

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES**



**CONTRACT SPECIFICATION MANUAL
FOR SERVICES PURCHASED FOR CONSUMERS OF
THE OFFICE OF BEHAVIORAL HEALTH:**

EARLY INTERVENTION

FY 2016-2017

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INTRODUCTION

The Early Intervention Contract Specifications Manual provides the special terms and conditions which are applicable to the service or services being provided through an agreement between the Allegheny County Department of Human Services and a contracted SERVICE PROVIDER. By reference in the agreement, the applicable chapters or provisions of the Contract Specifications Manual are incorporated therein.

Further, the manual identifies any particular forms or procedures that the SERVICE PROVIDER must comply with in order to assure the COUNTY'S compliance with the requirements of the funding source(s).

The terms, conditions, forms, and procedures in this manual are subject to change from time to time as required by law and shall be amended or modified by written notification from the COUNTY to the SERVICE PROVIDER.

In addition, SERVICE PROVIDER is required to comply with the Terms and Conditions of additional contract specifications manuals, including but not limited to:

1. DHS General Requirements/ Contract Specifications Manual
2. DHS Payment Provisions Manual
3. Master Provider Enterprise Repository (MPER)
4. Minority/Women/Disadvantaged Enterprises (M/W/DBE)

CHAPTER 1: SERVICE PROVIDER CONDITIONS

SERVICE PROVIDER shall adhere to the following terms and conditions as put forth in the “Mental Health and Mental Retardation Act of 1966” Special Session No. 3, October 20, 1966 P.L. 96, No. 6, 50 P.S. (4101-4704) 301 (d), the “Mental Health Procedures Act”, Act 143 of 1976; 50 P.S. §7101 et seq. which specifies the services which are to be made available under the Allegheny County Department of Human Services by the local authorities; and, for which the COUNTY contracts with SERVICE PROVIDERS.

- A. Definitions: The following definitions shall apply throughout this Manual.
1. “Act” refers, as applicable, to the “Mental Health/Mental Retardation Act of 1966”, or the “Mental Health Procedures Act of 1976”.
 2. “Regulations” refers, as applicable, to Regulations promulgated under the Act by the Offices of Mental Health/Intellectual Disabilities, Pennsylvania Department of Human Services, and Allegheny County’s Department of Human Services. Early Intervention Regulations are found in (55 PA. Code CHS. 4225 and 4226.) www.dhs.state.pa.us
 3. “IFSP” refers to the Infant/Toddler’s Individualized Family Service Plan which is written by the Service Coordinator in conjunction with the family, selected Providers of Service and other invited guests and identifies services and actions necessary to meet the infant/toddler’s outcomes.
- B. Early Intervention Services are further defined in PA EI State Regulations and the Infant Toddler and Family (ITF) Waiver Agreements.
- C. Early Intervention Services: Services authorized for each infant/toddler shall be included in the child’s IFSP and shall be identified using the service names and included on the rate schedule. SERVICE PROVIDER through the Service Coordination unit is responsible for ensuring that all IFSPs include the service names along with other pertinent information.
- D. Any changes to the services under the AGREEMENT that result in changes in the approved activities or the location of activities or the addition, reduction or deletion of services to be purchased by the COUNTY from SERVICE PROVIDER under the AGREEMENT must receive prior written approval from the Allegheny County Department of Human Services’ (DHS) Director and/or designee. SERVICE PROVIDER requesting change must submit a written request to the DHS Director and the DHS Deputy Director for the Office of Behavioral Health/Early Intervention at least ninety (90) days prior to the anticipated change.

E. Performance Conditions:

1. SERVICE PROVIDER shall be bound to comply with such review of all aspects of their respective programs as are required by all appropriate Federal, State, and COUNTY authorities. Such reviews and evaluations shall be made at reasonable times during the term of the agreement and may be subject to unannounced monitoring at various times based upon need, and may also include reviews by the Director (or Director's designee) of individual consumer records. The most current version of OCDEL's Early Intervention Verification Tool & Protocol will be used for monitoring.
2. SERVICE PROVIDER shall permit an authorized designee of COUNTY to attend that portion of any and all such meetings affecting the services funded by the AGREEMENT, and shall provide COUNTY at SERVICE PROVIDER'S expense, with an accurate copy of that portion of the minutes of any such meeting within a reasonable time after its adjournment. SERVICE PROVIDER shall provide COUNTY with reasonable advance notice of the date, time and place of its Citizen Advisory Council meetings and Board meetings when appropriate.
3. SERVICE PROVIDER does hereby agree to provide promptly on the execution of the AGREEMENT, a full and complete copy of the by-laws of the Provider Corporation, certified to be a true and correct copy of the same by the Secretary or Assistant Secretary. SERVICE PROVIDER further agrees to promptly provide a certified copy of any changes in the by-laws which may be adopted by the corporation during the term of the AGREEMENT.
4. SERVICE PROVIDER will use the ITF Waiver Funds provided only for those infants/toddlers eligible to receive Waiver Services and in accordance with the provisions of the approved IFSP and the 2176 Waiver Supplemental Grant Agreement, and any amendments hereto attached, and incorporated by reference herein.
5. SERVICE PROVIDER shall supply COUNTY with such consumer and service information as shall be duly required by COUNTY for the purposes of management, accountability, and compliance with State and Federal reporting mandates, provided that COUNTY'S requests are in conformity with applicable laws on consumer confidentiality and that they include appropriate technical specifications as to the manner(s) and mode(s) in which information will be accepted. Said information shall include, but not be limited to, that required by the COUNTY of the SERVICE PROVIDER for entry and maintenance of the Master Provider Enterprise Repository (MPER), Client Information and Payment System (CIPS), and the PELICAN database.
6. SERVICE PROVIDER may utilize outside consultants and vendors in designing and/or operating its management information system, but SERVICE

PROVIDER'S obligation to COUNTY is not transferable to any other party. Significant and/or persistent failure to supply and/or update requested information shall result in financial penalties or other sanctions unless waived by the Director (or Director's designee).

- F. Personnel Action Plan: The SERVICE PROVIDER shall employ all positions as required to fulfill the AGREEMENT and in conformity with the Allegheny County Personnel Action Plan, subject to available funding for all program funded cost centers. SERVICE PROVIDER must submit to COUNTY annually, with the AGREEMENT, a copy of their salary and fringe benefit package in conformance with the DPW maximum reimbursement of salaries and fringe benefits. This provision only applies to providers that are program funded.

- G. Human Experimentation: All experimentation with human subjects involving any physical or mental risk to those subjects shall be prohibited without all of the following:
 - 1. Prior written approval of the Department of Public Welfare, Office of Behavioral Health, subject to all applicable laws, statutes and regulations;
 - 2. Prior informed and voluntary written consent of the subject;
 - 3. Prior informed and voluntary written consent of his/her parents or legal guardian, if the consumer is deemed to be a minor or incompetent.
 - 4. Each potential subject shall be informed prior to his/her consent that refusal of consent will not result in the loss of any benefits to which the subject is otherwise entitled to from the Federal Government, Commonwealth, COUNTY, SERVICE PROVIDER, or any third party insurer.

- H. The initial and annual evaluations must be conducted by personnel independent of service provision. The initial evaluation report must be completed in sufficient time to enable the IFSP to be developed within 45 days of referral to Early Intervention services. If exceptional circumstances make it impossible to complete the evaluation within the 45 day time-frame, the reasons must be documented in the child's record and PELICAN. A written report must be provided to the family within 30 days of the completion of the evaluation.

- I. Once the IFSP has been developed, it must be implemented within 14 days. Each provider agreeing to provide a service must ensure that the service identified on the IFSP starts within 14 days of the IFSP unless the family requests a delay in the start of service delivery. SERVICE PROVIDER will provide ongoing supervision of staff to ensure that contact with the family is made in a timely manner so that services can start within 14 days.

- J. SERVICE PROVIDER must ensure that all personnel (including contracted personnel) meet all necessary preservice training and the 24 hours of annual training as specified in EI regulations and OCDEL's Early Intervention Verification Tool & Protocol. SERVICE PROVIDER will provide Annual

- Mandatory Training for all therapists delivering EI services. This training must be conducted between July 1 and October 31 of each fiscal year. Additionally, SERVICE PROVIDER will ensure that personnel participate in county and statewide trainings involving current and new regulations and/or initiatives as requested by Allegheny County Early Intervention office.
- K. Documentation of Early Intervention service delivery must be completed by an Early Intervention professional when IFSP services are delivered to a child as well as when planned service delivery does not occur. SERVICE PROVIDER must have a system in place to ensure that all therapists complete their session notes according to OCDEL's most current "Annotated Guidance for Writing Early Intervention Session Notes" (See attachment).
 - L. SERVICE PROVIDER will document the progress of each child receiving services by completing ECO entry and exit data using the Ounce Scale as set forth by the Office of Child Development and Early Learning (OCDEL). Each Provider must ensure that the therapist assigned to document outcomes meets the timelines as outlined in OCDEL's Announcement: EI -09-#04. In addition, each therapist will document the child's progress in meeting the outcomes on the IFSP by completing a written Quarterly Progress report and Annual Review Progress Update report, obtaining parent/primary caregiver signatures and submitting the reports to the child's Service Coordinator.
 - M. SERVICE PROVIDER will utilize service delivery models that align with Pennsylvania's Infant/Toddler principles. (See attachment). This will include ongoing conversations with parents/caregivers about Early Learning Standards and utilization of Home Based Coaching discussion and activities.
 - N. Fee For Service: Fee For Service rates are established by OCDEL for each service except for Service Coordination, Vision and Hearing. These rates are negotiated with the COUNTY. Only those services and associated rates included in the EI rate schedule will be reimbursed. Any changes in services identified during the term of the contract must have prior approval from the program office. Rates are the same for COUNTY, Waiver, and MA reimbursement.
 - O. SERVICE PROVIDER will complete the Fee for Service Worksheet and corresponding Profit & Loss Statement using the Dan Bradley rate setting methodology when requested by the COUNTY. The completed packet must be returned to the EI Coordinator within 60 days of receipt.

CHAPTER 2: FEE FOR SERVICE PAYMENT PROVISIONS

Early Intervention providers will provide authorized treatment services to eligible infants, toddlers, and families pursuant to a current Individualized Family Services Plan.

Providers will bill for delivered services through the PROMISE system. Payments for MA and Waiver services will be made from the state treasury directly to the provider. Payments for County Maintenance services will be processed and paid to the Provider by the Alliance for Infants & Toddlers (AFIT) acting as the Administrative Services Organization (ASO) for Allegheny County.

A payment agreement will be renewed annually between the Alliance and Provider outlining payment detail.

Any incorrect payments noted by AFIT or Allegheny County will be subsequently adjusted according to the child's IFSP

Payment from AFIT to Providers will be made as long as funds are available from Allegheny County Department of Human Services. AFIT is not responsible for payment if there are not sufficient funds available from Allegheny County.

Allegheny County is responsible for assuring reimbursement for eligible services up to the amount of the allocation received each fiscal year by the Department of Human Services, Office of Child Development and Early Learning.

The Alliance will provide any reports requested by Allegheny County.

Annotated Guidance for Writing Early Intervention Session Notes

Early Intervention Session Notes are to be completed for each session as well as when planned service delivery does not occur. A copy of the session note must be given to the parent/guardian/caregiver at the end of the session. Notes should be written legibly so that they can serve as a resource to the family/caregiver or other team members and service providers.

Each session note will include the following:

Date the service was delivered

Name of the Child receiving the service

Date of Birth of the child

Provider/Agency that delivered the service

Type of Service:

SI/SE – Special Instruction/Special Education

OT – Occupational Therapy

PT – Physical Therapy

ST – Speech Therapy

Other – Please specify (ex. Nursing, Social Work, Audiology, Vision, etc.)

Type of Session:

Individual – Service provided to just one child

Group – Service provided to a child in a group setting

Other – Please specify

Location of Session:

Indicate the location where the service was provided, ex. Home; Early Childhood Classroom, Community setting, Ex. Park, library, store, etc.

Update since last session:

Update information about the child/family related to any changes in medical, educational, social, developmental or other services. Discuss how the activities, strategies and recommendations from previous sessions are actually working. If something isn't effective, discuss adaptations or different routines/strategies for that activity.

Routine-Based Activities/Strategies/Recommendations

Outcome(s)/Goal(s) to be addressed:

Clearly identify which Outcome(s)/Goal(s) is being worked on. Include the Outcome/Goal # number as well as enough text to unmistakably identify the Outcome/Goal.

Routine Used:

Session notes need to contain documentation that services are being delivered within the context of the family’s/preschool’s routines and in a manner that is functional for the child. Put a check in the box next to each of the routines that may apply.

- | | |
|----------------------|--------------------------|
| Play with Objects | Computer/TV/Video |
| Physical Play | Reading with Books |
| Pretend Play | Songs and Rhymes |
| Play with Others | Writing/Drawing |
| Bath/Hygiene Related | Community/Family errands |
| Medical/Comfort | Family Activities |
| Dressing Related | Recreation/Socialization |
| Eating Related | Other: (please specify) |

Description of Activity and Recommendations:

Include how the family member/caregiver was involved in the visit. The note needs to give a clear, unique and detailed description of the visit. Include what was discussed with the family/caregiver regarding suggested activities/strategies and how to use the particular activity during daily routines. Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials used/needed by the family or therapist.

Provide recommendations of activities the parent/caregiver can do between visits to enhance the child’s progress and learning. Include information to enhance the family’s/caregiver’s capacity to assist their child’s development and enhance the child’s participation in everyday activities. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines.

Strategies Used:

Early Intervention services need to be provided in a manner that will positively impact the family/caregiver’s ability to successfully support the child’s participation in daily activities. The Early Interventionist should choose a strategy that best matches the learning style of the family/adult caregiver as well as the child. Put a check in the box next to each of the strategies that were used.

- Establish Predictable Routines
- Increase Opportunities for Child to Practice
- Turn Taking
- Talk About or Label What You Are Doing
- Use Physical Gestures as Cues
- Wait or Pause for Response
- Model or Demonstrate for Child
- Encourage Child to Imitate
- Provide Directions for What To Do
- Use Visual Supports or Other Assistive Technology (AT)
- Other: (please specify)

Progress Notes

Progress:

Codes for Progress: *I-Improvement M-Maintaining Skills SI-Slight Improvement SL-Slight loss of Skills*

Information needs to directly reflect the measurement strategy identified under “How will we as a team measure progress and collect data for this outcome/goal?” Include what was measured and how it was measured. The note may also contain documentation of progress with the use of suggested activities or strategies during the daily routines. Include information regarding the child's rate of attainment or the child's current skill level, as it relates to the outcome/goal. A review and analysis of this section over time will provide the basis for documentation of progress to support the requirement of ongoing progress monitoring of the outcomes/goals. Data should be presented in a manner that is understandable to parents/caregivers and describe progress in specific, functional terms.

Plans for next session:

This section is to be used to capture the Early Interventionist and the family/caregiver's plans for the next session. This may include activities/routines as well as revisions or modifications to strategies as needed or plans for addressing any lack of progress.

Data collection between sessions:

Where the team determines it necessary, indicate the data/information that will be collected between sessions. This may be data collected for progress monitoring as identified on the Outcome/Goal, as well as, any additional informal data that may be collected by the family or caregiver to help instruct or support service delivery.

Name/Signatures:

Each note should include the name and signature of the Early Intervention Professional who provided the service and the signature of a supervisor if needed. The note must also include a Parent/Caregiver signature.

Times/Units:

The note needs to include the begin time of the session as well as the end time, ex. 9:10 am to 10:13 am. The number of units is calculated by taking the number of minutes and dividing by 15, then rounding down to the nearest whole number, ex. $63 \div 15 = 4.2$ which would equate to 4 units of service.

Next Session:

The date/time of the next scheduled visit/session.

Missed Session:

When a planned service delivery does not occur (i.e. child or Early Intervention Professional is absent; cancellation without notice or an act of nature) the Early Intervention Professional should document this occurrence, including the reason, in the child's record but should not utilize the NCR version of the session note format.

Additional Guidance

- **Write Objectively**

Remember that the session note is not about you or your feelings. Make sure that your session notes do not reflect any negative feelings or reactions that you have toward the child, other people or events. Try to avoid terms and descriptions that seem judgmental.

- **Write Clearly**

Be objectively descriptive. It helps you be precise about what you are describing. Try to avoid vague or general terms. Use proper grammar, and be sure that each sentence has proper sentence structure and sequencing of words so others can understand what you are documenting.

- **Write What You Observe**

Documenting the following can be useful information: the child's appearance, mannerisms, dress, response to situations or events or to the interaction with you or others, intensity of mood, etc.

- **Write So Others Can Understand**

Your primary purpose is to explain things so others can understand what you are documenting.

- **Write Using People First Language**

When describing a child and referencing their disability, identify the child first, then the disability. The disability represents only one of many characteristics of the person.

Some of the suggestions included above are adapted from the following text:
Summers, Nancy (2001). *Fundamentals of Case Management Practice*. Brooks/Cole Thomson Learning, United States

PENNSYLVANIA'S APPROACH TO THE DELIVERY OF EARLY INTERVENTION SERVICES

There are many effective, research-based approaches to the delivery of early intervention services; all with different names and definitions. Regardless of the names, these approaches have common core principles that are the foundation of Pennsylvania's model for early intervention services. These core principles include the following:

Early intervention provides supports and services to infants/toddlers and young children with disabilities and their caregivers so that they may help the child grow and develop.

What it looks like:

- Early intervention personnel design supports and services so that family members and early education programs are actively engaged in promoting the child's learning and development. Starting with the family's entry into Early Intervention, personnel use strategies to engage and involve all caregivers.
- Whether working with family members and/or other early education programs, early intervention personnel use methods that build on principles of effective adult learning. Early intervention personnel demonstrate techniques, observe the caregiver's practice and provide constructive feedback. To increase caregiver's competence and facilitate learning, early intervention personnel provide information, problem solve, and teach new strategies. They rely on family members and other caregivers to provide relevant information regarding the family's culture, as well as the child's developmental strengths and learning style.
- Early intervention personnel build families' and early education providers' competence by identifying what they are already doing to promote the child's learning; by identifying learning opportunities in the child's every day life; by creating additional learning opportunities for the child; and by helping them use effective intervention strategies in those learning opportunities.

Early Intervention provides individualized supports and services to infants/toddlers and young children with disabilities and their families.

What it looks like:

- Information is gathered from persons most familiar with the child such as parents, caregivers, and health care providers. When additional information is needed further assessment is completed.
- This information is used by IFSP/IEP teams to develop individualized goals and outcomes for the child and family.
- Supports and services are identified and linked to the goals and outcomes.
- Specially designed instruction, methodologies, and program modifications are used in tandem with early intervention supports and services. They are linked to the outcomes or goals and are described specifically so that anyone implementing the plan can understand what to do to support the child. Specific types of methodologies that are commercial or require specialized certification may be appropriate for an individual child, but they are not listed by name on the plan; rather the strategies used are described. Because approaches can vary

based on the strengths and needs of the child and family, and because no one methodology can meet all the needs of an individual child, it is better to describe the characteristics of the intervention than list it by a name. This allows the Early Intervention team to customize strategies to meet the needs of the child and not be locked into a

prescribed program.

- Progress is monitored on the IFSP/IEP goals and outcomes to determine the effectiveness of the services and supports, to make any necessary modifications or changes, and to assess further needs on an ongoing basis.

Early intervention supports and services are embedded within learning opportunities that exist in the child's typical routines, within the home and community activities and/or early education programs.

What it looks like:

- Routines and community activities may vary with the age of the child, the interests of the family, and with the changing availability of community and family resources. The typical routines and activities of early education programs also vary with the age of the child and the curriculum used in the program. Early Intervention personnel provide supports and services in an ever-changing variety of settings.
- Early Intervention personnel should have conversations with the family and/or early education providers to identify typical routines and activities. The routines and activities may include child-initiated play activities, daily care routines, other family routines, community activities or early education activities so that services and supports can be delivered within the context of the routines. The conversations should include discussions that identify the typical sequence of the activity/routine and the materials used. The conversations should also help family members and early education personnel identify which routines are working as well as other routines that may become priorities for early intervention services and supports.
- The materials and the sequence of actions relevant to the routine need to be identified – particularly the items and events that are readily available within the child's natural environments and/or early education settings. In this way, carefully planned, explicit instruction can occur within the context of the routine or activity.
- Using readily available materials, the natural sequence of the routine, and embedding supports or strategies into the child's preferred activities, will provide frequent opportunities for functional and meaningful practice using natural reinforcers that are motivating and likely to occur repeatedly.
- Early Intervention supports and services focus on problem solving in respectful ways with the family and/or early education programs to identify strategies to enhance the learning opportunities within identified routines. Strategies may include modification or adaptation of the materials used, the sequence of a routine, or providing the early education provider with teaching strategies that can enhance the child's participation within natural and least restrictive environments.

Early intervention supports and services build on the existing family, community, and early education resources.

What it looks like:

- Early Intervention personnel have conversations with the family and/or early education provider about both the formal and informal resources that exist within their family, neighborhood, and greater community. Conversations can include discussion about resources that the family is currently using and those that the family needs. Conversations regarding cultural considerations important to the family are essential when reviewing and identifying resources. The information

about formal and informal resources should be updated frequently and used to guide services and supports.

- The IFSP/IEP can include documentation of both the formal and informal resources that exist or

are needed by the family. The IFSP/IEP can also describe how these resources will be used as part of the coordinated services and supports that are needed to ensure that the child's and family's needs are met.

Early intervention personnel work collaboratively with the family and each other to provide coordinated, flexible, early intervention supports and services.

What it looks like:

- Once goals and outcomes are determined, IFSP/IEP teams make decisions about the skills and abilities that are needed to meet them. These discussions lead to the identification of the appropriate supports and services either in the natural environment or the least restrictive environment. These decisions are not made by matching the child's areas of deficit with a particular early intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- Early Intervention teams are groups of personnel who have complimentary skills and abilities. Early Intervention teams work together in a variety of ways to achieve the goals and outcomes of the child and family. Early Intervention teams should have planned opportunities for interactions so they can share discipline-specific information, provide cross-discipline training opportunities, and/or brainstorm new intervention strategies. Family members are always a part of the Early Intervention team.
- Joint scheduling of early intervention services is one strategy to ensure purposeful opportunities for teams to collaborate on achieving child and family outcomes. Other strategies include planned team meetings, shared communication logs, and/or sharing progress monitoring results.
- Early education personnel should be part of the Early Intervention team. This enables all members to elicit and share IEP/IFSP information, which in turn assists early education staff in the implementation of the IEP/IFSP. In addition, both the EI and early education staff benefit from each other's experiences and knowledge that transfers to all children. If personnel from the early education program are unable to be members of the IEP/IFSP team, parent consent may be needed to share information.

Early intervention supports and services focus on the family and child's transition between and among early education programs.

What it looks like:

- Early intervention supports are fleeting in the larger context of the family's life and therefore should focus on ensuring that the few years in early intervention build competence across the family and child's lifespan. Reliance on other family and community resources builds the competence of families to be effective in helping their child grow and develop after early intervention services are no longer available or appropriate. Transition supports described in the IFSP/IEP should build on family, neighborhood, and community resources. Communication between and among all personnel who serve or may serve the child and family is essential to ensure smooth transitions throughout the early years.
- Transitions can often be difficult without planning and communication. Early intervention personnel should plan and support the many transitions that occur in a family's life, including entering a new

childcare program, entering or returning home from the hospital, moving to a new county or state or exiting the early intervention program because they no longer need early intervention, exiting at age three to continue on with a preschool special education program, or exiting preschool to school age programs.

- Good communication and timely planning is critical during the early intervention process as the child approaches age three. Planning for transition frequently requires multiple conversations with the family and sending team members before the actual transition meetings so that each member of the team understands the parameters of the process. All concerns about transition should be discussed, including: the steps in the process; a child's strengths, needs, and progress; concerns of the family; and possible transition outcomes. This information should be shared with the receiving agency. If it is anticipated that the child will transition to preschool early intervention, it is important that the family understand the evaluation and IEP procedures. Concerns should be addressed openly to promote future successful transitions for all children and their families. If the concerns are not resolved, the team should seek additional guidance from supervisory staff and, if needed, state early intervention personnel.
- Feedback should be provided to sending agencies if procedures they are using or services that they are recommending regarding outcomes cause difficulty during the transition process. Any concerns at transition that result in mediation or due process should be immediately shared with the sending agency and preventative strategies should be developed.
- Eligibility criteria should be discussed when planning for preschool transition. The sending and the receiving agency should understand why the child has been determined eligible for early intervention. Teams may initially identify infants as eligible for early intervention through the use of clinical opinion when no test(s) are sensitive enough to determine a developmental delay, despite the presence of developmental issues. However, as the child grows, the use of clinical opinion should be supported by test and progress documentation. A child cannot be eligible for preschool early intervention services based only on clinical opinion, so this topic must be addressed prior to any transition activities. If a child has been eligible in the infant/toddler early intervention program and there is a question about the child's continued eligibility in the preschool early intervention program, the county must contact the preschool early intervention program to share evaluation materials in order to determine if additional evaluation is needed to determine eligibility.
- If a sending IFSP team is serving a family with a child who is approaching age appropriate development, the IFSP team should make every effort to determine if the child is still eligible for early intervention before transition occurs. This will prevent the unnecessary evaluation of a child. This may not be possible because of timing, family concerns, or other issues. In those cases, clear and active communication among all parties is paramount.
- Families should be given information about the sending and receiving agencies that support a smooth transition and respect the expertise and commitment of both agencies. Families should understand that both the sending and receiving agencies are working together in their best interest and that of their child.
- Local Interagency Agreements should address transition and describe the process to be used to resolve any conflicts.
- Early intervention personnel should celebrate transitions with families. The transition of a child out of early intervention because he or she has developed many new skills and accomplished many outcomes should be a time for celebration.

Office of Child Development and Early Learning



Pennsylvania Department of Public Welfare