



BHDD

SOUTH CAROLINA

DEPARTMENT *of* BEHAVIORAL HEALTH
AND DEVELOPMENTAL DISABILITIES

OFFICE *of* INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

EARLY INTERVENTION MANUAL

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OIDD Early Intervention Manual – Chapter 1

Introduction

The Office of Intellectual and Developmental Disabilities (OIDD) serve children in Early Intervention who are eligible for (or are in the process of pursuing eligibility for) services through OIDD.

OIDD provides services to children ages 3 through 6 who meet eligibility criteria. OIDD is contracted with the South Carolina Department of Health and Human Services (DHHS) to provide Family Training and Service Coordination to OIDD eligible consumers. Early Intervention services are provided to children in a split model which means that one Early Interventionist may serve as the child's Family Trainer, and a second Early Interventionist may serve as the child's Service Coordinator. It is at each agency's discretion in choosing to use a split or blended model. In a blended model, one Early Interventionist serves as the child's Family Trainer and Service Coordinator. When assigning caseloads in the CDSS, the Service Coordinator is always selected as the Primary Early Interventionist.

OIDD also contracts with DHHS to qualify new Early Intervention providers to monitor contract compliance and to provide technical assistance to providers serving children 0 to 3. This manual addresses service delivery for children who are ages 3 through 6 who are eligible for OIDD services.

Note: The word parent is used throughout this manual to mean the legal and custodial guardian of the child. For most children, this individual is the child's biological parent; however, because this may not always be the case, readers must evaluate each situation and abide by appropriate custody regulation and practices. For the sake of simplicity, the word parent has been used in the singular form. If there is more than one parent, both should be involved to the maximum extent possible.

OIDD's Mission and Values

The Office of Intellectual and Developmental Disabilities, defined in the South Carolina Code of Law, serves persons with intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities.

VISION: Where we are going!

To provide the very best services to assist all persons with disabilities and their families in South Carolina.

MISSION: What We Do!

Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES: Our Guiding Beliefs!

Health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation, choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments.

PRINCIPLES: Features of Services and Supports

Person-centered and community inclusive
Responsive, efficient and accountable
Practical, positive and appropriate
Strengths-based, results-oriented
Opportunities to be productive and maximize potential
Best and promising practices.

What is Early Intervention?

From the Individuals With Disabilities Education Act (IDEA, Part C) Early Intervention is defined as “the process of providing services, education and support to young children who are deemed to have an established condition, those who are evaluated and deemed to have a diagnosed physical or mental condition (with a high probability of resulting in a developmental delay), an existing delay or a child who is at-risk of developing a delay or special need that may affect their development or impede their education. The purpose of Early Intervention is to lessen the effects of the disability or delay. Services are designed to identify and meet a child's needs in five developmental areas, including: physical development, cognitive development, communication, social or emotional development, and adaptive development.

The Benefits of Early Intervention

- Helps children make the most of their learning opportunities through play.
- May reduce the need for specialized educational services during school years.
- Occurs where the child is most comfortable and becomes part of their routine.
- Empowers families to help their child reach their potential.
- Builds a nurturing and supportive environment for the entire family.

The Focus of Early Intervention

The focus of Early Intervention is Family Training. Documentation in the child's file must support that Family Training is the core component of Early Intervention Services. Once trained, the parent should be able to perform the skills taught by the Early Interventionist.

The “Requirements for the Planning and Delivery of Services and Supports” described in this manual are meant to assist Family Support Plan (FSP) teams in considering a variety of factors as they make individualized decisions based on the resources, priorities, needs, interests and desired goals for individual children and families.

Individualized goals are provided in the context of everyday routines and activities, and are functional and integrated (i.e., goals are relevant for the family, focus on the child's participation in activities and settings that are important to the family, and focus on the whole child rather than discrete skills). Services are not goals; they are a means to achieving a desired goal. For example, “Johnny will receive physical therapy weekly” is not a goal. In contrast, “Johnny will sit independently while playing with toys” is appropriate wording for a goal statement. In developing desired goals of the FSP the team starts with activities and settings in which the family participates and identifies as important, as well as activities and settings the family would like to pursue. Strategies to address the FSP goals focus on learning opportunities that occur throughout the daily routines and activities of the child and family.

These strategies recognize the family as the primary influence of change in the child's development. The family helps the FSP team and service providers understand these daily routines and activities. The service providers then assist the parent in recognizing and using existing opportunities as well as creating new learning opportunities that will help the child reach the desired goals. Service providers work with the parent to formulate adaptations to strategies and recommendations that will promote a child's participation in the activities and routines of their natural settings. Whenever possible, service providers use items already present in the child's environment when providing Early Intervention supports and services. They also assist the family to identify what they have in their own environment that can be used during daily routines and activities to accomplish the identified goals.

The FSP team must consider multiple factors when identifying appropriate intervention supports and services to address FSP child and family goals, including the expertise needed to support the family, abilities and interests of the child and family, needs expressed by the family, and family and community resources. Strategies must support the child's and family's ability to achieve the identified goals and their ability to function where they live, learn, and play.

Strategies for meeting goals incorporate activities other than the formal services provided by a particular discipline. Examples of informal activities may include library story time, playing in the park, and grocery shopping. These activities must be individualized to the child and relate to specific goals and activities spelled out in the child's plan. Family Training should not be provided at agency sponsored functions where services are delivered to children in group settings.

The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well-being and development of the child. For example, providers:

- Are skilled in the use of effective helping practices and understand they are not rescuers of families
- Help families to feel hopeful
- Assist families to identify and successfully use their abilities and capabilities
- Assist families to make their own choices and decisions
- Respect families' decisions
- Suspend their judgments of families
- Assist families to plan for the future
- Assist families in becoming interdependent with communities of both informal and formal support
- Give families credit for successfully reaching goals

Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal services. For example, providers:

- Understand the importance of natural networks of support in the health and well-being of families
- Assist families to identify what resources their informal support networks can provide to meet specific needs or concerns
- Help families learn to communicate and advocate on behalf of their family
- Facilitate contacts between families and their communities to meet their needs through informal resources
- Share information about all community services and the resources they might provide and help agencies and formal service providers clearly identify what resources they offer families

OIDD Early Intervention Manual – Chapter 2

Educational/Vocational Requirements

OIDD follows all requirements as stated in the *Early Intervention Provider Services Manual*, linked below.

<https://provider.scdhhs.gov/internet/pdf/manuals/EarlyIntervention/Manual.pdf>

No exceptions to the educational requirements were allowed after September 1, 2006. All staff must meet the requirements above.

Early Intervention Supervisors

In addition to the educational and experience requirements listed in the Early Intervention Services Provider Manual, all EI Supervisors must have a minimum of 1 year of experience working in the field of Early Intervention.

OIDD Early Intervention Manual – Chapter 3

Roles and Responsibilities

Delineation of roles and responsibilities for the Early Intervention program is outlined on the following pages.

Responsibilities of the Early Interventionist

Always Maintain Professional Conduct. The following behaviors are strictly prohibited:

- Bringing children/minors or other individuals not directly involved in the provision of care to the child or family to the service. Parents may not be requested to waive this policy. With prior consent of the family, internship students gaining practical experience and who are supervised by the contractor are excluded from this provision.
- Soliciting business from parents or caregivers.
- Soliciting business from or for a private agency, spouse, or relative.
- Selling or marketing products while representing OIDD.
- Providing services to members of their immediate family or individuals in which a professional relationship would be compromised.
- Loaning or giving money to a caregiver/family/child while involved in a professional relationship with a caregiver/family/child.
- Giving or receiving gifts, including monetary gifts, from those involved in a professional relationship with a caregiver/family/child.
- Imposing personal or religious beliefs on others.
- Using alcohol or illicit drugs while working with caregivers, families or children, or in a manner that will affect provision of OIDD services.
- Asking families to sign blank Family Training Summary Sheets.

- Elevating (Padding) your reportable time. For example, a phone conversation may have only taken 5 minutes, but 8 minutes was reported.
- Giving families the name of their future employer while they are currently employed at another agency that provides Early Intervention services. For example, if an EI is leaving ABC Early Intervention Agency to go to work for Beyond ABC's Early Intervention Agency, they cannot share with their families where they are going to be working. They can tell families that they are leaving and that they will still be working in the field of early intervention.
- Soliciting families in person, via telephone or email after they have left one agency to persuade them to come to the agency that currently employs the EI. Such contact with families after an EI has left an agency is considered a HIPAA violation for children over three years of age and OIDD or the Early Intervention agency affected may pursue such a violation through the proper channels.

Responsibilities of OIDD

- Ensure compliance with all federal and state Early Intervention requirements as outlined in the OIDD Early Intervention Manual as well as the BabyNet Policy and/or Procedure Manual
- Establish general policies and procedures for the Early Intervention system within OIDD
- Integrate family-centered philosophy into planning, policies and procedures and administration of the Program
- Provide oversight and support needed by Early Intervention providers to fulfill their responsibilities
- Develop and implement interagency agreements to ensure the most effective integration of available resources and services
- Identify unmet systemic Early Intervention needs and develop plans to address these needs

- Provide training and technical assistance for all providers of Early Intervention services
- Ensure involvement of parents in policy and procedure development
- Provide ongoing evaluation and monitoring of the Early Intervention system
- Ensure that available resources are allocated in an equitable manner

Responsibilities of Provider agencies:

- Ensure the implementation of all components of the *OIDD Early Intervention Manual*, the *BabyNet Policy and Procedures Manual*, the *Early Intervention Services Provider Manual* and all applicable OIDD Directives are followed
- Adhere to the philosophy outlined in this manual during all actions and interactions related to the provision of services to children and families
- Ensure that services as outlined in the child's FSP are rendered in accordance with current program policy and that they include parent participation
- Work collaboratively with all community service providers
- Provide personnel and other support to the BabyNet Coordination teams to ensure collaboration at the local level between all agencies providing services to children
- Collaborate with the local Health Departments and the Office of Education agencies to develop comprehensive procedures for responding to referrals and in the provision of Early Intervention services
- Each provider shall maintain:
 - A current list of all Early Interventionists
 - A signature sheet for Early Interventionists and EI Supervisors which includes all signatures and initial variations used by those staff. Providers must report all suspicions of Medicaid fraud to the SC Medicaid Fraud Hotline at 1-888-364-3224 and file a Critical Incident Report with OIDD

- Each provider should maintain a personnel file for each member that includes:
 - A resume/application
 - Certified copies of transcripts from an accredited university or college. If the university/college no longer provides written copies, the provider should keep copies of all correspondence with the university/college indicating that they send official copies directly to the requestor
 - Job description
 - Training records
 - New and annual performance evaluations
 - All required background checks

OIDD Early Intervention Manual – Chapter 4

Early Intervention Supervisor Roles and Responsibilities

The Early Intervention Supervisor is a trained and qualified specialist in Early Intervention Services, serving children age birth to 6 years and their families. The Early Intervention Supervisor has the responsibility of monitoring and assisting Early Interventionists in the provision of Service Coordination and Family Training services and consulting with each Early Interventionist to ensure quality services are being rendered in accordance with all applicable standards. The Early Intervention Supervisor also communicates with the Early Interventionist regarding changes in Service Coordination and Family Training policies and procedures.

Overall roles and responsibilities of Early Intervention Supervisors include:

- Review and document a minimum of two files per Early Interventionist per month to ensure quality and compliance with OIDD policies
- Contact and document a minimum of one family per Early Interventionist per month to determine if the needs of the child/family are being met
- Attend and document at least one home visit per quarter with each Early Interventionist to ensure quality and compliance with OIDD policies
- Ensure that services are provided as identified on the FSP
- Ensure that all required training is completed within outlined timeframes. This should include OIDD required training as well as any on the job training
- Additional required trainings will be assigned to each Early Interventionist and Early Intervention Supervisor by the Team for Early Childhood Solutions (TECS)
- Consult with agency director or designee on Early Intervention program needs to ensure supports are available to children and families
- Complete an annual job performance review for each assigned Early Interventionist based on objective/measurable goals
- Ensure Service Coordination and Family Training are offered and provided to children during Early Interventionist absences (if the EI is going to be absent

more than a month) and/or vacancies. This includes making arrangements with other providers or providing Early Intervention services directly

- Conduct special circumstance reviews when routine monitoring suggests poor quality of services
- Documents the results of the special circumstance reviews and develops with the Early Interventionist an action plan for correcting concerns noted
- Review Part C data reports monthly to ensure that services have been provided and that data systems are current
- Follow up on data clean-up requests from SC DHHS and OIDD in a timely manner

Note: Generally, Early Intervention serves children birth through age 6 which is defined as one day prior to the child's 6th birthday. All consumers must meet eligibility requirements.

If a contracted provider consists of only one staff member, they are required to obtain supervision from an outside source.

OIDD Early Intervention Manual – Chapter 5

The quality of the services provided by Early Intervention Providers is dependent upon well-trained staff. OIDD has specific training requirements for all staff when they are hired and annually thereafter.

Training Requirements

Upon Hire:

New employees, full- and part-time, will receive training as outlined in the Training Checklist located on the OIDD Application Portal.

Annually:

All staff are required to receive an additional 10 hours of job-related training annually. Staff meetings, workshops and conferences may be considered in meeting this requirement. Neither OIDD required annual trainings nor the TECS training modules are considered as part of this 10-hour training requirement. Additional guidance regarding employee orientation, pre-service and annual training requirements can be found in Directive 567-01 DD *Employee Orientation, Pre-Service and Annual Requirements*. Updates to this Directive supersede requirements in this manual.

A Training Checklist outlining training required within 30 and 60 days of employment as well as recommendations for professional development can be found on the OIDD Application Portal under Business Tools>Forms>Early Intervention.

Credential and Required Training for all Early Interventionist and Early Intervention Supervisors

The Team for Early Childhood Solutions (TECS) provides technical assistance in support of the Comprehensive System of Personnel Development (CSPD) for South Carolina's system of Early Intervention services under Part C of IDEA. They also assist BabyNet in assuring that South Carolina's Early Intervention personnel meet state standards by maintaining and reviewing applications for the BabyNet Credential for Part C system personnel.

All Early Intervention staff, including supervisors, must submit an application for the South Carolina Infant Toddler Credential to the Team for Early Childhood Solutions (TECS) office within 2 weeks of employment or upon being assigned supervisory responsibilities.

Information regarding TECS and the Early Intervention Credentialing process may be found here: http://uscm.med.sc.edu/tecs/babynetcredential_new_hire.asp

After submitting the initial application, it is required that the Early Interventionist or Early Intervention Supervisor submit information to TECS regarding changes that occur because of getting married, being terminated, etc.

Once TECS receives the Credential Application, TECS will inform the Early Interventionist of the required training modules associated with their roles and responsibilities. Each Early Interventionist must complete the assigned training modules (web-based) and pass the competencies which correlate to each module within 90 days of application. As updates or changes are made to specific modules, Early Interventionists will have 90 days to complete the module update to maintain their credential. If an Early Interventionist is having difficulty passing the competencies, a professional development plan will be established by TECS for that Early Interventionist.

OIDD Early Intervention Manual – Chapter 6

Eligibility for OIDD Services

For BabyNet eligible children birth to age 3 whose family wishes to pursue OIDD eligibility, it is the Early Interventionist's responsibility to take the steps necessary to apply for OIDD services on behalf of the family. For children served in BabyNet, the family should not be advised to call the OIDD toll free Intake line.

If a parent or guardian believes their child, ages 3 through 5, has a developmental delay, intellectual disability or autism, they should contact the OIDD toll-free screening service at 1-800-289-7012.

If a child aged 3 through 5 is screened in through the OIDD Intake process, the family will be provided with a list of available Intake providers. The chosen intake provider will be notified of the case and will contact the family to begin gathering documentation to substantiate OIDD eligibility. More information on the intake process can be found on OIDD's website at www.OIDD.sc.gov

Once the information is received from the intake provider, the OIDD Eligibility division will decide and will notify the family in writing. If eligibility has been established, the family will be offered a choice of Early Intervention provider

OIDD Early Intervention Manual – Chapter 7

Service Coordination

The Office of Intellectual and Developmental Disabilities provides Early Intervention services to young children. The SC/EI works in partnership with the family to coordinate needed services. The SC/EI must assure that children/families have access to a full array of needed services including medical, social, educational or other needed services.

Service coordination is defined as “an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards” (Adapted from IDEA, 303.1).

In South Carolina, Early Intervention services have been extended to include children ages 3 through 6 who meet certain eligibility requirements.

Service coordination services include:

- Assisting parents of children with special needs in obtaining access to needed early intervention services and other services identified in the FSP, including making referrals to providers for needed services
- Coordinating the provision of early intervention services and other services (such as educational, social and medical services that the child needs or is being provided)
- Coordinating evaluations and assessments
- Facilitating and participating in the development, review and evaluation of the FSP
- Conducting referral and other activities to assist families in identifying available providers
- Coordinating, facilitating and monitoring the delivery of services

- Conducting follow-up activities to determine that appropriate services are being provided
- Informing families of their rights and procedural safeguards
- Coordinating the funding sources for services
- Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services (adapted from IDEA, 303.1)

Service Coordination Responsibilities: Not reportable, but required:

- Maintaining and ensuring all needed changes are made to Therap, CDSS, and STS (if applicable) within three (3) business days of the change; Therap and CDSS must contain current demographic information, support services information, other agency information Social Security number, Medicaid information (if applicable) and eligibility status information
- Keeping separate the documentation of Family Training and Service Coordination. Service Coordination and Family Training are two separate services and must be documented separately
- All Service Coordination activities must be individualized to the family/child. At no time should the Early Interventionist prepare or provide bulk activities to multiple children

OIDD Early Intervention Manual – Chapter 8

Assessment

Assessment is an important event for families and their children. Assessments should be accurate, relevant, and supportive of the family's resources, priorities and concerns. Assessment is critical for program planning, monitoring progress and program evaluation. The assessment process is used to determine strengths and needs of a child and family and is an ongoing process. There are several different types of assessments that take place for a child being served in Early Intervention; assessment of the child and family's resources, priorities and concerns, Curriculum Based-Assessments (CBA) and family assessment. To the maximum extent possible, assessments should be completed in person and within the natural environment. The Early Interventionist may choose to use the Routines-Based Interview as the family assessment or use the Family Resources, Priorities and Concerns section of the FSP.

Curriculum Based Assessments (CBA):

The most important function of a CBA is it allows assessment, intervention, and evaluation to be synchronized. It allows the team to monitor:

- The progress of the child
- The appropriateness of the interventions used
- The power of interventions to produce the desired goals

The tools approved for use in South Carolina for children are:

- Hawaii Early Learning Profile (HELP)
- Carolina Curriculum for Infants, Toddlers and Preschoolers with Special Needs

Notes: The most current version of the CBA should be used. Updated guidance in the *Early Intervention Services Provider Manual* regarding assessments approved for use in South Carolina supersedes the guidance above.

Responsibilities related to assessment include:

- Focusing on functional sequences of skills rather than developmental milestones
- Employing a developmental approach that allows items to be adapted or modified in order to assess the child's real knowledge, skills, and behaviors
- Assisting the family in creating learning opportunities by imbedding curriculum items in naturally occurring routines, activities and settings (known as activity-based learning)
- Monitoring incremental gains in progress
- Choosing which assessment tool to be used is determined by the professional recommendations of the Early Interventionist
- Using assessment tools that are specifically designed to assess a child's developmental level. As a child progresses, appropriateness of an assessment tool will be evaluated by the Early Interventionist and parent and changed as needed
- All children receiving family training must have an assessment completed prior to the plan and again at least every six months, or more often if changes warrant, i.e., meeting all goals, medical procedures resulting in significant regression
- The CBA should be completed no more than two weeks prior to the FSP
- Documenting the family's expectations for their child are noted in service notes and/or the FSP
- Documenting the CBA results in the assessment section of the FSP including strengths and needs for each domain

- Ensuring the assessment reflects the child's:
 - Cognitive development
 - Gross and fine motor development
 - Communication
 - Emotional and social development
 - Self-help skills
 - Physical development, including information from medical and family history, along with current health status, is used to determine present physical and/or mental conditions
 - Vision - any relevant vision information including the date (should be included in the FSP)
 - Hearing - any relevant hearing information including the date (should be included in the FSP)

Assessment of the family's Resources, Priorities and Concerns

The term "family assessment" should not imply that Early Interventionists should "assess" or evaluate the family. It simply means that family members are invited to share information, on a voluntary basis, to help service providers understand their concerns, priorities and resources related to supporting their child's development, learning and any other issues the family may want help to address. Identifying the family's concerns and priorities helps the FSP team develop functional goals and identify the services, supports and strategies to accomplish those goals. The identification of family resources helps the team know what family supports and strengths are already in place to address the identified goals. Information gathered should be documented on the FSP.

Information is usually gathered through conversations with the family. Parents need to know why the information is being discussed, how it will be used and where it will be kept. The most important factor in gathering family information is the relationship that develops over time with the provider and family members. Therefore, various conversation methods and relationship building techniques yield the most valuable information.

Sharing this information helps to identify difficulties that providers may problem solve with families. Moreover, providers and parents can determine the routines in which to embed interventions and learning opportunities.

With the family's consent the Family Assessment must be completed on an annual basis prior to the FSP annual plan meeting.

Reporting of Abuse/Critical Incidents

In the event of a finding of abuse or the occurrence of a critical incident, the Early Interventionist is responsible for completing a "Report of Abuse" or Critical Incident (per OIDD Directive 534-02-DD: *Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from OIDD or a Contracted Provider Agency*). Additional information regarding Critical Incident Reporting can be found in Directive 100-09 DD *Critical Incident Reporting*.

OIDD Early Intervention Manual – Chapter 9

Family Training

Family Training includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction; providing families with information, skills and support related to enhancing the skill development of the child; and curriculum planning, including the planned interaction of personnel, materials, and time and space, that lead to achieving the goals in the child's FSP (adapted from IDEA, 303.13).

The focus of Early Intervention is Family Training. Documentation in the child's file must support that Family Training is the core component of Early Intervention Services. Once trained, the parent should be able to perform the skills taught by the Early Interventionist. Family Training should be provided as written in the FSP and at times/places convenient to the family/caregiver. Family Training must be provided in person. Neither OIDD nor Medicaid allow for the provision of virtual Family Training.

The parent/caregiver must participate during scheduled visits. It is not sufficient to say that a parent was present during family training. If three (3) consecutive Family Training visits are missed by the caregiver without notification, the Early Interventionist will send a letter to the parent asking if they wish for the services to continue. If a reply is not received within ten (10) calendar days, the parent will be notified that services will end and the file will then be closed.

Specific Roles and Responsibilities of Family Training Providers include:

- Providing Family Training as identified on the FSP. For example, if the plan indicates a need for FT 4 times per month for sixty minutes, and the EI is forced to cancel a Family Training visit, the visit must be made up (if the family agrees to or has requested the visit be made up) prior to the end of that month. If the family cancels the FT visit, it is not required, but is recommended, that the visit be made up. The EI should document in service notes why the visit was missed/canceled and when the make-up visit will occur.
- Submitting the following to OIDD Early Intervention staff when a team indicates the need for more than 4 hours of Family Training per month; IFSP/FSP, Service Justification form that documents why the increase is being requested, Family

Training Summary sheets, service notes and any other documentation that supports the need. This information must be sent to OIDD Early Intervention staff within 14 days of completion of the plan for approval. A response should be given by OIDD Early Intervention staff within 14 days.

- Offering an alternate EI to the family if the EI is going to be out of the office for an extended period of time (more than a month). If the EI's leave of absence will be less than one month, the EI should offer to make the visits up during that month. If the family chooses to wait for their EI's return, it must be explained that they will continue to receive Service Coordination, and they must be made aware of whom the Service Coordinator will be in their EI's absence.
 - Teaching the parent developmental skills to enhance their child's development. Documentation in the child's file must support caregiver training is a core component of this service.
 - Documenting all Family Training visits with the family/caregiver. A copy of the Family Training Summary sheet must be provided to the family. When Family Training is provided with someone other than a parent, the Family Training summary sheet should be left with the caregiver to give to the family.
 - Documentation must include:
 - Objectives for each visit, which address the child's needs across environments and are obtainable by the family.
 - Summary of activities.
 - The level of participation of parent in the family training process. To state that the parent was present or that the family participated is not sufficient. The summary should include what instructions and/or strategies the EI gave the parent during the session to achieve a certain activity: For example, Mom gave Jane support at the base of her trunk while EI presented objects to encourage her to reach for and grasp
 - Follow-up activities for the family to work on until the next Family Training session.
 - Reminders for upcoming appointments, if applicable.
 - Date/time of next Family Training visit. It is acceptable to write "to be determined" if the family is unable to schedule a day/time for the next home visit.
 - Early Interventionist and family member/caregiver signatures on Family Training summary sheets.
 - Time the Family Training session begins and ends.

- At no time should a family member or caregiver be asked to sign a blank or incomplete Family Training summary sheet.

Additional Guidance

- .
- Delivering services identified as needs on the plan as written. For example, if the plan indicates 60 minutes of Family Training, this must be provided apart from Service Coordination. It is not permissible to provide 45 minutes of family training and 15 minutes of Service Coordination to meet the required 60 minutes.

Make up Visits—Provider-Driven Cancellations

- Make up any provider-driven cancelled visits if the family agrees to or has requested the visit be made up. Early Interventionist must offer make up visits and document in the service notes.
- Make-up visits must:
 - Be made up in the same month unless the visit is missed during the last week of the month. When cancelled during the last week, the provider must make up the visit within the first week of the following month.
 - Be documented in service notes that specify if the visit was made up in one visit or incrementally over multiple visits throughout the month.

From the *Early Intervention Service's Provider Manual* linked below.

Updates from this manual supersede the above guidance.

<https://provider.scdhhs.gov/internet/pdf/manuals/EarlyIntervention/Manual.pdf>

Children Transitioning Out of Early Intervention

For children over the age of 6 who are permanently eligible for OIDD services or eligible under “ID” or “Autism” Time Limited, the EI should discuss the transition to Case Management. If the child is eligible in an at-risk category and permanent eligibility cannot be established, the child’s case must be closed. The child’s record must be kept for a minimum of six (6) years. Additional information regarding the retention of records can be found in Directive 368-01DD *Records Retention of Individual Service Record*.

Locations and Settings

Early Intervention services can and should be provided in a variety of locations and settings that provide maximum benefit to the child and family. There are, however, situations in which it is not appropriate to provide Family Training services consistently or with certain professionals because of their own background or professional training.

- An Early Interventionist should not be routinely attending doctor's or therapy appointments on a consistent basis. For example, an occasional visit to the physical therapist with the child to discuss and observe positioning techniques for use during Family Training is acceptable. It is not acceptable to attend doctor's appointments or therapy appointments on a weekly basis, even if the parent requested that the EI attend. These visits should be justified in service notes and should include the reason for attending the visit and how the Early Interventionist participated in the visit while they were there. If you have a question about whether it is permissible to attend a certain appointment, please contact OIDD Early Intervention staff.
- An Early Interventionist should not provide Family Training in a public preschool setting as Special Education teachers are trained to work with children with disabilities and their special needs. Visits to the preschool class for observational purposes (for plan and/or assessment completion) on an occasional basis, but not more than quarterly, are allowed. This does not apply to children in a typical childcare setting.
- An Early Interventionist should not provide Family Training in a childcare setting which only serves children with special needs.
- Early Interventionist may not co-treat with any other provider.

Note: Family Training may not be provided at agency sponsored events.

OIDD Early Intervention Manual – Chapter 10

Service Planning and Delivery

Early Intervention services and supports are designed to meet the needs of each child and the needs of the family related to enhancing the child's development and accessing needed services. Early Intervention services are selected in collaboration with the family provided by persons qualified to serve the child, and to the maximum extent appropriate to the needs of the child, provided in natural environments. Generally defined, natural environments are those home and community settings in which children without special needs participate. Service providers must be flexible and offer families services in a variety of ways. The provision of services in the child's natural environment is a requirement of Medicaid and OIDD. This requirement includes completion of the Family Service Plan, curriculum-based assessments and family assessments.

The "Requirements for the Planning and Delivery of Services and Supports" described are meant to assist FSP teams in considering a variety of factors as they make individualized decisions based on the resources, priorities, needs, interests and desired goals for individual children and families. This chapter incorporates early intervention requirements related to service planning and delivery, procedural instructions for implementing these requirements and rationale for the service planning and delivery approaches expected of all providers. These requirements support OIDD's family-centered philosophy and implementation is expected to result in:

- The provision of supports and services that build on existing child and family strengths and interests
- Assistance in achieving goals that make a meaningful difference in the life of their child and family
- Increase in the child's participation in family and community activities, and
- Support to the family in identifying learning opportunities and enhancing their child's development.

No two children or families have the same interests, needs, skills, challenges, resources, and desired goals even when they have similar evaluation results. Therefore, a review of any group of FSPs is expected to show a wide range of supports and services, service frequencies, service providers, service locations, and community resources being used to address individual child and family goals.

These service planning and delivery requirements reflect expected practice throughout the time the child and family are receiving supports and services in early intervention, not just during initial planning and service delivery. Child and family needs, desired goals, informal supports and resources, and routines and activities change. Discussion with the parent must be continuous in order to plan and provide intervention that is in tune with the ever-changing dynamics of the child and family.

The delivery of services and supports often involves caregivers other than the child's parent or immediate family. These caregivers may include grandparents or other extended family members and childcare providers. Service providers are expected to consider other caregivers when implementing these requirements and involve them as appropriate and as described in the FSP.

Requirements for the Planning and Delivery of Services and Supports

Family-Provider Partnership

In partnering with families to address desired goals for their child and family, service providers join their developmental expertise with the family's expertise about their child and family in order to establish a shared understanding about how to best support the child's participation in family and community life. The focus should be on expanding the family's confidence and competence to identify opportunities to help the child learn during everyday activities.

Missed Appointments and Limited Parent Participation

Missed appointments and limited parent participation during contacts with service providers are cues that discussion is needed with the parent to determine if or why the goals or supports and services are not meeting the family's needs and what barriers might exist keeping scheduled appointments or being an active participant. As a result of these discussions, revisions to the FSP may be needed to better align goals and supports and services with family priorities, daily activities and routines. It is important for Early Interventionist's and service providers to communicate effectively with the parent so that they understand why they are being contacted by the Early Interventionist and how Early Intervention services may be beneficial to their child and family.

When a parent is not engaging in Early Intervention services, the Early Interventionist should make numerous and varied attempts to contact the parent (e.g., phone calls, home visits, mail, requesting assistance from the referral source, where appropriate, the child's physician, relatives, or other community resources) to explore with the parent how the early intervention program might better support their child and family. If unsuccessful in contacting the parent or resolving issues related to the parent's lack of participation, the Early Interventionist must call other team members, if available, to discuss the current situation and make a decision about whether or not there may be a legitimate cause for the cancellations (e.g., sudden change in health status requiring travel to doctors or familial stressors, such as a death in the family). The same guidelines should be followed when the child is receiving services in a childcare setting, and the caregiver is not fully participating in family training as required. These factors should be considered when deciding whether to exit the child from the early intervention program.

Should the FSP team recommend that the child be exited from the program, the Early Interventionist must send the parent a letter by mail that:

- states that attempts to involve the parent have been unsuccessful and briefly describes these attempts
- requests that the parent contact the Early Interventionist within ten (10) calendar days, if he/she wishes to discuss continued involvement and the receipt of services
- informs the parent that he/she may contact the SC OIDD at any time in the future to seek eligibility

If the parent does not respond to this letter, the Early Interventionist must proceed according to the FSP team's decision regarding whether to exit the child from the early intervention program. As appropriate, for children 3 to 6, the Early Interventionist must complete a closure form to exit the child from the Early Intervention program. Service notes should document why services were Ended.

Goal Development

Service delivery options, including specific supports and services, service providers, and locations of service delivery are driven by the child and family's goals developed by the FSP team. They are only determined after the desired child and family goals, and potential learning opportunities have been identified. Goals are statements of change that the parent wants to see their child and family attain because of their involvement in early intervention. As part of the FSP process, goals are identified based on information gathered through the evaluation and assessment process.

This process includes conversations with the family to identify current activities and settings, potential child learning opportunities, successes and challenges, and areas where the family would like assistance. This process also includes a CBA that addresses those activities, settings, opportunities and areas. After child and family goals have been identified, the FSP team, which includes the family as an equal team member, determines the early intervention supports and services, including frequency, intensity, duration and the services necessary and appropriate to address the goals.

Individualized goals are provided in the context of everyday routines and activities, and are functional and integrated (i.e., goals are relevant for the family, focus on the child's participation in activities and settings that are important to the family, and focus on the whole child rather than discrete skills). Services are not goals; they are a means to achieving a desired goal. For example, "Johnny will receive physical therapy weekly" is not a goal. In contrast, "Johnny will sit independently while playing with toys" is appropriate wording for a goal statement. In developing desired goals, the FSP team starts with activities and settings in which the family participates and identifies as important, as well as activities and settings the family would like to pursue.

Supports and Services in Everyday Routines, Activities and Places

Consideration of child and family routines, activities and natural settings must occur throughout the early intervention process. The idea of supports and services in everyday routines, activities and places broadens the definition of natural environments to more than just a location for services. While location is important, it is only one element of quality services and supports. The reasons why the service is provided, what the service is, who provides it, when it is provided and how it is provided are the other essential characteristics.

Strategies to address the FSP goals focus on learning opportunities that occur throughout the daily routines and activities of the child and family. These strategies recognize that the family is the primary influence of change in the child's development. The family helps the FSP team and service providers understand these daily routines and activities. The service providers then assist the parent in recognizing and using existing opportunities as well as creating new learning opportunities that will help the child reach the desired goals. Service providers work with the parent to formulate adaptations to strategies and recommendations that will promote a child's participation in the activities and routines of their natural settings. Whenever possible, service providers use items already present in the child's environment when providing Early Intervention supports and services. They also assist the family to identify what they have in their own environment that can be used during daily routines and activities to accomplish the identified goals.

The FSP team must consider multiple factors when identifying appropriate intervention supports and services to address FSP child and family goals, including the expertise needed to support the family, abilities and interests of the child and family, needs expressed by the family, and family and community resources. Strategies must support the child's and family's ability to achieve the identified goals and their ability to function where they live, learn and play.

Strategies for meeting goals incorporate activities other than the formal services provided by a particular discipline. Examples of informal activities may include library story time, playing in the park, and grocery shopping. These activities must be individualized to the child and relate to specific goals and activities spelled out in the child's plan.

Who Provides Services

The Early Intervention approach used in South Carolina allows for flexibility in how the specialized skills of Family Training providers are used in partnerships with families to address the desired child and family goals identified by the FSP team. This approach includes direct hands-on intervention, consultation with the family and other caregivers as they interact with the child, collaborating with other providers as needed, and an FSP review process that allows changes to any of the above to occur as needed to meet current FSP goals.

The FSP team, which includes the parent, determines the appropriate early intervention supports and services needed to meet the desired goals. The team then identifies the expertise needed to support the parent to implement the FSP strategies based on each child's and family's unique skills and interests, resources, needs, priorities and desired goals.

When a need for more than one service provider is identified by the FSP team, it is critical that all service providers collaborate with each other, the Service Coordinator and the parent to ensure that services are provided in an efficient and effective manner. Goals are to be integrated and discipline free, meaning not necessarily related to a single developmental domain or discipline, but reflective of the functional skills needed for participation in family and community life. The family's ability and desire to accommodate multiple providers should be considered when determining the frequency and intensity of contacts with providers.

Where Supports and Services are Provided

Supports and services occur in the context of and must be integrated into the normal daily activities, routines and environments of each child and family. Supports and services fit into the family's life and build effectively on the resources and supports already in place.

For each child and family, the choice of location for supports and services is based on the activities associated with the desired goals on the FSP. While the child's home or child care center may be an appropriate setting for supports and services for many activities, other natural settings such as a community center, a neighborhood park, the grocery store, etc. may be appropriate instead of, or in addition to, the home or child care center depending on the activity settings and learning opportunities the family identifies as important to them. The FSP team should also consider providing services in multiple settings when appropriate for helping the child generalize new skills in a variety of locations.

Frequency and Intensity of Supports and Services

Early Intervention supports and services are focused on enhancing the child's ability to participate in family and community life and supporting the family's ability to enhance their child's development. Frequency and intensity mean the number of days or sessions that a service will be provided and the length of time the service is provided during each session.

Two broad, critical questions for the FSP teams to ask in determining the frequency and intensity of supports and services needed to meet the FSP goals are:

- How often will the child's intervention likely need to be changed?
- How often does the family need support to feel confident in using intervention strategies?

In determining the answer to each of these two broad questions, the FSP team is expected to consider the following factors:

- Is the relationship between the child and family and the provider new (e.g., because they have just begun Early Intervention Program services or has there been a change in providers) or well established? If the family is just beginning services from their initial Family Service Plan, there may be more frequent changes in strategies as the Early Intervention Program provider continues learning about the activity settings, routines, and how the child responds to proposed strategies.
- Will the strategies used to address the goals need to be modified frequently or will the same strategies be used for a long period of time?
- Is attainment of a goal especially urgent and able to be resolved quickly with intensive intervention (e.g., a child's behavior is prohibiting the family from finding a childcare provider to accept the child)?
- Are there a large number or a wide variety of strategies involved in addressing the desired goals or are there relatively few or more similar strategies?
- Is the child progressing at the expected rate in meeting identified goals?
- How often does the family need support to feel confident in using intervention strategies?
- Are the services provided at a frequency and intensity that matches the family's need for time and additional guidance at each contact?
- Do the goals identified require a high level of specialized skill or are they more easily implemented with minimal guidance and instruction? When a higher level

of skill is needed to address goals, there may be a need for an increased frequency or intensity of services and supports for a period of time while the family becomes comfortable in implementing the strategies.

- Are the goals or strategies new for the child and family? The need to increase frequency or intensity of services may be evident when a child enters a new developmental phase and more frequent guidance is needed by the family.
- Will the service provider be working with other caregivers in addition to the family in addressing goals? If the service provider works with a variety of caregivers, more frequent services may be needed. This extra time will allow the service provider to learn more about the child's daily activities and routines with these other caregivers and to teach them various strategies and skills to address desired goals.
- Is the parent's ability to participate in implementing suggested activities affected by his or her own cognitive or emotional issues? If so, the FSP team will need to consider how other informal and formal community resources and supports, other caregivers, and early intervention services can be combined to best address the needs of the child and family. However, more frequent early intervention services are not a substitute for an active parent-provider partnership that includes involvement by the parent in each early intervention session.
- Does the child need intensive, one-on-one support to participate in his environment? Under these circumstances, there also may be a need for an increase in support for the family in addressing the FSP goals.

It is expected that the frequency and intensity of Early Intervention supports and services will change over time for an individual child and family, sometimes increasing and sometimes decreasing, as the variety of factors outlined above change. As with other aspects of service delivery, only the FSP team can make decisions about the frequency and intensity of service delivery. This decision cannot be made by individual providers. Third party payers, such as Medicaid and insurance companies, may authorize or reimburse service providers for more visits or place limitations on the frequency and intensity of services and may specify the number of contacts by a service provider.

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Family Service Plan Development

For information regarding the completion of the IFSP document, please refer to the BabyNet Policy and Procedure Manual which is linked below:

<https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/providers/babynet-policies-and-procedures>

Roles and Responsibilities related to Plan Development:

Planning by the Early Interventionist is an ongoing process that begins with the initial referral. For this reason, planning will overlap with all other early intervention activities. Planning includes activities leading to a comprehensive FSP that identifies and documents the needs and goals and how these needs and goals will be addressed). It also captures the desires and wishes of the parent/legal guardian and identifies and documents the services and supports to address them. The FSP must be developed by a team composed of the family/caregiver, the Early Interventionist, interested friends and professionals who know the child and family. The team meets at locations and times convenient for the family. The family has the right to approve/disapprove of the composition of the team.

Specific Roles and Responsibilities of Early Interventionists related to the Initial FSP:

- If a referral is received for a child over the age of three, an FSP must be completed by the Early Interventionist and parent/legal guardian within 45 calendar days of the date of provider choice being offered to the family.
- For a child who is transitioning out of BabyNet services and continuing to receive services from OIDD, an FSP must be completed prior to the child's 3rd birthday. The FSP must not be completed more than 2 weeks prior to the child's 3rd birthday and the effective date of the FSP will be the date of their 3rd birthday. If the FSP must be completed more than 2 weeks prior to the child's 3rd birthday, the Early Interventionist must consult with their supervisor and document the circumstances in their service notes.

If the initial FSP is completed while the child is under age 3 and a BabyNet consumer, documentation should be completed in the child's BabyNet service notes.

- If OIDD eligibility has not been determined by the 3rd birthday, the FSP should not be developed until eligibility is determined.

Choice of Early Intervention Provider:

The parent must be given a choice of provider of services and supports. This choice must be made up of all potential Early Intervention providers. If there is only one provider, the parent must be informed that there are no other providers in the area. The choice of provider must be offered and documented at time of intake and at least annually thereafter. Annually, this offer of choice must be documented on the *Acknowledgement of SC/EI Provider Choice* form.

The Early Interventionist is responsible for:

- Working with the parent and other FSP team members to identify specific functional goals for the child and family and how to incorporate these goals into daily routines, activities and places
- Identifying with the parent natural environments and supports existing in the community that are appropriate for the child and family
- Working with the parent and other FSP team members to determine the level of assistance needed for the child to function successfully and achieve identified goals in such environments
- Working with the parent to select service providers once goals are identified
- Annual verification of Medicaid benefits
- Explaining the content of the FSP so that the parent fully understands the content and implications
- Determining with the parent the specific nature of assistance that is needed to implement and monitor the FSP

- Obtaining required signatures and assuring that the parent and other team members have a copy of the FSP within 10 business days of completion
 - Providing a copy of the FSP to the parent/caregiver must be documented
- Completing reviews of the Plan with the parent and other FSP team members and modifying the FSP as appropriate
- Actively monitoring services for quality and recommended practices, including being present for some services, talking with the parent as well as service providers regarding the provision of services, discussing progress made toward goals, identifying any new concerns, reviewing service delivery documentation, etc.
- Arranging new evaluations by other providers, as appropriate
- Gathering the parents' input on system issues and goals, service provision and parent's satisfaction with the supports and services they are receiving
- Identifying with the parent appropriate FSP team members based on child and family information

Transfers

If a child's case is transferred to another Early Intervention provider, then either a new plan must be completed or the current plan must be updated within 14 days of the transfer.

Family Service Plan Reviews:

- Six-Month Review- Within six months of the initial or annual FSP date, the Early Interventionist must convene the team to review the FSP. For example, if the FSP was completed on 7/1/2025, the six-month review is due no later than 1/1/2026. If the six-month review was completed on 1/2/2026, it was late. All developmental goals must be assessed at the six-month review of the FSP. The appropriate goal attainment score should be documented on each outcome page of the FSP during the review.

Annual Review - A new FSP must be completed with the family and other team members who play a significant role in the child's life. The annual FSP is due no more than six months from the six-month review date of the FSP. If the 6-month review was

late, the EI should use the initial or annual FSP date to determine when the annual FSP is due. The time between annual plans cannot exceed 365 days.

- No time may be reported for a consumer whose FSP is not current.

The Family Service Plan must contain:

- Identifying information
- Current health and developmental status
- Child assessment and evaluation results
- Family and child strengths, including family preferences and choices
- Recommendations for services to be provided to meet the identified needs of the child and family
- Outline for implementation of services recommended, including the frequency/duration of those services/activities (with indicator of source of payment or method of funding)
- Child interventions as determined by the family and team
- Strategies which promote family/caregiver as the primary teacher for the child
- Goals as identified by the team
- Plans for follow-up
- Parent, Early Interventionists and other team members' signatures
- Documentation of the frequency and duration of family training visits

Note: The OIDD FSP form must be used for children 3 to 6 years old receiving Early Intervention services. It may not be altered.

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Monitoring and Quality Assurance

Monitoring by the Early Interventionist occurs through activities to review and evaluate services and supports provided to the child and family or intended to be provided to the child and family. The purpose of monitoring is to determine the continued appropriateness and effectiveness of services and supports in meeting the needs, desires, and goals of the child and family as documented in the current FSP. Assessment of service quality and family satisfaction are important elements of monitoring. Monitoring may best be accomplished by using a variety of methods. These may include observation of services, in-person interview, mail correspondence, telephone calls, e-mail, and fax correspondence with the legal guardian, family, providers of services and supports received and appropriate others.

OIDD Specific Roles and Responsibilities related to Monitoring and Quality Assurance:

- OIDD contracts with an independent entity to conduct Contract Compliance reviews of all providers on a scheduled basis. Each provider receives a score in the areas of Administration, General Agency and Early Intervention.
- OIDD Early Intervention staff may conduct onsite and desk reviews based on data collected at the state level. This data may show concerns about patterns of service delivery, extremely high and low service delivery hours, etc.

Provider Specific Roles and Responsibilities related to Monitoring and Quality Assurance:

- Services and supports must be monitored based upon the needs of each child/family to ensure that services are delivered as outlined in the child's plan. The frequency and intensity of monitoring should be based on the individual needs of the child and family, particularly those which support the health and safety of the child.

- For children receiving primary Service Coordination from South Carolina School for the Deaf and Blind (SCSDB) contacts with the child and family should occur at least monthly.
- For children receiving Service Coordination only, the Early Interventionist should make contact at least monthly with the family. All other due dates for the assessment and FSP remain the same.
- Monitoring must be documented in service notes including the name and/or title of the person with whom the monitoring contact occurred.
- Services that are identified on the child's plan are adequate to meet the needs of the child and family.
- Monitoring a child's progress by performing periodic reviews (at least every 6 months) and reassessment of the needs of the child and family.
- The child's access to a primary health care provider and other health care providers is monitored as needed based on the child's healthcare needs.
- Coordinating and monitoring other health care needs by arranging appointments for medical services with follow up and documentation.

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Record Keeping and Documentation

Case records maintained by the Early Interventionist are considered by OIDD to be the child's primary case records with OIDD. Primary case records should be logically and consistently organized. The contents should be current, complete, meet documentation requirements and permit someone unfamiliar with the child to quickly acquire knowledge sufficient to provide service coordination or planning for the child or to review the records to assure compliance with contract, policy, standards or procedures. Service notes should provide a clear description of the circumstances being recorded. If person-to-person contacts are being documented, the content of the service note should clearly record the name of the contact person (including title, position or relationship to the child), the purpose of the contact, assessment of the situation, services provided and goal or follow-up needed. Confidentiality of records should be observed according to OIDD policy. Please refer to Departmental Directives 368-01 and 167-06 for more information.

Record Keeping

- The primary case record will be kept in a secure location. Provider and OIDD confidentiality policies are to be followed and must comply with HIPAA laws.
- The primary case record must have an index that is followed and the contents in each section must be in chronological order. The record index must be readily available to persons reviewing the records.
- The primary case record must contain:
 - A valid OIDD service agreement; if an OIDD service has been identified as a need. No services should be provided before the Service Agreement is signed.
 - The primary case record will be kept secure according to OIDD and HIPAA security, confidentiality and privacy policies. Refer to OIDD Directive 167-06-DD, *The Confidentiality of Personal Information*.
 - A signature sheet that identifies all staff that have reviewed the record by name, signature and date

- OIDD eligibility documentation, once received
 - A current FSP, previous FSP, if applicable
 - Current medical records
 - Current provider records (therapies)
 - Most recent psychological evaluation, if available
 - Birth records, if needed
 - Current IEP, if applicable
 - Correspondence including emails and any other documentation intended to support Medicaid reimbursement for Early Intervention
 - Legal records determining a change in legal guardianship or documenting a legal name change, if applicable
 - Other documents which from time to time may be deemed essential by OIDD or the state Medicaid agency
 - Family Training summary sheets
 - Current/age-appropriate assessment
- Contents purged from primary case record must also be maintained according to the record index, in chronological order, and near the primary case record. The primary case record must note that there is a file containing purged contents.
 - Closed case records must be retained in accordance with Directive 268-01-DD.
 - If a provider is unable to locate a child's case record this **MUST** be reported in accordance with Directive 368-01-DD which requires reporting the loss to the OIDD "Records Officer" using the "Record/Document Loss Report."

Record Transfer

Once it is determined that a case needs to be transferred to another county or provider the following steps must be taken by the sending provider:

- Offer the family a choice of provider and have the family sign the *Acknowledgment of SC/EI Provider Choice* form
- The sending provider should always alert the chosen provider by email, phone or fax before transferring the record on the CDSS.
- Copy the file for your records and mail the original file within two working days
- Update the CDSS with the new contact information if it is available
- The receiving provider must contact the sending provider to confirm the receipt of the file
- Transfer the child to the new provider in CDSS once receipt of file is confirmed by the receiving provider
- The new provider should confirm that there is a signed Service Agreement in the file

Documentation in Service Notes

Early Intervention services must be documented in a service note/log. A service note/log is a written summary of each service or activity provided to or on behalf of the eligible child. The service note/log must be clear and reflect the expected outcomes listed in the FSP. If services are discontinued, the provider must indicate the reason on the service note/log for discontinuing the service. If a make-up service is being delivered, the service notes/logs should clearly document it as such.

- Each Early Intervention office must maintain a list of any abbreviations or symbols used in the records. This list must be clear as to the meaning of each abbreviation or symbol. Only abbreviations and symbols on this approved list may be used.

- Persons referenced in service notes or any supporting correspondence must be identified by relationship to the child either once on each page or on a separate list located in each record.
- When errors are made in written documentation:
 - Clearly draw one line through the error, write the word “ERROR”, enter the correct information, and add the Early Interventionist’s signature or initials and date. If additional explanation is appropriate, this may be included.
 - The information contained in the error must remain legible.
 - No correction fluid or erasable ink may be used.
- The content of the service note will contain sufficient detail to clearly communicate the purpose of the note and to document reportable activity if such is the case. All service notes do not have to document a reportable activity.
- Written correspondence, pertinent oral communications, completed reports and completion/updates to the FSP must be documented in service notes to include identification in the record of any referenced documents.
- Service notes must document activities relevant to the needs of the child and family.
- Service notes should include the following if a reportable activity is being documented because of a contact:
 - Name and title of person being contacted
 - Type of contact
 - Purpose of contact
 - Intervention or services provided
 - The outcome
 - Needed follow up

Note: If an Early Interventionist is serving multiple children in one family, they must document each child’s services separately to include Family Training Summary Sheets and service notes.

Record Index (Sample)

Each agency has a different method of organizing information. The following information can be used as a template.

- Section 1: File Index
 - Consent to release and obtain information
 - Consent for evaluation and assessment
 - Service Agreement
 - Medical Necessity
 - CDSS
 - Review of record log
 - Once the case is closed place the Closure form on top of this section
- Section 2: IFSP/FSP
 - Eligibility Documentation
- Section 3: Summary of visits/data sheets (For FT providers)
 - IEP
- Section 4: Medical/Therapy information
 - Psychological Evaluations
- Section 5: Correspondence

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Reportable and Non-Reportable Early Intervention Activities

Note: For Reportable and Non-Reportable Early Intervention, there is updated information in *the Early Intervention Services Provider Manual*. Please refer to the link below.

<https://provider.scdhhs.gov/internet/pdf/manuals/EarlyIntervention/Manual.pdf>