of Early Intervention Services by following the below steps:

1. Obtain informed written consent from the parent using the "Health Insurance Authorization for Early Intervention Services Form," Appendix D;
2. The service coordinator shall notify the appropriate CHP+ program contact in its service area that a child has been determined eligible for Early Intervention Services and shall fax to the HMO the completed "Health Insurance Authorization Form," Appendix D, with a copy of the child's IFSP to notify the insurance carrier about the child's eligibility for the Early Intervention Colorado Program and request confirmation of enrollment for the listed insurance carrier. This confirmation should occur within five business days;
3. Colorado Access or the State Managed Care Network will verify coverage of the child, then authorize payment for Early Intervention Services and return the

authorization form to the service coordinator within five working days of receipt of the request. The Colorado Access or the State Managed Care Network must provide written authorization using the “Child Health Plan Plus Program Individualized Family Service Plan Authorization Form” for all Early Intervention Services on the IFSP that will be paid for through CHP+;

4. Upon receipt, the Early Intervention Service Broker shall review the Authorization Form to determine what Early Intervention Services in the IFSP, if any, were not authorized by the Colorado Access or the State Managed Care Network;
5. The Early Intervention Service Broker shall notify the Early Intervention Colorado Program staff at the CDHS using the “Insurance Exemption Form,” Appendix E, of those Early Intervention Services documented on the IFSP that were not covered by Colorado Access or the State Managed Care Network; and
6. The Early Intervention Service Broker shall authorize, using State General Funds, Federal Part C Funds or other funds, payment for any Early Intervention Services identified in the IFSP that were denied by Colorado Access or the State Managed Care Network.

#### Additional Information

Additional information is located on the CHP+ website: <http://www.chpplus.org/>.

#### **Funding Hierarchy Level: Child Welfare and Temporary Assistance to Needy Families (TANF)**

Colorado Works is Colorado's TANF Program and provides public assistance to families in need. Colorado Works Program is designed to assist customers in becoming self-sufficient by strengthening the economic and social stability of families. The Colorado Works Program is designed to support the following federal and state purposes as specified in statute at Section 26-2-705, C.R.S.:

1. Assist participants to terminate their dependence on government benefits by promoting job preparation, work and marriage;
2. Provide assistance to needy families so that children may be cared for in their homes or in the homes of family members;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and to establish annual numerical goals for preventing and reducing the incidences of these pregnancies;
4. Encourage the formation and maintenance of two-parent families;
5. Develop strategies and policies that focus on ensuring that participants are in work activities as soon as possible so that the state is able to meet or exceed work participation rates specified in the federal law; and
6. Allow the counties increased responsibility for the administration of the Colorado Works Program.

Children in the Child Welfare system may have access to federal or county direct service dollars through Title IV-A or IV-B of the Social Security Act. If the family is involved in either Child Welfare or TANF, the service coordinator shall work in collaboration with the caseworker at the County Department of Human Services to see if funds are available to help pay for Early Intervention Services needed by the child or family.

If the family is not involved with Child Welfare but is an adoptive family, or at risk of Child Welfare involvement, the Promoting Safe and Stable Families Program might be an option for the family. Promoting Safe and Stable Families is guided and funded by the Federal Adoption and Safe Families Act, Title IV-B, Sub-Part 2. Local projects provide a variety of family preservation and support services to families in times of need or crisis. Projects are operated by local community-based agencies. They are designed based on the needs of the community and services may vary from place to place in the state. Promoting Safe and Stable Families may cover support services and clinical services, if the family is eligible. For a list of Promoting Safe and Stable Families contacts visit: <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251592218996>.

#### Regulating Agency

CDHS, Colorado Works Division

#### Eligibility

Eligibility requirements for the Colorado Works Program are detailed at the following website: <http://www.colorado.gov/coloradoworks>. The application for assistance is located at the following location on the State Colorado Works website: <http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251575232507>.

#### Services

The Colorado Works Program provides many types of assistance to children and families in need. “The Colorado Guide 2: TANF for Local Communities Guide” is intended to provide a range of ideas to help those enhancing and developing services and integrating service delivery models with the support of TANF Funds. This guide is located at the following location on the Center for Systems Integration website: <http://www.csi-policy.org/blendandbraid/financing.htm>.

#### Flow of Funds

Funds are allocated through the County Department of Human Services offices and the numerous Colorado Works TANF funded projects. The following link provides contact information for all County Service offices in the State of Colorado: <http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251575352172>. Contact information for the Colorado Works TANF Funded Projects is summarized in a resource book posted at the following link: <http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251582353250>.

## Additional Information

Additional information regarding the Colorado Works TANF funded projects is located at the following website State Colorado Works website (<http://www.colorado.gov/coloradoworks>) and the Centers for System Integration Blend and Braid website (<http://www.csi-policy.org/blendandbraid/understand.htm>).

### **Funding Hierarchy Level: Other Local, State or Federal Funds, including Mill Levy Funds**

Local, state or federal funds from a variety of sources, including Mill Levy Funds, as may be made available, can be used to pay for Early Intervention Services documented on an IFSP. Several counties in Colorado have obtained voter approval for local tax initiatives that are earmarked for services for people with developmental disabilities, and may include earmarks for infants and toddlers with developmental delays. Other local private sources of funding include service organizations, donations, foundation grants, Friends of Man, the Red Cross and other local service and charitable organizations.

### **Funding Hierarchy Level: State General Funds**

State appropriations for Early Intervention Services are used to purchase services through contracts with Early Intervention Service Brokers. State General Funds may be used to pay for services identified on an IFSP when there is no funding source higher on the funding hierarchy that can pay for the service(s).

#### Regulating Agency

CDHS

#### Purpose

Used as payment for Early Intervention Services documented on an IFSP and not paid for by a higher level on the funding hierarchy.

#### Eligibility

As defined in 2 CCR 503-1, Section 16.920.

#### Services

State General Funds cover all Early Intervention Services offered through the Early Intervention Colorado Program. These services are defined in Section V of these procedures and include:

1. Assistive Technology Services
2. Audiology Services
3. Developmental Intervention Services
4. Health Services
5. Medical Services
6. Nursing Services

7. Nutrition Services
8. Occupational Therapy Services
9. Physical Therapy Services
10. Psychological Services
11. Sign Language and Cued Language Services
12. Social and Emotional Services
13. Speech Language Pathology Services
14. Transportation Services
15. Vision Services

#### Flow of Funds

State General Funds are allocated by the CDHS to Early Intervention Service Brokers for the purchase of Early Intervention Services to eligible children in cases where no funding source higher on the funding hierarchy can pay for the service.

#### Claim Procedures

All Early Intervention Services claims data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for all activities completed in the previous month. To submit a claim for State General Funds the Early Intervention Service Broker shall complete the following steps:

1. Complete the "Insurance Declination Form" and fax to the Early Intervention Colorado Program staff at the CDHS, as appropriate;
2. Ensure that Early Intervention Services information is entered within the IFSP Record for the child in the DDDWeb. See the "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" for data entry instructions when submitting a claim for State General Funds;
3. The DDDWeb will automatically calculate the total cost for each Early Intervention Services or activity based on the units and cost per unit selected; and
4. Once the batch is complete and finalized it will be submitted to the CDHS for approval and payment.

#### Additional Information

Additional information is located on the Early Intervention Colorado website: [www.eicolorado.org](http://www.eicolorado.org).

#### **Funding Hierarchy Level: Federal Part C Funds**

Federal Part C Funds assist states in implementing and maintaining their statewide system of Early Intervention Services. These funds may also be used to provide direct services for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources, to expand and improve on services for infants and toddlers with disabilities that are otherwise available and for transition to preschool (Part B) special education services.

Agency

CDHS

Purpose

Under the IDEA, Federal Part C Funds can be used to pay for Early Intervention Services that “are not otherwise funded through other public or private sources.”

Eligibility

As defined in 2 CCR 503-1, Section 16.920, with the exception of an infant or toddler who lives with a parent who has a developmental disability.

Services

Federal Part C Funds cover all Early Intervention Services offered through the Early Intervention Colorado Program. These services are defined in Section V of these procedures and include:

1. Assistive Technology Services
2. Audiology Services
3. Developmental Intervention Services
4. Health Services
5. Medical Services
6. Nursing Services
7. Nutrition Services
8. Occupational Therapy Services
9. Physical Therapy Services
10. Psychological Services
11. Sign Language and Cued Language Services
12. Social and Emotional Services
13. Speech Language Pathology Services
14. Transportation Services
15. Vision Services

Flow of Funds

Federal Part C Funds are allocated by the CDHS to Early Intervention Service Brokers for the purchase of Early Intervention Services to eligible children in cases where no funding source higher on the funding hierarchy can be accessed for payment.



## Claim Procedures

Early Intervention Services claim data shall be entered into the DDDWeb by the 30<sup>th</sup> of each month for all activities completed in the previous month. To submit a claim for Federal Part C Funds, the Early Intervention Service Broker shall complete the following steps:

1. Complete the "Insurance Declination Form" and fax to the Early Intervention Colorado Program staff at the CDHS, as appropriate;
2. Ensure that the Early Intervention Services information is entered within the IFSP Record for the child in the DDDWeb. See the "DDDWeb and Community Contract and Management System Early Intervention Instruction Manual" for data entry instructions when submitting a claim for Federal Part C Funds;
3. The DDDWeb will automatically calculate the total cost for Early Intervention Services or related activity based on the units and cost per unit selected; and
4. Once the batch is complete and finalized it will be submitted to the CDHS for approval and payment.

## Additional Information

Additional information is located on the Early Intervention Colorado website:  
[www.eicolorado.org](http://www.eicolorado.org).

## **Use of Local, State and Federal Funds as an Interim Source of Payment**

If necessary, to prevent a delay in the timely provision of Early Intervention Services identified on a child's IFSP, State General Funds and Federal Part C Funds or other available funds may be used to pay for Early Intervention Services pending reimbursement from the private or public insurance plan that has primary responsibility for payment.

## **Appendices**

**Appendix A – Early Intervention Services Revenue and Expenditure Report**

**Appendix B – Payor of Last Resort Federal Part C Funds Request Form**

**Appendix C – Early Intervention Evaluation Form**

**Appendix D – Health Insurance Authorization Form**

**Appendix E – Insurance Exemption Form**

**Appendix F – Insurance Declination Form**

**Appendix G – Early Intervention Services Trust Fund Transfer Form**

**Appendix H – Child Health Plan Plus Program Individualized Family Service Plan  
Authorization Form**

**2012-2013 Directory  
Colorado Interagency Coordinating Council  
(CICC)**



**Early Intervention Colorado**  
*for Infants, Toddlers & Families*

[www.eicolorado.org](http://www.eicolorado.org)

## 2012-2013 CICC and Early Intervention Colorado Staff Directory

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<p><b>Stacey Barnes</b> Provider of Early Intervention Services, SLP 10655 Carson Way Commerce City, CO 80022 Cell: 214-315-3408 <a href="mailto:Stacey.barnes@ddrcco.com">Stacey.barnes@ddrcco.com</a> 1<sup>st</sup> Term: 11/8/12 - 6/30/14</p>	<p><b>Edith Chavez**</b> 3605 Williams Street Denver, CO 80205 Cell: 303-484-1746 <a href="mailto:edithrchavez@yahoo.com">edithrchavez@yahoo.com</a> 1<sup>st</sup> Term: 11/08/12 – 6/30/13</p>	<p><b>Vacant</b> Colorado Department of Human Services Division of Child Care 1575 Sherman St. Denver, CO 80203</p>
<p><b>Penny Dell</b> Colorado Department of Education 1560 Broadway Ste. 1175 Denver, CO 80202 303-866-6720 303-866-6662 fax <a href="mailto:Dell_P@cde.state.co.us">Dell_P@cde.state.co.us</a> Term: 11/4/11 - POG</p>	<p><b>Connie Fixsen</b> Colorado Dept. of Human Services Developmental Disability Program Specialist 1575 Sherman St. Denver, CO 80203 303-866-4393 <a href="mailto:Connie.Fixsen@state.co.us">Connie.Fixsen@state.co.us</a> Term: 12/3/10 – POG</p>	<p><b>Lisa Franklin</b> Jefferson County Schools 809 Quail St., Bldg. 1 Lakewood, CO 80215 303-982-2520 <a href="mailto:lfrankli@jeffco.k12.co.us">lfrankli@jeffco.k12.co.us</a> 2<sup>nd</sup> Term: 11/8/12 – 6/30/14</p>
<p><b>Jane Gerberding</b> Colorado Department of Public Health and Environment Health Care Program for Children with Special Needs 4300 Cherry Creek Blvd. South Denver, CO 80246 <a href="mailto:Jane.Gerberding@state.co.us">Jane.Gerberding@state.co.us</a> Term: 11/4/11 - POG</p>	<p><b>Colleen Head</b> The Resource Exchange Child and Family Services Director 125 N. Parkside Drive, Suite 201 Colorado Springs, CO 80909 (719)785-3760 (719)785-3769 fax <a href="mailto:chead@tre.org">chead@tre.org</a> 1<sup>st</sup> Term: 11/8/12 – 6/30/13</p>	<p><b>Joan Holtz</b> Imagine! 1400 Dixon Avenue Lafayette, CO 80026 303-457-5650 <a href="mailto:jholtz@imaginecolorado.org">jholtz@imaginecolorado.org</a> 2<sup>nd</sup> Term: 11/8/12 – 6/30/14</p>
<p><b>Rosie Moreno</b> Eagle County Government – HHS Early Childhood Services Manager P. O. Box 660 Eagle, CO 81631 970-328-2605 <a href="mailto:rosiem@centurytel.net">rosiem@centurytel.net</a> 2<sup>nd</sup> Term: 11/8/12 – 6/30/14</p>	<p><b>Nancy Murillo**</b> 5516 Laredo Way Denver, CO 80239 720-436-8619 Fax: 720-222-1032 nancymurillo@comcast.net 1<sup>st</sup> Term: 11/8/12 – 6/30/14</p>	<p><b>Darcie Peacock EC</b> Provider of Early Intervention Services, OT 11895 Snowshoe Dr. Parker, CO 80138 303-646-7173 <a href="mailto:Peacock.Darcie@gmail.com">Peacock.Darcie@gmail.com</a> 1<sup>st</sup> Term: 11/4/11 – 6/30/13</p>
<p><b>Yvette Plummer Co-Chair, EC**</b> 14501 E. Alameda Ave., #205 Aurora, CO 80012 303-365-2772 <a href="mailto:yvettep@denvermetrocpcc.org">yvettep@denvermetrocpcc.org</a> 2<sup>nd</sup> Term: 11/04/11 – 6/30/13</p>	<p><b>Barbara Ramsey</b> Colorado Dept. of Human Services Div. for Developmental Disabilities 4055 S. Lowell Blvd. Denver, CO 80236 303-866-7454 <a href="mailto:Barbara.Ramsey@state.co.us">Barbara.Ramsey@state.co.us</a> Term: 11/8/12 - POG</p>	<p><b>Alex Roitz III, Co-Chair, EC**</b> 9661 Barberry Way Highlands Ranch, CO 80129 303-683-4062 <a href="mailto:Alex.Roitz@Janus.com">Alex.Roitz@Janus.com</a> 1<sup>st</sup> Term: 11/4/11 – 6/30/13</p>

**\*\* Member is a parent representative; POG=Pleasure of the Governor; EC=Executive Committee member**

## 2012-2013 CICC and Early Intervention Colorado Staff Directory

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<p><b>VACANT</b> Colorado Commission of Indian Affairs</p>		

**\*\* Member is a parent representative; POG=Pleasure of the Governor; EC=Executive Committee member**

### CDHS - Early Intervention Colorado Staff

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<p><b>Laura Merrill</b> Training Coordinator Div. of Community &amp; Family Support Early Intervention Colorado 1575 Sherman Street, 1<sup>st</sup> Floor Denver, CO 80203 303-866-5379 303-866-5200 fax <a href="mailto:Laura.Merrill@state.co.us">Laura.Merrill@state.co.us</a></p>	<p><b>Christy Scott</b> Program Quality &amp; Data Coordinator Div. of Community &amp; Family Support Early Intervention Colorado 1575 Sherman Street, 1<sup>st</sup> Floor Denver, CO 80203 303-866-2664 303-866-5200 fax <a href="mailto:Christy.Scott@state.co.us">Christy.Scott@state.co.us</a></p>	<p><b>Wayla Murrow</b> Early Intervention Specialist Div. of Community &amp; Family Support Early Intervention Colorado 1575 Sherman Street, 1<sup>st</sup> Floor Denver, CO 80203 303-866-2506 303-866-5200 fax <a href="mailto:Wayla.Murrow@state.co.us">Wayla.Murrow@state.co.us</a></p>



Appendix F

**PERSONNEL STANDARDS**

**Qualified Personnel to Provide Early Intervention Services**

<b>Assistive Technology Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
<p>All disciplines described under other services including:                      Early Childhood Educator                      Early Childhood Special Educator                      Speech Language Pathologist                      Physical Therapist                      Occupational Therapist                      Psychologist                      Special Education Specialist:                          Deaf/Hard of Hearing, birth-21                      Special Education Specialist:                          Visually Impaired, birth-21</p> <p>Assistive Technology Practitioner (ATP) or Rehabilitation Engineer</p>	<p>Degree/discipline specific certification or license and additional professional development, knowledge or experience in assistive technology</p> <p>Degree/discipline specific certification or license</p> <p>For Assistive Technology Devices:                      The product to be delivered must meet all applicable state licensing requirements and all applicable manufacturer specifications. The provider of the device must have all certifications and or licensures required by the State of Colorado for the performance of the service or support being provided.</p>	<p>See discipline specific category for appropriate regulatory agency</p> <p>Rehabilitation Engineering &amp; Assistive Technology Society of North America (RESNA)</p> <p>N/A</p>

<b>Audiology Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Audiologist	Master's Degree with national certification (Certificate of Clinical Competence/CCC), or  Master's Degree with national certification in audiology	Colorado Department of Regulatory Agencies and the American Speech-Language Hearing Association (ASHA)  American Board of Audiology
*The following may perform some of the activities found in the definition of audiology services, but not those associated with evaluation and assessment of hearing:  Speech Language Pathologist or Special Education Specialist: Deaf/Hard of Hearing, birth-21 serving as a CHIP (Colorado Home Intervention Program) Facilitator	Master's degree with appropriate certification or license (Speech Language Pathology or Deaf Education), or for CHIP Facilitators, demonstrated proficiencies, competencies and skills as developed by the Colorado Early Intervention Task Force for Infant Hearing Screening, Audiologic Assessment, and Intervention	Department of Regulatory Agencies (DORA) or Colorado Department of Education (for Special Education Specialist: Deaf/Hard of Hearing, birth-21)

<b>Developmental Intervention Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
All disciplines described under other services including:  Speech Language Pathologist Physical Therapist Occupational Therapist Psychologist	Degree/discipline specific certification or license	See discipline specific category for appropriate regulatory agency
Early Childhood Educator, birth-8	Bachelor's degree and state license as an early childhood educator or equivalent license in another state	Colorado Department of Education
Early Childhood Special Educator or Early Childhood Special Education Specialist	Colorado license/endorsement or equivalent license/endorsement in another state	Colorado Department of Education
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse, including Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS)	Colorado state license	Colorado Board of Nursing
Speech Pathologist, Audiologist or Special Education Specialist: Deaf/Hard of Hearing, birth-	Master's degree with appropriate certification or license, or for CHIP Facilitators, demonstrated	American Speech- Language Hearing Association (ASHA) or Colorado Department of Education (for Special



21 serving as a CHIP Facilitator	proficiencies, competencies and skills as developed by the Colorado Early Intervention Task Force for Infant Hearing Screening, Audiologic Assessment, and Intervention	Education Specialist: Deaf/Hard of Hearing, birth-21)
Special Education Specialist: Visually Impaired, birth-21	Bachelor's or Master's degree with endorsement or teacher license or equivalent license in another state	Colorado Department of Education
Special Education Specialist: Deaf/Hard of Hearing, birth-21	Master's degree with teacher license or equivalent license in another state	Colorado Department of Education
Pyramid Plus Coach	Bachelor's degree in related field, and certification	The Colorado Center for Social Emotional Competence and Inclusion, University of Colorado Denver
The following may perform some of the activities found in the definition of Developmental Intervention under supervision by a licensed professional:		
Parent Educator (Parents as Teachers -PAT)	Certificate of completion of PAT training	Parents as Teachers (PAT)
Developmental Intervention Assistant	High school diploma or GED, Associate's, degree with certificate of completion of state required training	The PAR <sup>2</sup> A Center University of Colorado Denver
Paraprofessionals providing Behavioral Intervention	High school diploma or GED, Associate's, Bachelor's or Master's degree with a minimum of 24 hours of training in the implementation of applied behavior analysis and/or positive behavioral supports and interventions.	N/A

<b>Health Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Physician	M.D. or D.O.; license to practice in Colorado (or other State, with reciprocity)	Colorado Board of Medical Examiners
Physician Assistant	Colorado state license	Colorado Board of Medical Examiners

<b>Medical Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Physician	M.D. or D.O.; license to practice in Colorado (or other State, with reciprocity)	Colorado Board of Medical Examiners
Physician Assistant	Colorado state license	Colorado Board of Medical Examiners

<b>Nursing Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Registered Nurse	Colorado state license	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license	Colorado Board of Nursing
Licensed Practical Nurse	Colorado state license	Colorado Board of Nursing
Child Health Associate	Colorado state license	Colorado Board of Medical Examiners

<b>Nutrition Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Registered Dietitian	Bachelor 's Degree in human nutrition, foods and nutrition, dietetics, nutrition education, food systems management, or public health nutrition w/ current certification	American Dietetic Association

<b>Occupational Therapy Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Occupational Therapist	Colorado state certification License required – June 1 2014	Colorado Department of Regulatory Agencies
* The following may perform some of the activities found in the definition of Occupational Therapy under supervision by a licensed OT:		
Occupational Therapy Assistant	Associate's or Bachelor's Degree and completion of an educational Occupational Therapist Assistant (OTA) program accredited by the Council for Occupational Therapy Education  License required – June 1. 2014	N/A  Colorado Department of Regulatory Agencies

<b>Physical Therapy Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Physical Therapist	Colorado state license	Colorado Department of Regulatory Agencies
* The following may perform some of the activities found in the definition of Physical Therapy under supervision by a licensed PT:		
Physical Therapy Assistant	Colorado state certification	Colorado Department of Regulatory Agencies

<b>Psychological Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Clinical Psychologist	Doctorate of psychology and Colorado state license	Colorado Psychologist Examiners Board
School Psychologist	Master's degree and school psychologist certification	National Association of School Psychologists and Colorado Department of Education

<b>Sign Language and Cued Language Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Sign Language Interpreter	Sign Language Proficiency Interview: Advanced and Above	Colorado School for the Deaf and Blind
Educational Sign Language Interpreter	National Interpreter Certification, or Temporary Educational Interpreter Certification	Registry of Interpreters for the Deaf Colorado Department of Education
Cued Speech Interpreter Cued Speech Instructor	Cued Speech National Certification	National Cued Speech Association
Special Education Specialist, Deaf/Hard of Hearing, Birth-21	Master's degree with teacher license or equivalent license in another state and demonstrated proficiency in Sign Language or Cued Speech	Colorado Department of Education

<b>Social and Emotional Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Psychiatrist	M.D. with Child and Adolescent board certification	Colorado Board of Medical Examiners
Clinical Psychologist	Doctorate of psychology and state license	Colorado Psychologist Examiners Board
School Psychologist	Master's degree and school psychologist certification	National Association of School Psychologists
Social Worker	Master's degree and state license	Colorado Social Work Examiners Board
Licensed Social Worker or Licensed Clinical Social Worker	Master's degree and state license	Colorado Social Work Examiners Board
Licensed Professional Counselor	Master's degree and state license and education or experience in early childhood mental health	Colorado Professional Counselor Examiners Board
Marriage & Family Therapist	Master's degree and state license and education or experience in early childhood mental health	Colorado Marriage Therapist Examiners Board
Board Certified Behavior Analyst	Master's degree, specific graduate coursework, supervised experience and certification	Behavior Analyst Certification Board
Early Childhood Special Educator or Early Childhood Special Education Specialist	Colorado license/endorsement or equivalent license/endorsement in another state  *For above listed practitioners providing evaluation in the area of social/emotional development (exclusive of a Child Find evaluation), training in DC: 0-3R Practitioner Preparation course is required.	Colorado Department of Education
Early Childhood Mental Health Specialist	Master's degree in related discipline, experience in early childhood mental health, training in DC:0-3R Practitioner Preparation course	Colorado Department of Regulatory Agencies and the related Board of Examiners specific to the discipline
Infant Mental Health Specialist or Mentor	Completion of Infant Mental Health Endorsement (Level III or IV)	Colorado Association for Infant Mental Health (confers endorsement to qualified candidates only – not a regulatory board)

<p>*The following may perform some of the activities found in the definition of social emotional services, but not those associated with evaluation of social emotional impairment, counseling, or clinical therapy services:</p>		
Mental Health Clinician	Master's degree in related discipline with supervision by licensed mental health professional	Colorado Department of Regulatory Agencies and the related Board of Examiners specific to the discipline
Board Certified Associate Behavior Analyst	Bachelor's degree with specialized instruction, supervised experience and certification	Behavior Analyst Certification Board
Psychiatric Technician	Associate's or Bachelor's Degree w/ state licensure and early childhood mental health training and experience	Colorado Board of Nursing
Pyramid Plus Coach	Bachelor's degree in related field, and certification	The Colorado Center for Social Emotional Competence and Inclusion, University of Colorado Denver
Infant Family Specialist	Completion of Infant Mental Health Endorsement (Level II)	Colorado Association for Infant Mental Health (confers endorsement to qualified candidates only – not a regulatory board)
Registered Nurse	Colorado State license and early childhood mental health training and experience	Colorado Board of Nursing
Advanced Practice Nurse	Colorado state license and early childhood mental health training and experience	Colorado Board of Nursing

<b>Speech-Language Pathology Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Speech Language Pathologist	Colorado state license	Colorado Department of Regulatory Agencies
<p>* The following may perform some of the activities found in the definition of Speech Language Pathology under supervision by a licensed SLP:</p>		
Speech Language Pathology Assistant	Associate's or Bachelor's degree plus internship and coursework authorized through the Institutions of Higher Education (IHE) Consortia	N/A

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

<b>Vision Services</b>		
<b>Qualified Personnel</b>	<b>Minimum Standards</b>	<b>Regulatory Agency</b>
Orientation and Mobility Specialists	Bachelor's or Master's degree in Orientation and Mobility with national ACVREP certification and Colorado Department of Education license	Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) and Colorado Department of Education
Special Education Specialist, Visually Impaired, birth-21	Bachelor's degree and endorsement (graduate-level work) with teacher license, or equivalent licensure in another state	Colorado Department of Education
Ophthalmologists	Medical license and certification in ophthalmology and one year of fellowship in pediatric ophthalmology and/or strabismus	American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology
Optometrists	Doctorate of optometry with licensure in Advance Optometric Therapeutics	Colorado Department of Regulatory Agencies