



Policy and Procedure Manual

TABLE OF CONTENTS

I.	Overview	2
II.	BabyNet Service System	5
III.	Child Find and Public Awareness	10
IV.	Referral Procedures	13
V.	Intake and Orientation	18
VI.	Initial Curriculum Based Assessment (CBA).....	20
VII.	Eligibility Determination.....	25
VIII.	Individualized Family Service Plan (IFSP).....	30
IX.	Transition	36
X.	Documentation and Record Management	44

APPENDICES

1. IDEA Part C
2. BabyNet System Point of Entry Office Locations
3. Qualifying Diagnoses
4. Forms List
5. Service Guide
6. Procedural Safeguards (including surrogate parents, complaints resolution)
7. Staffing (CSPD)
8. Monitoring
9. BabyNet Interagency Memorandum of Agreement
10. BabyTrac Manual
11. Procedures for Measuring Early Childhood Outcomes
12. Approved List for Curriculum Based Assessment Tools

I. OVERVIEW

A. Individuals with Disabilities Education Act (IDEA)

BabyNet is the South Carolina IDEA Part C early intervention system. Congress originally enacted the IDEA in 1975 to afford children with disabilities the opportunity to receive a free appropriate public education, just like other children. Part C of the law describes services to be provided to children ages' birth to three. The US Department of Education, Office of Special Education Programs (OSEP) is responsible for funding and oversight of state IDEA Part C programs.

IDEA Part C services are designed to facilitate early identification and intervention with children with actual or potential delays in development in order to achieve improvement in developmental status. Current, detailed legislative information, regulations, and reference material is available at the National Dissemination Center for Children with Disabilities website: www.nichcy.org.

DHEC serves as lead agency for South Carolina's early intervention system. BabyNet is a collaborative interagency effort of:

- Department of Health and Environmental Control (DHEC)
- Department of Disabilities and Special Needs (DDSN)
- School for the Deaf and the Blind (SDB)
- Department of Health and Human Services (DHHS)
- Department of Mental Health (DMH)
- Department of Social Services (DSS)
- State Department of Education (SDE)

Each of these agencies is signatory to an interagency Memorandum of Agreement that describes roles and responsibilities of each within the BabyNet system. Current BabyNet system information is posted at www.scdhec.net/babynet.

B. BabyNet policies and procedures

1. The 2008 manual revision was made to provide a comprehensive, but concise, statement of BabyNet policies and procedures, with a focus on those:
 - a. Required to assure minimum compliance with IDEA Part C 2004 Reauthorization; and
 - b. Needed to assure smooth implementation of the "system point of entry" changes resulting from the 2003 OSEP Compliance Agreement.
2. Revisions and updates
 - a. The manual will require revision and updating as issues emerge, when regulations governing implementation of IDEA 2004 reauthorization are released by OSEP, and annually to assure proper guidance on critical program functions.
 - b. The manual will be posted on the BabyNet website. When factual errors or IDEA
 - c. Part C violations are discovered, the manual will be updated immediately. BabyNet

Section I (Overview)

- d. providers (agencies and contractors) will be notified by email when such corrections have been made.
- e. The manual will be reviewed annually. An updated version of the manual will be posted each July. Previous versions will remain on the website until July of each year.

C. Definitions

1. Age adjustment: This is done to compensate for premature birth when determining developmental status. Adjustment for prematurity should be done for children born at less than 38 weeks gestation. Adjustment should continue until the age two years.

Adjustment is made by first calculating prematurity in weeks (= 40 – gestational age in weeks), then subtracting prematurity in weeks from chronological age.

Example: Adjusted age for baby born at 30 weeks gestation who is now 8 ½ months old is 6 months.

$$\text{Prematurity in weeks} = 40 - 30 = 10$$
$$\text{adjusted age} = 34 - 10 = 24$$
2. Collaborating agency: One of seven state agencies that are signatories to the BabyNet Interagency Memorandum of Agreement (MOA).
 - a. Department of Health and Environmental Control (DHEC, IDEA Part C lead agency);
 - b. Department of Disabilities and Special Needs (DDSN);
 - c. SC School for the Deaf and Blind (SDB);
 - d. Department of Mental Health (DMH);
 - e. Department of Social Services (DSS);
 - f. Department of Health and Human Resources (DHHS); and
 - g. State Department of Education (SDE).
3. Developmental domain: One of five categories of development that must be assessed as part of the IDEA Part C enrollment process. Developmental domains are:
 - h. Cognitive;
 - i. Physical (including vision and hearing);
 - j. Communication;
 - k. Social or emotional; and
 - l. Adaptive.
4. Early intervention: General term for complete array of developmental services provided through BabyNet
5. IDEA: Individuals with Disabilities Education Act
6. Intake/Service Coordinator: DHEC staff member responsible for assuring completion of required activities from referral through eligibility determination. (Activities to be completed within 45 days of the referral.)

Section I (Overview)

7. Local Coordination Team: Regional or service area team with local level representatives of the BabyNet collaborating agencies, other BabyNet service providers and other local partner agencies.
8. Natural environment: Settings that are natural or normal for the child's age peers who have no disabilities.
9. Parent: A natural or adoptive parent of a child; an individual appointed as guardian or given legal custody; a person acting in loco parents such as grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare.
10. Part B: Sections of IDEA describing services to be provided to eligible children ages three to five through the state education agency.
11. Part C: Sections of IDEA describing services to be provided to eligible children ages' birth to three.
12. Procedural safeguards: Operational statements to assure compliance with legislatively mandated rights and privileges of persons receiving IDEA Part C early intervention services.
13. Service providers: Any provider of one or more BabyNet services.
14. Services: Services provided through BabyNet, including: any of the 16 required IDEA Part C services; additional services covered by BabyNet; or other hospital or community based services provided as part of the IFSP or in response to identified family needs.
15. Service coordinator: Person responsible for working directly with the family to plan, coordinate and monitor provision of BabyNet services and other services required to meet the child's needs.
16. SPOE Office: "System point of entry" for BabyNet services. Twelve DHEC locations serve as the BabyNet "SPOE" offices for receipt and processing of BabyNet referrals.
17. Surrogate parent: A person appointed to represent the child in all matters related to BabyNet evaluations and assessments, development and review of IFSPs, on-going provision of BabyNet services and any other rights under IDEA Part C.

II. BABYNET SERVICE SYSTEM

A. Eligibility Criteria

SC residents under age three are eligible for IDEA Part C services through the BabyNet system when established risk and/or developmental delay are documented:

1. Established Risk

Children are eligible for BabyNet services if they have a professionally diagnosed condition (physical or mental) known to be associated with delays in one or more developmental domains. A child is eligible based on established risk if:

- a. Documented condition is on the list of BabyNet covered medical conditions (included in the appendices); or
- b. The DHEC Division of Children with Special Health Care Needs pediatric consultant determines that the child's diagnosed condition meets established risk criteria (i.e., is known to be associated with delays in one or more developmental domains).

2. Developmental Delay

Children are eligible for BabyNet services based on developmental delay, with or without a diagnosed condition, when one of the following is documented:

- a. Results of the Assessment, Evaluation, and Programming System (AEPS) curriculum based assessment reveals child is functioning at or below the cut-off in one or more developmental domains*.
- b. The intake/service coordinator has compiled documentation that use of the above measure does not accurately reflect the child's developmental status, and documents:
 - (i) Reason(s) AEPS results (measure described above) are not useful;
 - (ii) Additional information suggesting developmental delay including standardized evaluation results (when available and completed within 60 days of referral) contradict the AEPS results;
 - (iii) Eligibility Review Team agreement that information compiled and documented on the Documentatin of ICO form indicates developmental delay sufficient to warrant BabyNet interventions.
 - (a) *Local Eligibility Review* Team may establish BabyNet eligibility using ICO process for children *under 4 months of age*.
 - (b) For *children over 4 months of age*, BabyNet Service Coordinator will submit the results of local eligibility review team decision and the information used by the team to reach their decision, including the Documentation of ICO form, to BabyNet Regional Consultant. BabyNet Regional Consultant will convene a team meeting of BabyNet Central Office staff to establish child's eligibility for BabyNet services.

Eligibility determined through this process is recorded as eligibility based on developmental delay determined by "informed clinical opinion". Informed clinical opinion is not an additional criterion for eligibility. It is a method of documenting multidisciplinary agreement that developmental delay is appropriate for BabyNet interventions when other methods are determined unreliable.

Section II (BabyNet Service System)

(*Developmental domains are cognitive; physical (including vision and hearing); communication; social or emotional; and adaptive.

B. Required Services

IDEA Part C requires all state early intervention programs to offer the sixteen services listed below to eligible children. BabyNet serves as payer of last resort for these services when listed on the IFSP.

A complete description of these services, and BabyNet policies related to authorization and payment is included in the Service Guide contained in the appendices.

1. Assistive technology;
2. Audiology;
3. Family training, counseling, home visits and other supports;
4. Health services;
5. Medical services (diagnostic and evaluation services only);
6. Nursing services;
7. Nutrition services;
8. Occupational Therapy (OT);
9. Physical therapy (PT);
10. Psychological services;
11. Service coordination;
12. Social work services;
13. Special Instruction;
14. Speech-language pathology;
15. Transportation and related costs; and
16. Vision services (including orientation and mobility services).

C. BabyNet services, in addition to the required IDEA Part C services listed above include:

1. Services for children with autism spectrum disorders; and
2. Language interpreter services.

D. Service Settings

IDEA Part C requires that covered services be provided in the child's natural environment unless there is a specific reason why services in other locations would better meet the child's clinical needs. The natural environment is the child's home and/or those community settings (excluding medical facilities) in which children *without* disabilities participate.

Service provision in the natural environment is a priority in order to assure that developmental services are incorporated into a child's everyday life in ways that will naturally emphasize the acquisition of functional skills.

E. General Service Provision Guidelines

1. All services provided through BabyNet must be based on the unique needs of the child/family. The family should serve as the primary "interventionist" in the child's life.

Section II (BabyNet Service System)

They are the experts in relation to the needs of the child and family. The family and personnel involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.

2. Procedural safeguards

The principles listed below (key IDEA Part C "procedural safeguards") govern delivery of all IDEA Part C and BabyNet services. They must be kept in mind during planning and implementation of any BabyNet system service, regardless of *specific* reference to these requirements in instructions, manuals or forms.

- a. Parents must be involved in, and approve, all decisions related to services provided to their child. They must be informed of rights and privileges under IDEA Part C.
- b. Confidentiality of personally identifiable information must be maintained at all times.
- c. Every effort must be made to assure that all contact with the family is in the family's native language, or the mode of communication used by the parent. (This includes sign language interpretation for deaf parents, regardless of child's status.)
- d. Evaluation, assessment, IFSP development, and service coordination will be available at no cost to the family, with the exception of certain services related to autism.
- e. The enrollment process must be completed within 45 calendar days of referral for services.
- f. Written consent must be obtained prior to provision of services, and for any release of information about the child or services provided to the child.
- g. The parent can:
 - (i) Refuse, cancel or postpone services at any time.
 - (ii) Review and amend child's record if information that is incorrect or misleading is identified.
 - (iii) File administrative complaints and/or request mediation due process hearing to resolve disputes about services.
 - (iv) Appeal dispute resolution decisions.
- h. Arrangements must be made for provision of all services included in the IFSP for children found to be eligible for program services (although this does not mean that BabyNet must directly provide or pay for all such services.)
- i. Services are to be provided in the child's natural environment to the maximum extent appropriate to meet his/her needs;
- j. The family must be provided written notice ("written prior notice") before changes are made to current IFSP services.

3. Conduct

- a. All service providers are expected to:
 - (i) Provide services in accordance with goals outlined on the IFSP.
 - (ii) Provide services only when intervention is necessary.

Section II (BabyNet Service System)

- (iii) Notify parents/caregivers in advance of missed or late sessions, or immediately if delay is due to unforeseen circumstances.
 - (iv) Maintain professional relationships and boundaries with families served within the BabyNet system.
 - (v) Provide services in a manner that is family-centered, inclusive and culturally competent.
- b. Service providers are prohibited from:
- (i) Bringing children/minors or other individuals not directly involved in the provision of care to the child or family to the service site. Parents may not be requested to waive this policy. With prior consent of the family, internship students gaining practical experience, and are supervised by the contractor are excluded from this provision.
 - (ii) Soliciting business from parents or caregivers.
 - (iii) Soliciting business from or for a private agency, spouse, or relative.
 - (iv) Selling or marketing products while representing BabyNet.
 - (v) Providing services to members of their immediate family or individuals in which a professional relationship would be compromised.
 - (vi) Loaning or giving money to a caregiver/family/child while involved in a professional relationship with a caregiver/family/child.
 - (vii) Giving or receiving of gifts from those involved in a professional relationship with a caregiver/family/child.
 - (viii) Imposing personal or religious beliefs on others.
 - (ix) Using alcohol or illicit drugs while working with caregivers, families or children, or in a manner that will affect provision of BabyNet services.

4. Reporting requirements

- a. All BabyNet providers are required to maintain clinical services notes in the child's BabyNet record. Private providers serving BabyNet children under a DHEC contract must submit a progress report to the Service Coordinator quarterly (and on request when additional information is needed) for each child served. The report must contain all information included on the *Quarterly Progress Summary* form.
- b. The provider *Quarterly Progress Summary* report will be due the first quarter after the first date of service/evaluation.

Example: The Initial IFSP or IFSP Review was developed and service provider identified on 05/06/06. The service provider completed an evaluation on 05/16/2006. The Quarterly Progress Summary will be due 3 months from then on 08/16/06. The Intake/Service Coordinator should explain the quarterly summary requirement to the provider and document that explanation was given.

- c. If summaries are not received within one week after the due date, the Service Coordinator shall notify provider that the *Quarterly Progress Summary* is past due, and document that notification was sent.

If the *Quarterly Progress Summary* is not received the following week, the Service Coordinator shall notify the BabyNet System Manager to follow up with provider.

Section II (BabyNet Service System)

If obtaining provider summaries continues to be a problem, the System Manager shall notify BabyNet Provider Relations Coordinator. The Provider Relations Coordinator will make sure the provider is aware of their contractual responsibilities.

III. PUBLIC AWARENESS AND CHILD FIND

A. Introduction

An effective public awareness and child find system is necessary to assure earliest possible identification and referral of children that might benefit from early intervention services.

B. Public Awareness

1. Public awareness activities are those related to disseminating general information regarding the BabyNet system. Public awareness activities include: exhibiting at conferences, delivery of brochures, speaking engagements and Public Service Announcements (PSA). They should be conducted in conjunction with the local BabyNet Coordination Teams to maximize local resources to prevent duplication of effort, public awareness activities.
2. Take place in non-traditional settings such as the free medical clinic, shelters, and the Salvation Army.
3. Be included in the regular system manager's report (as requested.)

C. Child Find

1. Child find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet. An example of a child find activity is a community screening event held at a daycare and conducted for the purpose of screening large numbers of young children to identify infants and toddlers who may be eligible for early intervention services. If the screening is being conducted as a BabyNet Child Find effort, only an approved BabyNet screening tool should be used. See the next page for a listing of approved screening tools.
2. To maximize local resources and to prevent duplication of effort, child find activities should be conducted in conjunction with the local BabyNet Coordination Teams. These efforts, on a local level, should correlate to the local plans.
3. Local coordination team child find plans and activities should be included in meeting minutes and submitted to BabyNet program manager as requested.
4. Local collaboration teams will include representation from Early Head Start programs, if they exist in that area.
5. In addition, child find coordination should include at least the following agencies or programs:
 - a. Head Start;
 - b. First Steps;
 - c. Early Care Educators;
 - d. Community programs to include any local parenting programs and early care educators;
 - e. Migrant Head Start (if available);
 - f. Programs for homeless children and families;
 - g. County Health Department services;

Section III (Public Awareness and Child Find)

- h. WIC programs;
 - i. Department of Social Services;
 - j. Department of Mental Health;
 - k. Maternal and Child Health;
 - l. Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT); and
 - m. Local School Districts.
6. Distribution of child find materials will be coordinated through DHEC.

Screening Protocols Approved for Use in the BabyNet System			
SCREENING INSTRUMENTS	Use	Ages	Developmental Areas
Ages and Stages Questionnaire (ASQ)	(Referral or Intake)	4 – 48 months	Communication, gross motor, fine motor, problem-solving, personal-social
Ages and Stages Questionnaire – Social Emotional (ASQ-SE)	(Referral, Intake, PRN)	6 - 60 months	Social and emotional behavior
Family Hearing and Vision Questionnaire	(Initial and Annual IFSP)	Birth – 36 months	Communication (medical and behavioral history of visual-motor, auditory and verbal skills)
Parents’ Evaluation of Developmental Status (PEDS)	(Referral or Intake)	Birth – 8 yrs.	Communication, gross motor, fine motor, behavior, social emotional, self-help, school.

7. Working with Primary Referral Sources

Primary referral sources in each BabyNet Coordination Team catchment’s area will be informed of the requirement under Part C to make referrals to the state’s early intervention system in a timely manner following suspicion of any delays in a child’s development. This may be accomplished by providing written literature about BabyNet, as well as making presentations regarding the BabyNet System to primary referral sources specified in federal regulations as: hospitals (pre-natal and post-natal), physicians, parents, day care programs, local educational agencies, public health facilities, other social service agencies, other health care providers, to include free medical clinics.

The manner in which this will be accomplished will be described in the written Child Find Plan maintained by the local interagency coordination team.

D. Procedures

- 1. All DHEC BabyNet offices will accept BabyNet referrals. The reason for referring a child to the BabyNet System is to determine whether a child is eligible to receive BabyNet early intervention services based upon the established eligibility guidelines.
- 2. Once a primary referral source identifies that a child may have a delay or needs further evaluation, that individual or agency must make a referral to the SPOE in a timely manner.
- 3. Referrals shall be accepted by phone, fax, and written correspondence or in person. The BabyNet referral form will be given to local primary referral sources for use when making referrals.
- 4. As soon as the referral is received at the SPOE, it is considered a referral for evaluation and assessment and the 45-calendar day timeline begins.

Section III (Public Awareness and Child Find)

5. All contact with the family must be in the family's native language or in the mode of communication used by the parent. SPOE personnel should be aware of and sensitive to the family's culture, ethnicity and language.
6. Children three years of age or older will NOT be considered a referral; however, they will be referred to the Local Education Agency (LEA) and will be informed of any other community resources that may benefit their family.

IV. RECEIPT OF REFERRALS

- A. Information in this section covers a majority of BabyNet referrals. Alternate or additional actions may be required if:
- a. The child is temporarily living in a county other than the county of residence (this includes children who are referred during hospitalization); or
 - b. The child's parents or guardians are unable to participate in BabyNet planning activities; or
 - c. The child is known to be homeless; or
 - d. The child has been referred by DSS as required when children under age three are the victims of substantiated child maltreatment.

B. Referral sources

Anyone can refer an infant or toddler under age three to BabyNet. Most referrals come from family members, childcare providers, and individuals or agencies providing health and social or support services to children and families.

All agencies participating in the BabyNet interagency memorandum of agreement should refer all children served who are under age three and might benefit from BabyNet services.

In addition, the state Division of Social Services is legislatively required to refer children for IDEA Part C (BabyNet) services when children under age three are the victims of substantiated child maltreatment.

C. Processing Referrals

1. BabyNet referral of a child under age three requires communicating the following information to any of the 12 designated DHEC BabyNet offices.
 - a. Child's first and last name;
 - b. Date of birth;
 - c. Child's address and phone number (and/or other contact information sufficient to allow DHEC intake staff to contact the family); and
 - d. Name of parent, legal guardian, or primary caretaker.

This is referred to as "directory information". It can be shared for purposes of IDEA Part C eligibility determination and/or Part B notification without explicit parental permission.

This information can be communicated verbally (in person or via telephone), or in writing (letter, fax, or email). A BabyNet referral form is not required to make a referral.

2. One of the following must be documented in the BabyNet record and BabyTrac within 45 days of receipt of referral in the DHEC BabyNet office:
 - a. Child does not meet eligibility criteria;
 - b. Family is not interested in BabyNet services for referred child; or
 - c. Child has a completed and signed IFSP.
3. The BabyNet system manager is responsible for assuring that each SPOE office in the DHEC Region has established procedures for:
 - a. Entering referrals into a written log and/or BabyTrac within two working days of referral receipt;

Section IV (Receipt of Referrals)

- b. Assigning an Intake/Service Coordinator by the end of the working day following receipt of the referral; and
 - c. Setting up an early intervention record upon receipt of the referral.
 4. BabyNet services can be initiated at any age less than three years. All referrals received prior to the child's third birthday must be processed according to the procedures in this manual.
 5. When children ages 33 to 35 months are referred for BabyNet services, the Intake/Service Coordinator should also discuss the option of immediate referral to pre-school services, and initiate such referrals as appropriate based on family requests.
 6. If the child is 36 months of age or older at time of referral for early intervention services, it is too late to offer IDEA Part C services. The family should be given information about pre-school services and offered assistance to obtain these services.
- D. Initial Family Contact
1. Upon receipt of a referral, the Intake/Service Coordinator (or designee) must initiate contact with the family within two working days to:
 - a. Inform them of the referral;
 - b. Briefly describe BabyNet system services; and
 - c. Whenever possible, administer ASQ or PEDS screening for children referred due to suspected developmental delay, in order to rule out referral of children functioning within normal limits. This screening may be completed via telephone contact.
 - d. For children who do not pass the ASQ or PEDS screening, or are referred due to diagnosed condition, arrange an intake/orientation visit to further discuss the program, determine family interest in BabyNet services, and, if appropriate, proceed with collecting information required for IFSP development.
 2. If the family declines BabyNet services during initial telephone contact (i.e. before intake/orientation visit), because they are not interested in the BabyNet program or the ASQ or PEDS screening indicates that the child is functioning within normal limits, the Intake/Service Coordinator (or designee) should:
 - a. Document family decision in the record;
 - b. Send the family a copy of the *Closure Letter* and the *Notice of Child and Family Rights in the BabyNet System*;
 - c. Discuss community programs or resources that might be of benefit and;
 - d. Close referral in BabyTrac:
 - (i) Withdrawal by Parent or Guardian if family declined;
 - (ii) Ineligible by Diagnosis or Testing, (Referral Only), if screening was within normal limits and family wants no additional services.

The case can be reopened upon family contact (when a new "45-day clock" begins).
 3. If the PEDS or ASQ results indicate that the child referred due to suspected developmental delay is functioning within normal limits but the family continues to have concerns regarding the child's development, the Intake/Service Coordinator will arrange an intake/orientation visit to further discuss the program, determine family interest in

Section IV (Receipt of Referrals)

BabyNet services, and, if appropriate, proceed with collecting information required for IFSP development.

4. When the family declines BabyNet system services in the course of the intake/orientation visit, the Intake/Service Coordinator obtains family signature on the *Parent Refusal of Services* form, and gives the family a copy of the *Notice of Child and Family Rights in the BabyNet System*.
5. If family contact is not made after a minimum of three documented attempts over at least two working days, the Intake/Service Coordinator should:
 - a. Notify the family that a referral has been made and attempts to contact have failed using the *Closure Letter* which requests that the family contact the BabyNet office. A copy of the *Notice of Child and Family Rights in the BabyNet System* should be sent with the *Closure Letter*.
 - b. Determine need for sending acknowledgment of the referral, and follow up as appropriate.
 - c. Close referral in BabyTrac with Exit Reason, Attempts to Contact Unsuccessful. The case can be reopened upon family contact (when an new “45-day clock” begins).

The Intake/Service Coordinator always has the option of additional contacts before closing. The guidelines above are not meant to *automatically* limit attempts to contact.

E. Hospitalized children, or children in temporary residences at time of referral

1. Under these circumstances, referral sources may send referral information for hospitalized children to the BabyNet office serving the child’s county of residence, or to the office nearest the hospital or temporary residence. The SPOE office that receives the referral is responsible for initiating contact with the family to determine the most appropriate way to proceed with the eligibility determination process based on child’s status and their preferences.
2. Completion of the intake and eligibility determination process can be coordinated by either SPOE office (one nearest the child’s current location or in the child county of residence) depending on what will best meet that child’s needs. Records must be transferred between offices as needed when the child leaves the hospital or returns to the county of residence.
3. If the parent chooses to decline all services until the child returns home, the Intake/Service coordinator should (as indicated):
 - a. Obtain signature on *Parent Refusal of Services* form.
 - b. Give the family a copy of the *Notice of Child and Family Rights in the BabyNet System*.
 - c. Provide information to assist the family to make a referral in the county of residence.
 - d. Provide courtesy notice to the BabyNet office serving the child’s’ county of residence that a referral might be forthcoming.
 - e. Close the referral in BabyTrac with Exit Reason, Withdrawal by Parent or Guardian.
4. If the parent chooses to complete the eligibility process the initial IFSP will contain all Part C services needed to improve development, or service coordination may be the only service for six months, until the child returns home, or until hospital discharge planning begins.

Section IV (Receipt of Referrals)

F. Surrogate parents

A surrogate parent may be needed if the child's parents or guardians are unable to participate in BabyNet planning activities. See Procedural Safeguards manual for specific guidelines for identifying and obtaining services of a surrogate parent.

G. Homeless children

Follow-up with children and families known to be homeless may require non-traditional methods of contact that might include working with local law enforcement officers, soup lines, Salvation Army, homeless shelters, etc.

Intake/Service Coordinators and other BabyNet staff must make reasonable efforts to locate and serve homeless children. Contact the Systems Manager or BabyNet Regional Consultant if more information is needed.

H. DSS Referrals

1. CAPTA Requirements

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that state social service agencies refer children under age three for IDEA Part C (BabyNet) early intervention eligibility determination when:

- a. The child is the victim of substantiated child abuse or neglect; and/or
- b. The agency determines the child to be affected by illegal substance abuse (including prenatal drug exposure); and/or
- c. Developmental delays are suspected or confirmed.

The intent of the CAPTA legislation is to assure that the children described above are screened to determine need for IDEA Part C services. CAPTA does not require evaluation or early intervention services under Part C for all children that meet the above criteria.

Parents of children referred to BabyNet as required by CAPTA retain all rights of any parent in the BabyNet system unless there is a court-ordered treatment plan requiring cooperation with BabyNet.

2. DSS referrals and follow up

CAPTA referrals from the DSS caseworker will include:

- a. All reasons for DSS referral; and
- b. Appropriate contact person and information for the referred child.

3. DSS case worker role

The DSS caseworker is responsible for:

- a. Including the reason for BabyNet referral; and
- b. Notifying Intake/Service Coordinator at referral if DSS can override parent refusal of service (e.g. based on court ordered participation; or
- c. Notifying Intake/Service Coordinator if BabyNet intake participation is included in the parent's DSS Treatment Plan; and

Section IV (Receipt of Referrals)

- d. Including a copy of the court order or official documentation if DSS has legal custody of the child; and
- e. If any of these circumstances exist, the caseworker should also notify the Intake/Service Coordinator about steps to be taken (if any) should the parent fail to cooperate with planning and implementing BabyNet services.

4. The Intake/Service Coordinator role

The Intake/Service Coordinator is responsible for:

- a. Processing the referral following the same procedures as for any other child; and
- b. Notifying the DSS caseworker if the parent refuses all BabyNet services during the intake process or declines service(s) once planned or initiated at any point during the 45-day process; and
- c. Notifying the DSS caseworker of the results of the screening, assessment, and eligibility determination.
- d. Notification can be by telephone or by sending the DSS caseworker a copy of the signed Refusal of Services form, Closure Letter or other documentation.

V. INTAKE/ORIENTATION

- A. The Intake/Service Coordinator must arrange a face-to-face visit with the child and family as soon as it can be arranged, in order to meet the 45-day deadline for IFSP completion (or other final disposition of the referral). This initial visit must be completed within two weeks of referral. When possible this contact should be scheduled at the county Health Department or SPOE office.
- B. The purpose of the intake/orientation visit is to:
1. Provide basic information about IDEA Part C and the BabyNet system summarized in the *Family Guide to the BabyNet System and the Notice of Child and Family Rights*;
 2. Determine family interest in pursuing eligibility determination process; and
 3. Begin collection of information needed to determine eligibility and initiate services.

Some of these activities may be completed prior to the face-to-face visit during the initial family contact.

- C. Tasks to be completed during the visit(s):
1. Review of the following (using the *Family Guide to BabyNet System*):
 - a. IDEA Part C and BabyNet system purpose and services;
 - b. Eligibility criteria; and
 - c. Enrollment process up to and including development of the initial IFSP.
 - d. Discuss transition and ensure that family understands BabyNet services end at age three.
 2. If the family wants to proceed with the enrollment process, the Intake/Service Coordinator:
 - a. Obtains written consent for:
 - (i) Releasing and obtaining medical information as needed to provide, arrange, and/or coordinate BabyNet services (*Consent to Release and/or Obtain Information* form);
 - (ii) Screenings, evaluations and assessments required for eligibility determination (*Consent for Screening, Evaluation and Assessment* form); and
 - (iii) Billing third party payment sources (including Medicaid) as appropriate (*Insurance Resources/Consent to Bill* form).
 - b. Collects pertinent health information (*Birth and Early Health History* form); follow up with sending *Primary Health Care Provider Summary* form.
 - c. Completes Family Hearing and Vision Questionnaire. If vision or hearing evaluations have occurred, Intake/Service Coordinator should request results of such evaluations (with parental consent). If high risk factors are identified on the Family Vision and Hearing Questionnaire, discuss with family the need for follow up with primary care physician. Completes following IFSP Sections:

Section V (Intake/Orientation)

#	Topic
1	Child Information
2	General Contact Information
3	Service Coordination Provider
5	Child Current Health Status – Family View
6A	Family View of Infant/Child Present Level of Functioning
7	Family Resources, Priorities and Concerns (if parent consented)
9	Other Services
11	Service Coordination Goals (as appropriate)
12	Transition Planning (as appropriate)

3. When not completed at initial telephone contact, conducts developmental screening (PEDS or ASQ) if referral and/or intake information indicates that the child may be functioning within normal limits. The screening is done to rule out need for the more comprehensive Assessment, Evaluation and Programing System, (AEPS), curriculum based assessment (CBA).

If the screening tests are completely within normal limits; the parents have no specific concerns, and the child is not otherwise eligible for BabyNet services, a CBA is not required.

The Intake/Service Coordinator should:

- a. Inform the family that the child is not currently eligible for BabyNet services;
 - b. Discuss other referrals or services that might address concerns related to the referral;
 - c. Discuss re-referral at any time before the child turns three;
 - d. Give family a signed Written Prior Notice stating that the child found not eligible with a copy of the *Notice of Child and Family Rights in the BabyNet System*.
4. Conducts the CBA, or makes arrangements for CBA completion according to initial CBA procedures.
- D. Missed appointments. If the family doesn't keep the scheduled appointment for intake/orientation, the Intake/Service Coordinator should make at least one attempt to contact the family before sending a *Closure Letter* indicating that the case will be closed pending family contact to confirm interest in BabyNet services. A copy of the *Notice of Child and Family Rights in the BabyNet System* should be sent with the letter.
 - E. Re-Referrals: Whenever the family declines services, the child may be referred again at any time prior to the third birthday. Information obtained and documented as part of the intake process may be used for up to 60 days if updated verbally with the parent.
 - F. Prior to re-opening a BabyTrac record on a child previously referred, the Intake/Coordinator (or designee) will print the Profile section of BabyTrac and place in the child's BabyNet record to reflect the initial referral, previous IFSP activity and services, and exit information.

VI. INITIAL CURRICULUM BASED ASSESSMENT (CBA)

The CBA is the method for assessing and documenting child status across five developmental domains as required by IDEA Part C. CBA results are used as a source of information in determining BabyNet eligibility for children referred due to suspected developmental delay. For children determined BabyNet eligible based on established or diagnosed condition, the most appropriate service coordination provider completes the CBA. Completion of the CBA is required prior to development of the initial IFSP. (See Appendix 12 for listing of approved CBA tools.)

The initial CBA provider agency (DSN, SCSSDB or DHEC) is determined by the reason for the referral as summarized in the table below:

Initial CBA Assignment Summary Table	
Agency	Initial CBA Assignment Criteria
DSN	Child has established or qualifying condition, other than sensory impairment (and has been determined eligible for BabyNet services.)
SCSSDB	Child has confirmed vision or hearing impairment.
DHEC	All other children (i.e. those referred for suspected developmental delay).

- A. Children referred under **Established Risk/Qualifying Condition** category (Section VII B)
1. For children referred due to established risk or qualifying condition, completion of the CBA is not required prior to eligibility determination. Established qualifying condition refers to a professionally diagnosed and documented condition with known cause and developmental consequences included in the list of covered conditions in Appendix 3. This also includes other conditions determined to meet the same criteria by the DHEC Division of Children with Special Health Care Needs pediatric consultant.
 2. The presence of an Established Condition is an indicator of the need for special instruction.
 3. DSN is responsible for conducting the initial CBA and development of the initial IFSP when BabyNet eligibility is determined under Established Condition, other than sensory impairment. If a DSN Board or contract agency feels they are unable to complete the referrals received, they must communicate their concerns to the DDSN central office.
 4. SCSSDB is responsible for conducting the initial CBA and development of the initial IFSP when the child has an established condition of a confirmed sensory impairment (vision or hearing). Section II of the Family Vision and Hearing Questionnaire provides a complete listing of diagnosed conditions requiring referral to SCSSDB.
 5. Once eligibility is established the Intake/Service Coordinator must, within two working days, complete the following:
 - a. IFSP Section 8 to document Eligibility Determination.

Section VI (Initial Curriculum Based Assessment) CBA

- b. Contact the family to review findings. Discuss with family the option of Special Instruction to determine interest. If child has sensory impairment (vision or hearing), explain that SCSDB is the provider agency and will develop the IFSP. Contact SCSDB to inform that a referral is being sent and submit referral packet.
 - c. When family is interested in Special Instruction from a DSN Board or contract agency, explain that this provider will develop the initial IFSP.
 - e. Determine if family has a preference in DSN provider.
 - f. When family is interested in DSN Special Instruction and does not have a preference in provider, consult Provider Matrix to determine which contract agency will receive the referral.
 - g. When provider is identified, inform provider of referral and submit referral packet to provider agency.
 - h. When family refuses Special Instruction, develop the initial IFSP and provide Service Coordination.
6. The provider agency will contact the family as soon as possible, but not to exceed four working days and begin arrangements for the CBA and development of the initial IFSP.

B. Children referred due to **Suspected Developmental Delay** category (Section VII B)

1. For children referred due to suspected developmental delay, DHEC BabyNet is responsible for completion of the initial CBA. This includes children referred due to a diagnosed condition that is not on the BabyNet list of covered diagnoses in Appendix 3. The AEPS curriculum based assessment will be utilized for eligibility determination.
2. The Intake/Service Coordinator completes the AEPS during the intake/orientation visit(s) or makes arrangements for completion of the AEPS according to DHEC Region or SPOE area procedures.
3. Once BabyNet eligibility is established, the Intake/Service Coordinator must, within two working days, complete the following:
 - a. IFSP Section 8 to document Eligibility Determination
 - b. Contact the family to review findings.
 - c. If Special Instruction Indicator(s) are present, discuss the option of SI to determine family interest. When family is interested in Special Instruction from a DSN Board or contracted provider, determine family preference in provider, inform provider of referral, and submit referral to provider agency.
 - d. When the family is interested in DSN Special Instruction but does not have a preference in provider, consult Provider Matrix to determine which agency will receive the referral.
 - e. When provider is identified, inform provider of referral and submit referral packet to provider agency.

Section VI (Initial Curriculum Based Assessment) CBA

- f. When no Special Instruction Indicator(s) are present or if the family refuses Special Instruction, inform the family that DHEC BN will develop the initial IFSP and provide service coordination.
- 4. The service coordination provider agency will contact the family as soon as possible, but not to exceed 4 working days of referral to begin arrangements for development of the initial IFSP.

C. Developing the Provider Matrix

- 1. Each BNSM will be responsible for setting up a Provider Matrix for each county in the Region by:
 - a. Listing each CBA/SI/SC provider agency;
 - b. Determining the number of staff members in each agency that conduct CBA/SI/SC; and
 - c. Placing a referral number beside each provider until each staff member has a referral.
- 2. Once all providers have been assigned a referral, start the rotation over. (See example that follows).
- 3. The BN Supervisor for the DSN Board or contract agency must inform the BNSM of any changes in the number of staff members available for referrals as soon as they occur, or no later than the next scheduled local BabyNet Coordination Team meeting.

*EXAMPLE
PROVIDER MATRIX*

Matrix to determine DDSN CBA/SI/SC Providers

<i>DDSN contractor</i>	<i># CBA Staff</i>	<i>Referral number and agency assignment for <u>AUGUST</u> (* indicates break in assignment rotation)</i>																		
<i>Agency #1</i>	<i>10</i>	<i>1</i>	<i>4</i>	<i>7</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>*</i>	<i>2</i>	<i>2</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	
<i>Agency #2</i>	<i>8</i>	<i>2</i>	<i>5</i>	<i>8</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>*</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>*</i>
<i>Agency #3</i>	<i>3</i>	<i>3</i>	<i>6</i>	<i>9</i>	<i>*</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>*</i>											

- *There are three DDSN contractors in the county, with a total of 21 staff members available for referrals..*
- *The SPOE office received 39 referrals during the month.*
- *Agency #1 was assigned the 1st, 4th, 7th, 10th...21st, and 24th, 27th 30th ...38th referrals for a total of 17.*

In the same manner, Agency #2 was assigned 16 referrals, and Agency #3 got 6 referrals.

Section VI (Initial Curriculum Based Assessment) CBA

- *Agency # 2 got the 39th (last) referral of the month, thus the following month, the first referral would begin with Agency #3.*

D. Transmitting the Referral Packet

1. The Intake/Service Coordinator must send the following information to the provider when referring for development of the initial IFSP:
 - a) *Birth and Early Health History*
 - b) *Insurance Resources form (signed)*
 - c) *Consent to Release/Obtain Information (signed)*
 - d) *Consent to Screening, Evaluation, and Assessment (signed)*
 - e) *Family Hearing and Vision Questionnaire;*
 - f) *Continuation Notes*
 - g) *Medical Records received to date.*
 - h) *IFSP sections completed to date:*

#	IFSP TOPIC
1	Child Information
2	General Information
3	Service Coordination Provider (Intake/Service Coordinator name, phone
5	Child Current Health Status-Family View
6A	Family Resources, Priorities and Concerns
8	Eligibility
9	Other Services
12	Transition Planning

2. The referral packet will be sent with the BabyNet Record Transmittal Cover Sheet.
3. SCSDB requires that this information be faxed (mailed copies will not be accepted) to SCSDB Early Intervention Services at 803-896-8279. This information must include a fax number to be used for confirmation of receipt of referral. A confirmation will be sent

Section VI (Initial Curriculum Based Assessment) CBA

within 24 hours. If the Intake/Service Coordinator has not received a confirmation from SCSDB within 24 hours, they should re-fax the referral.

4. This information should be transmitted in the most cost efficient manner possible to DSN Boards and contracted providers to reduce program costs.

VII. ELIGIBILITY DETERMINATION

A. Initial Eligibility

1. DHEC is responsible for eligibility determination by an interdisciplinary team. The Intake/Service Coordinator will conduct an eligibility review meeting to confirm that the child meets eligibility requirements for established risk or developmental delay.
2. The Eligibility Review Team will include:
 - a. The Intake/Service Coordinator
 - b. At least one other person representing a different discipline or role relevant to identified needs of the child;
 - c. Others as needed based on Intake/Service Coordinator assessment.
 - d. If the child has been referred based on a qualifying condition under the established risk category, the physician, nurse practitioner or other licensed health care provider who can provide written confirmation (any format) of the diagnosis may serve as the second person on the team. If such documentation is available, no other action is needed to determine eligibility. When the Intake/Service Coordinator receives documentation or confirmation of a qualifying diagnosis, the child is considered BabyNet eligible.

B. Eligibility Criteria

1. Established Risk/Qualifying Condition
 - a. Documented condition is on the list of BabyNet covered medical conditions (included in Appendix 3)
 - b. The DHEC Division of Children with Special Health Care Needs pediatric consultant determines that the child's diagnosed condition meets the established criteria (i.e., is known to be associated with delays in one or more developmental domains).

2. Developmental Delay

- a. Results of the AEPS curriculum based assessment reveal child is functioning at or below the cut-off in one or more developmental domains.

When child is found ineligible on the AEPS but other standardized evaluation results are available that were completed within 60 days of referral contradict the AEPS results, the child's eligibility may be considered through the informed clinical opinion process, (for example, child has a 30% delay based on standardized evaluation).

OR

- b. Evaluation or assessment scores, parent concerns, child observation, current health status, medical history and/or physician concerns result in developmental delay by informed clinical opinion.

Section VII (Eligibility Determination)

C. The eligibility determination process will include:

- a. Written materials and reports gathered during the intake process from service providers and others familiar with the child's development;
 - b. Reported and direct observation of child's behaviors, abilities, and emerging skills; and
 - c. Family concerns and priorities.
 - d. When developmental delay is considered by the use of informed clinical opinion process, the Documentation of ICO Form must be completed and include the reason the assessment tool findings are invalid, and how the use of other developmental data including current health status, medical history, physician concerns, and observations of the child in his/her daily routine were used to reach the eligibility decision. Local eligibility teams may establish BabyNet eligibility using the informed clinical opinion process for children under 4 months of age. For children over 4 months of age, aforementioned information must be forwarded to the BabyNet Regional Consultant for BabyNet Central Office to establish eligibility.
 - e. Determination of the presence of Special Instruction Indicator(s) found in guidelines that follow.
2. Completion of IFSP Section 8 (Eligibility).

D. Special Instruction Indicators

Once BabyNet eligibility is established, the Eligibility Review Team will determine the presence of Special Instruction indicators to assist in the determination of the most appropriate service coordinator. When the child is eligible due to developmental delay using the informed clinical opinion process, the Eligibility Review Team will make recommendations for Special Instruction based on the information presented at the time of the meeting. If further consultation is needed, the Supervisor for the SI provider agency will be contacted.

Special Instruction is indicated whenever:

1. Child has a qualifying diagnosis (and therefore needs developmental monitorship); or
2. Child scores at or below AEPS cut-off in cognitive, social, or social communication domains; or
3. Child scores at or below AEPS cut-off in any other two domains.;or
4. There is lack of timely access to required natural environment providers, (ST, OT, ST, etc.)

Section VII (Eligibility Determination)

E. Following Eligibility Determination:

Within two working days of the child’s eligibility determination, the Intake Service Coordinator must:

1. Contact the family to review findings; and
2. If special instruction indicator(s) are present, discuss the option of special instruction to determine family interest and preference in provider; and
3. Determine agency responsible for development of the initial IFSP and service coordination per chart below and follow manual guidelines in Section VI.

Agency	Development of INITIAL IFSP and Ongoing Service Coordination assigned for:
DSN	<ul style="list-style-type: none"> • Any child participating in the MR/DD waiver; or • Eligible for DDSN services (regardless of need for special instruction); or • Requiring Special Instruction <i>without confirmed</i> vision or hearing impairment
SCSDB	<ul style="list-style-type: none"> • All children with confirmed vision or hearing impairment
DHEC	<ul style="list-style-type: none"> • All other children not in need of special instruction or other DDSN services (respite, family support)

F. When child does not meet BabyNet eligibility criteria:

Within two working days the Intake/Service Coordinator must contact the family to:

1. Review findings with the family and discuss options and next steps;
2. Discuss other interventions as appropriate
3. Assist with referrals as needed;
4. Provide a copy of the IFSP with sections completed through the point of eligibility determination, including the CBA report, Section 6B, *Assessment of Child’s Present Level of Functioning*, *Written Prior Notice* documenting reason for denial of eligibility, and a

Section VII (Eligibility Determination)

copy of *Notice of Child and Family Rights in the BabyNet System* (if family does not already have a copy); and

5. Remind the parents that referral can be made again any time before the child's third birthday.

G. When the Eligibility Review Team is unable to make a final determination:

The Intake/Service Coordinator should review the information with the immediate supervisor and/or Regional BabyNet System Manager. If needed, further assistance is available from the BabyNet Regional Consultant who will determine if additional central office review is required. If so, the Regional Consultant will contact the DHEC Division of Children with Special Health Care Needs pediatric consultant to make a determination.

H. Continuing Eligibility

Once enrolled (i.e. after initial IFSP meeting), continuing eligibility will be determined annually as part of the IFSP evaluation. Enrolled children will remain eligible for BabyNet services if:

- a) Qualifying condition persists; or
- b) Results of CBA reveal child is not functioning within normal limits in at least one domain of development, (i.e., functioning at or below cut-off in any domain on the AEPS or a >15% delay in any developmental domain as measured by other curriculum based assessments or standardized evaluations; and
- c) IFSP team has determined that continued Part C services will help to:
 - i. Maintain developmental progress to date; or
 - ii. Prevent regression; or
 - iii. Continue improvement in developmental status.

SUGGESTED ACTIVITY TIMELINE

A. Referrals due to ESTABLISHED CONDITION	
DHEC Initial Contact after referral	By day 2
Intake Visit	By day 14
Eligibility Determination	By day 21
Referral to DSN or SCSSDB IFSP development	By day 23
Complete Initial IFSP	By day 45

B. Referrals due to SUSPECTED DEVELOPMENTAL DELAY	
DHEC Initial Contact after referral	By day 2
Intake Visit	By day 14
DHEC Completes AEPS CBA	By day 14
Eligibility Determination	By day 21
Notify Family of ED, Discuss SI	By day 23
Refer to DSN/SCSSDB/DHEC BN for IFSP	By day 25

VIII. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The IFSP contains all IDEA Part C required information that is necessary to plan services to be provided through BabyNet:

Section	Title
1	Child Information
2	General contact information
3	Intake and Intake/Service Coordinator
4	IFSP tracking
5A	Family's view of child's current health
5B	Health care providers
6A	Family view of child's present level of functioning
6B	Assessment of child's current level of functioning
6C	Other team members view of child's present level of functioning
7	Family resources, priorities and concerns
8	Eligibility
9	Other services
10A	Child/Family-centered goals
10B	Periodic reviews of goals
11	Service coordination goals
12	Transition planning
13	BabyNet services
14	Initial and annual IFSP consent and team signatures
15	Medical & therapy updates

Section VIII (Individualized Family Service Plan) IFSP

A. Initial IFSP

1. The initial IFSP must be developed by a team that includes:
 - a. The Service Coordinator (who is responsible for arranging and conducting the meeting).
 - b. Parent(s).
 - c. CBA provider (or designee qualified to report and interpret CBA findings).
 - d. Others as needed or as requested by the family.
2. The Service Coordinator is responsible for preparations for the initial IFSP meeting to include:
 - a. Scheduling the meeting on a date convenient for the family and other members of the team that is no later than 45 days after date referral was received.
 - b. Formal notice to family using the *Written Prior Notice/Meeting Notification* form at least seven calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Intake/Service Coordinator agree to an earlier date, the meeting may occur prior to the seven calendar days. This should be documented by parent initials on Written Prior Notice form. Documentation that Written Prior Notice is provided must be in service notes.
 - c. Reviewing meeting purpose and process with the family.
 - d. The Service Coordinator must document at least three attempts to contact the family, (at least one of these contacts must be written) over seven calendar days in effort to schedule the initial IFSP meeting. If the family fails to respond to these efforts, the Service Coordinator will notify the DHEC SPOE office and return the referral. DHEC SPOE will send Written Prior Notice to the family and close the child to BabyNet services in seven calendar days if no response from family.
3. The Service Coordinator is responsible for assuring that the following activities are completed during and after the initial IFSP meeting:

- a. Review of information gathered to date.
- b. Complete the following sections of the IFSP

#	TOPIC
4	IFSP Tracking
5	Child current health status
6-C	Other team member views of present level of functioning
10	Child/Family-centered goals
11	Service Coordination goals (as appropriate)
12	Transition planning (as appropriate)
14	Signatures

- c. Complete and document the Early Childhood Outcome process including required data input as specified in Appendix 11.

Section VIII (Individualized Family Service Plan) IFSP

- d. Implementation of the IFSP becomes the responsibility of the ongoing Service Coordinator. This includes the identification of providers and scheduling evaluations/services.
- e. Service Coordinator will send copy of IFSP to family, service providers, and primary care physician.

B. 6-month IFSP Review

Six months after the initial IFSP and annual IFSP reviews, the Service Coordinator will:

1. Review *Quarterly Progress Reports* from IFSP service providers.
2. Discuss child's status and progress with family and providers. If any party identifies the need for changes in IFSP goals or services, service/Service Coordinator will arrange an IFSP team meeting to include family and relevant providers.
3. Document results of the review in the IFSP (Section 10-B).
4. Service Coordinator will send copy of IFSP review to family, service providers, and primary care physician.

C. Annual IFSP Review

1. The IFSP must be evaluated annually in order to formally assess progress in meeting stated goals and to prepare new document. This review must include:
 - a. Service Coordinator review of reports, assessment information, and records pertinent to the child's progress and service needs; and
 - b. Discussion of this information and child's progress with the family;
 - c. Transition planning (review held closest to the child's second birthday); and
 - d. Completion of new IFSP.
2. Participants in the annual IFSP review must include:
 - a. Parent(s) of the child or caregivers;
 - b. Other family members or advocates as requested by the parent;
 - c. On-going Service Coordinator (or designee familiar with activities related to child's implementation of the IFSP);
 - d. Persons conducting any evaluations or assessments since last IFSP evaluation review, or their designee, unless written reports are available to team members; and
 - e. All BabyNet Service Providers currently serving the family and child.

Appropriate personnel from the local Department of Social Services should be invited to the meeting if the family/child is receiving child protection, foster, adoption, or managed treatment services under DSS supervision.

3. The annual review must be completed every 364 days.

A service change review conducted not more than 30 days prior to the scheduled annual review may serve as the annual review if the review team included:

Section VIII (Individualized Family Service Plan) IFSP

- a. The Service Coordinator (who is responsible for arranging and conducting the meeting);
- b. Parent(s); and
- c. IFSP service providers (present or represented).

The next six-month review of the IFSP is then reset to not more than six months from the date annual evaluation of the plan. Therefore, there is no need to review and then evaluate the IFSP twice in a 30-day period.

*Example: The last review of the IFSP was held March 1st. If the projected date of the annual evaluation of the plan is September 1st, a change review may occur on any date between August 1st and August 31st as needed and still count as the annual evaluation provided that all service providers participated in the review. This would be indicated in the Summary Review of Outcomes Section of the IFSP as **both** a change review and the annual review.*

The next six-month review of the IFSP would be due on the corresponding date between February 1st and 28th of the following year.

4. The Service Coordinator should begin requesting and compiling required materials at least eight weeks prior to the review date to assure timely availability.

The following activities must be completed prior to the IFSP meeting:

- a. Review of Quarterly Progress Summary reports from all providers serving the child. (BabyNet contracted providers are required to submit the information contained in these reports within 15 days of the end of each quarter. See Section II, *BabyNet Service System*, regarding provider responsibilities and procedures to be followed if reports are not submitted as required.)
- b. Determining a meeting date, time and location convenient to all team members.
- c. Request updated *Provider Health Care Summary* form, if needed.
- d. Meeting with the family prior to the scheduled meeting to:
 - (i) Discuss the process of the Annual IFSP Meeting, including participants, tasks and scheduling using the *Family Guide to the BabyNet System*.
 - (ii) Review current IFSP and update IFSP Sections 1 and 2
 - (iii) Complete IFSP Sections 5, 6A, 7,9, 11 and 12.
 - (iv) Complete hearing and vision screening using the *Family Hearing and Vision Report* unless the child has had an evaluation by audiologist, ophthalmologist or optometrist within the past six months (180 days). Service Coordinator should request results of such evaluations (with parental consent).
 - (v) Review *Insurance Resources* form and update as needed.
 - (vi) Update of Consent for Screening, Evaluation, and Assessment, Release of Information, Insurance Resource and/or other forms as required.
- e. Notifying family and other team members of annual review date, time and location. Formal notice, and documentation in service notes, to family using the *Written Prior Notice/Meeting Notification* form at least seven calendar days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled.

Section VIII (Individualized Family Service Plan) IFSP

Providers can be notified by any means. If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the seven days.

- f. Payment authorizations for each invited BabyNet provider.
5. A CBA must be done within four weeks of the scheduled annual IFSP evaluation. The service-coordinating agency is responsible for completing the annual CBA using procedures developed by each agency.

It is not necessary for the same CBA provider to be used from one administration of the tool to the next. However, the same CBA tool should be used from administration to administration unless there is documentation in the service notes to support:

- a. The IFSP team determines need to change tool based on service provider quarterly progress reports 90-days prior to annual evaluation of the IFSP; **or**
- b. Service Coordination has been transferred to or from SDB; **or**
- c. There is clinical (child-focused) reason for changing tools,(for example, needs of child indicate that a more detailed curriculum based assessment is required).

D. Service changes

1. An IFSP service change review is required when any party requests a change in services listed on the current IFSP (addition, elimination, or change in duration or frequency of listed service). The purpose of the review is to:
- a. Discuss reasons for proposed changes;
 - b. Revise the IFSP as needed; and
 - c. Obtain parental consent for the changes.

The Service Coordinator must notify all IFSP team members of the review date, time and location. Formal notice, and documentation in service notes, must be sent to the family using the *Written Prior Notice/Meeting Notification* form at least seven days prior to the meeting. BabyNet Service Providers must be notified as soon as the meeting is scheduled. Providers can be notified by any means. If family and Service Coordinator agree to an earlier date, the meeting may occur prior to the seven days. Agreement to an earlier date is documented by parents' initials on Written Prior Notice form.

The parent and the Service Coordinator must be present at the review. Service providers may participate by telephone.

The Service Coordinator will send copy of change review to family, service providers, and primary care physician.

E. Provider changes

Provider changes after initial assignment of on-going service coordination agency and service coordinator are often required during the course of BabyNet service delivery. Formal service change reviews (described above) are required if the changes will result in any change to services and/or goals listed on the IFSP.

If a new service coordinator or provider will implement the IFSP as currently written, a service change review may be held, but is not required. However the current Service Coordinator, their supervisor or designee must assure that:

1. The family understands why change in personnel is required;

Section VIII (Individualized Family Service Plan) IFSP

2. The family is introduced to the new Service Coordinator or provider;
3. The new Service Coordinator or provider reviews the current IFSP goals and services;
and
4. Other service providers are made aware of the change in IFSP team composition.

F. Service Authorization

Prior authorization is required for BabyNet reimbursement of services listed on the IFSP. Only services listed on the child's current IFSP may be authorized. The Service Coordinator is responsible for authorizing services using the BabyNet Payment Authorization Form. See Service Guide appendix for detailed description of authorization process and service reimbursement information.

G. Monitoring delivery of IFSP services

The Service Coordinator is responsible for:

1. Monthly contact with families to assess concerns, child status, family and provider adherence to IFSP activities and plans;
2. Reviewing all Quarterly Progress Reports submitted by the provider as they are received;
3. Updating Service Notes.

H. Closure to all BabyNet Services:

The BabyNet Service Coordinator of record at the time of exit will complete and document, including required data input, the Early Childhood Outcomes process within ten days of exit as described in *Appendix 11, Early Childhood Outcomes* for all children who:

1. Were age 30 months or less when the initial IFSP was developed; and
2. Entered BabyNet services since August, 2006; and
3. Have been continuously enrolled in BabyNet system for at least six months of service.

IX. TRANSITION TO PRE-SCHOOL SERVICES

A. Overview

1. IDEA Part C Requirements:

- a. Specific transition plans on each IFSP that describe:
 - (i) Steps (activities) to be completed and person(s) responsible;
 - (ii) Services required or desired to implement the plan; and
 - (iii) Plans to identify and obtain needed services.
- b. Formal notification to appropriate local education agency (LEA/school district) if child potentially eligible for IDEA Part B services.
- c. Community program or Head Start when family's transition plans include use of these resources.
- d. Arranging and/or participating in conference with family and LEA or Head Start to facilitate transition from Part C to Part B service systems by coordinated planning for pre-school services to be provided by those agencies.

B. Local Interagency Transition Agreements (LITAs)

1. Overview

In order to facilitate transition activities, BabyNet requires preparation of interagency agreements between Part B and Part C of IDEA for each area served by the 12 DHEC system point of entry offices. These agreements describe local procedures of BabyNet and the State Department of Education through the local school districts and Head Start programs supported by IDEA 619 grants for services to pre-school children (ages three to five years) with disabilities to ensure coordination on transition matters.

The agreements are designed to provide clear, easy-to follow procedures to facilitate the child and family's smooth transition from the IDEA Part C early intervention (BabyNet) system to Part B preschool service systems within the local education agency and/or Head Start agency.

The BabyNet system manager is responsible for assuring development and implementation of these agreements within each DHEC Region.

2. Participants

The agencies listed below will be invited to participate in LITA development:

- a. The Local Education Agency (LEA);
- b. Head Start, Early Head Start, Migrant Head Start;
- c. DHEC/BabyNet;
- d. Local Board(s) of Disabilities and Special Needs and/or their contractors;
- e. The South Carolina School for the Deaf and the Blind;
- f. Community programs, such as early care educators.

These groups are typically members of the local BabyNet Coordination Team. The BabyNet system manager (or designee) is responsible for coordinating LITA development and implementation.

Section IX (Transition to Pre-School Service)

3. Required information
 - a. Purpose;
 - b. List of agencies involved;
 - c. Requirements impacting this agreement;
 - d. Definition of terms;
 - e. Procedures for referral of children who turn 3 between the ending date of one school year and the beginning date of the subsequent school year and other extended school year breaks, and the most expedient process for evaluation and service delivery. When referrals should be made to the LEA/Head Start to ensure adherence to required timelines;
 - f. The response of the local school district or agency/community provider to “late entry” referrals and the most expedient process for evaluation and service delivery;
 - g. Work schedule and timelines;
 - h. Contact information for local program/agency directors, program/agency contacts, and team members;
 - i. Plans for periodic meetings to discuss and plan for transition procedures and timelines;
 - j. Method of dissemination the LITAs and training on the content of the LITAs;
 - k. Monitoring and Evaluation of Agreement;
 - l. Statement that interagency disputes will be resolved in accordance with the MOA Between Participating Agencies Providing Early Intervention Services in South Carolina Under Part C of IDEA;
 - m. Signatures of participating entities, and dates.
 - n. Maps of school district boundaries are helpful to include but are not required.
4. Process
 - a. The LITA is developed by local interagency group (participants listed above). The BabyNet system manager is responsible for coordinating and leading the process. Regular meetings of the local BabyNet Coordination Team can serve as a forum for LITA development and monitoring.
 - b. Upon completion, the system manager must submit the document to the BabyNet program manager (state Part C Coordinator) for review and approval by BabyNet and a representative of the State Department of Education.
 - c. The BabyNet program manager will return the document to the system manager for final signature by each participating agency.
 - d. When all signatures are obtained, a copy of the document will be returned to BabyNet Central Office.
5. Dissemination

Once the Local Interagency Transition Agreement has been developed, consideration should be given as to how the Agreement will be disseminated, how and when families and agency staff will be informed and trained on the contents of the Agreement, and how

Section IX (Transition to Pre-School Service)

the Agreement becomes a valid functioning part of the transition process. This should occur through the local BabyNet Coordination Team on at least an annual basis and more frequently as needed. Newly hired staff should be trained through their immediate supervisor.

6. Evaluation

The Local Interagency Transition Agreement shall be reviewed, evaluated and updated at least annually, or more often if necessary, to ensure effectiveness and continuous improvement of the Agreement

C. Transition Planning

1. At the initial intake visit the Intake/Service Coordinator discusses transition with the family. The family is made aware that BabyNet eligibility ends at age three. The Service Coordinator continues to discuss transition at the Initial IFSP meeting by informing and educating the family on what transition means and how to prepare for transition of their child to Part B or other community services. This discussion is documented on the Transition Planning page, (Section 12), of the initial IFSP.
2. The Service Coordinator continues to discuss transition steps at each review and annual evaluation of the IFSP. Items listed on the Transition Planning page of the IFSP will be completed by the timelines provided to facilitate the child's transition to Part B or other community services.
3. Families should be provided information on service options including:
 - a. Developmental Disabilities Programs (e.g. through DDSN);
 - b. School for the Deaf and Blind;
 - c. Child care facilities; and/or
 - d. Local school district.
5. This plan allows time for families to explore options, ask questions, and make decisions regarding referrals. This required discussion about transition must include the following:
 - a. Relevant family outcomes related to transition;
 - b. Who will be involved with the child's transition;
 - c. Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting;
 - d. Discussions with and training for parents regarding future placements and other matters related to the child's transition;
 - e. The Transition Conference that, with parent permission, must be scheduled with the local school district;
 - f. Parents should be encouraged to think about what options they might choose if the child is not eligible for local school district services. The Service Coordinator must assist the family in investigating these options and discuss scheduling appropriate transition conferences with other community providers;
 - g. Explanation that eligibility for BabyNet services does not guarantee eligibility for any other program.

Section IX (Transition to Pre-School Service)

- h. Discuss and educate parents about the differences between BabyNet services and educationally related services under Part B of IDEA. (See comparison chart)
 - i. Transition Planning steps to be taken—decisions made, outcomes developed, and appointments to be scheduled—must be documented during the IFSP meeting on the IFSP form, along with the name of the person(s) responsible for carrying out each step.
6. In addition to the information regarding scheduling a transition conference being documented on the Transition Planning page of the IFSP, it must also be documented on the appropriate section of the *Transition Referral* form.

D. Transition Notification

IDEA regulations require formal notification to the local educational agency of all children who are BabyNet eligible, and will shortly reach the age of eligibility for preschool services under Part B of the IDEA.

The System Manager is responsible for:

1. Generating BabyTrac report by school district with school district, name, date of birth, address, and telephone number for all active children in the DHEC Region with an IFSP who:
 - a. Will turn 24 months of age in the following month.
 - b. Are over 24 months of age whose initial IFSP was developed during the prior month

This information is considered *directory information* under the Family Educational Rights and Privacy Act (FERPA) and must be completed for all children 24-months (or older in case of late referral) referred to and/or found eligible for BabyNet services.

2. Sending this information to the appropriate representative of the local school district in which the child lives by no later than the third working day of each month for the preceding month

Example: On May 1st the System Manager will run a report for all those children turning 24 months of age between April 1st and April 30th.

3. Late Referrals

If the child is 33 months to 36 months upon referral the Service Coordinator (or other designated SPOE office staff member) will discuss the BabyNet System age limits and proceeds with BabyNet and/or preschool referral based on family's choice.

The local school district should be immediately contacted and directory information sent to them by the BabyNet Service Coordinator.

E. Transition Referral

1. With the approval of the family of the child, a referral to the local school district, head start, and/or community program is made no later than age 2 years 6 months (30 months.)
2. With parental permission, The Service Coordinator will indicate on the *Transition Referral* form if the parents have requested a referral to the LEA (school district), want to have a transition conference, and/or want their child's records sent to LEA. This permission should be obtained at the IFSP meeting closest to the child's second birthday, if possible. This process is also followed if parents wish a referral to a community program. The BabyNet Service Coordinator will indicate this on the *Transition Referral* form.

Section IX (Transition to Pre-School Service)

3. If the parent consents to LEA referral and transfer of information, the Service Coordinator will make appropriate arrangements to transmit relevant parts of the BabyNet record to the agency providing pre-school services (LEA Head Start or Community Program).
 4. The parent makes the ultimate decisions as to which of the child's records they want shared with the LEA.
- F. If parents indicate that they are not interested in pursuing eligibility for school district preschool services, as part of child find the parent must also refuse school district services to LEA.

When the family does not want a transition referral to the LEA referral The Service Coordinator must:

1. Enter this information on the *Transition Referral* form;
2. Give the family contact information for the director of special education;
3. Inform the family that they can contact the LEA representative at any time to receive information about Part B services;
4. Inform the family that the LEA will contact them as part of their child find activities.

Once the family has declined BabyNet referral for LEA pre-school services, further contact about these services is the LEA responsibility

G. Transition Conference

1. The BabyNet Service Coordinator is responsible for convening a transition conference, at least 90 days, and at the discretion of the parties, up to 9 months, before the child is eligible for the preschool services among The Service Coordinator (representing the lead agency), the family, and the local education agency.
2. The BabyNet Service Coordinator must also convene a Transition Conference, with the approval of the family, for the child who is determined not to be eligible for preschool services from the LEA with appropriate community programs.
3. The notification to the schools regarding this Conference must be at least fourteen calendar days before the Transition Conference is scheduled. BabyNet, the family, and the school district, or Head Start shall coordinate their schedules to set a mutually agreeable time for the conference.
 - a. If the family consents to referral and transition conference with LEA and/or Head Start:
 - (i) The BabyNet Service Coordinator notifies the school district where the child resides of the need for a Transition Conference. The notification to the schools regarding this Conference must be at least fourteen calendar days before the Transition Conference is scheduled. The Transition Conference must be held at a mutually agreeable time for family, school district, community agency, and BabyNet Service Coordinator.
 - (ii) The BabyNet Service Coordinator convenes the Transition Conference.
 - (iii) A transition conference can occur only with parental permission. If the parents want to have a transition conference but choose not to attend the conference, the conference can be held. If parent has previously agreed to a conference but does not attend the conference, the conference can still occur as planned.

Section IX (Transition to Pre-School Service)

- (iv) The transition conference may occur by telephone if all parties have previously agreed.
- (v) The Transition Conference form reflects the discussion of the conference participants and the planning of the specific steps or actions needed to transition the child to the LEA, Head Start, and/or other community agencies.

b. If the family consents to referral and transition conference to community provider:

- (i) BabyNet Service Coordinator notifies the community provider identified by the family of the need for a Transition Conference. The Transition Conference must be held at a mutually agreeable time for family, community agency, and BabyNet Service Coordinator.
- (ii) BabyNet Service Coordinator sends an invitation to attend transition conference to family and other appropriate service provider indicated by the parents,
- (iii) The BabyNet Service Coordinator convenes the Transition Conference.
- (iv) A transition conference can occur only with parental permission. If parent has previously agreed to a conference but doesn't attend the conference, the conference can still occur as planned.
- (iv) The transition conference may occur by telephone if all parties have previously agreed.
- (v) The Transition Conference Form is used to delineate the transition plan.

. 4. Transition Conference Plan

- a. The Transition Conference form reflects the discussion of the conference participants and the planning of the specific steps or actions needed to transition the child to the LEA, Head Start, and/or other community agencies.
- b. The transition plan can be developed during the transition conference by the parent and the other conference team members. Or, if the parent does not want a conference, or doesn't attend the conference, the BabyNet Service Coordinator and the parent can develop the plan.
- c. The Transition Plan includes:
 - (i) A list of steps to support transitions during the time the child receives BabyNet services.
 - (ii) The activities and persons responsible for each step.
 - (iii) The completion date of each activity.
 - (iv) The BabyNet Service Coordinator sees that all activities listed in the Transition Plan section of the Transition Conference Form are completed.

Section IX (Transition to Pre-School Service)

7. Invitation to Initial IEP Meeting

a. In the case of a child who was previously served under Part C, an invitation to the initial IEP meeting shall, at the request of the parent, be sent to The Service Coordinator or other representatives of the Part C system to assist with the smooth transition of services. The Part C representative shall attend the IEP meeting, if invited.

b. At the request of the parent, the BabyNet Service Coordinator will be invited to the child's initial IEP meeting at age 3.

8. Follow-Up to Transition.

Service Coordinator will enter exit reason in BabyTrac at age 3 based on information received from LEA representative at the transition conference.

7. Special Considerations

a. Summer Birthdays

When BabyNet eligible children turn 3 between the ending date of one school year and the beginning date of the subsequent school year, extra planning may be required. Transition services are completed in a timely manner to allow for completion of: evaluations to determine eligibility for special education and related services; development of an IEP; consideration for extended school year services; and/or initiation of other services.

Local procedures must be developed to determine when referrals should be made to ensure adherence to required timelines. The LITA must delineate the response of the local school district or agency/community provider to referrals of children who turn 3 between the ending date of one school year and the beginning date of the subsequent school year and other extended school year breaks, and the most expedient process for evaluation and service delivery.

b. Late entry children

(i) If the child is 33 - 36 months old upon referral to BabyNet, the Service Coordinator (or designee) will discuss the BabyNet System age limits and transition to preschool services. Proceed with BabyNet referral and/or referral to preschool services upon family request.

(ii) The local school district should be immediately contacted and directory information on the Transition Notification/Referral form sent to them.

(iii) The LITA between the BabyNet System and the local school district must delineate the response of the local school district or agency/community provider to "late entry" referrals and the most expedient process for evaluation and service delivery.

c. Transition of Children to Other than Home School District

Parents wishing to transition children into a school district other than their home school district must go through an approval process from their home district and the requested school district. (Refer to SC Code of Laws § 59-63-410 through § 59-63-540)

Comparison Between Part B and Part C of IDEA

	<i>Early Intervention/ BabyNet</i>	<i>Local Education Agency (LEA)</i>
	Part C	Part B
Prior Notice	✓	✓
Parental consent	✓	✓
Confidentiality	✓	✓
Access to Educational Records	✓	✓
Complaint Procedures mediation, due process	✓	✓
Participation in identification, evaluation, assessment, and eligibility	✓	✓
Participation in plan (IFSP or IEP) development/placement	✓	✓
Review of plan	IFSP reviews every 6 months (or more often as requested by parents) and evaluated annually.	Review of IEP occurs periodically, but not less than annually
Service settings	Natural environment	Least Restrictive Environment Free Appropriate Public Education (FAPE) Independent education evaluation Participation in placement decisions Placement by parents in private schools at public expense Disciplinary actions

X. DOCUMENTATION AND RECORD MANAGEMENT

A. Record Components

The BabyNet Record is an educational record (not a medical record), to be kept in a confidential manner in accordance with pertinent policy, rule and law. All entities within the BabyNet system must adhere to the confidentiality requirements. The requirements for maintenance and access to educational records are stated within IDEA and the Family Educational Rights and Privacy Act (FERPA).

It includes personally identifiable information about a child or the child's family that is generated by the BabyNet system and includes:

- a. Signed copies of all consent forms;
- b. Results of screening and evaluations conducted by BabyNet system staff (e.g. PEDS, ASQ, AEPS) or received from other providers;
- c. All correspondence with the family including printed copies of email messages;
- d. IFSP form and all related documentation;
- e. Authorization forms;
- f. Service notes; and
- g. Any other information generated or obtained through the BabyNet System.

B. Record Compilation

1. Left Side:

- a. **TABBED DIVIDER: CLIENT PROFILE, HX**
 - (i) (Bottom blue divider)
 - (ii) BabyTrac profile sheet
 - (iii) Medicaid screen
 - (iv) Developmental screening forms (ASQ, PEDS, etc), CBA tool
 - (v) *Family Hearing and Vision Questionnaire*
 - (vi) *Insurance Resources* form
- b. **TABBED DIVIDER: CORRESPONDENCE/OTHER**
 - (i) (Bottom blue divider)
 - (ii) *Primary Health Care Provider Summary* form
 - (iii) Prescriptions, letters, notes, memos to and/or from family, physicians, or other providers.
 - (iv) *Written Prior Notice* form
 - (v) *Transition Referral* form
 - (vi) *Transition Conference* form
 - (vii) *Closure Letter*
 - (viii) *Request for and Follow-up of Services* (DHEC 1610)
 - (ix) *Child Outcome Summary* form
 - (x) *Child Outcome Data Entry* form
 - (xi) *Record Transmittal Cover Sheet*

Section X (Document and Record Management)

- c. TABBED DIVIDER: FINANCIAL
 - (i) *BabyNet Payment Authorization forms (DHEC 3203)*
 - (ii) *Interpretative Services Log (BN 008)*
 - (iii) *Transportation Log*
 - (iv) *Assistive Technology Request*
- 2. BN Record - Right Side:
 - a. TABBED DIVIDER: CONTINUATION
 - (i) (Bottom blue divider)
 - (ii) All service coordination notes on Continuation/Coordination Sheet (DHEC 1619).
 - b. TABBED DIVIDER: DHEC
(Side peach divider)

Any relevant WIC/CRS or County Health Department information pertaining to the child (i.e., screenings or information on services received or currently receiving).
 - c. TABBED DIVIDER: OTHER PROVIDERS
(Side peach divider)

Any reports from medical specialists, Audiologists, Pediatricians, etc.
 - d. TABBED DIVIDER: HOSPITAL
(Side peach divider)

Any birth records, hospital stay or surgical reports.
 - e. TABBED DIVIDER: THERAPY
(Side peach divider)
 - (i) *Provider Quarterly Progress Notes*
 - (ii) PT, OT, and/or Speech Therapy reports or progress notes
 - f. TABBED DIVIDER: OTHER AGENCIES
 - (i) (Side peach divider)
 - (ii) Early Intervention/Special Instruction/Family Training reports/records/assessments and evaluations
 - g. TABBED DIVIDER: ELIGIBILITY
 - (i) (Side peach divider)
 - (ii) *Consent for Screening, Evaluation and Assessment*
 - (iii) *Consent for Obtaining and/or Releasing Information*
 - (iv) *Birth and Early Health History*
 - (v) *Parent Refusal of Services form*
 - (vi) *ICO Documentation Form*
 - (vii) *Assignment of Surrogate Parent*
 - h. TABBED DIVIDER: IFSP
 - (i) (Side peach divider)
 - (ii) Individualized Family Service Plan (IFSP)

Section X (Document and Record Management)

3. Filing

1. DHEC BabyNet records will be maintained in a *separate* BabyNet file. It will not be integrated into any child health records also on file in the health department. Other programs within the health department and other state and local agencies will not have access to these records unless permission is obtained from the parent.
2. Upon exit from the BabyNet System, the original record will be retained and subsequently destroyed according to DHEC procedures currently in effect.

D. Record Entry Format

The guidelines contained here are consistent with Medicaid guidelines. Service coordination agencies (DHEC, DDSN, SDB) may have additional record entry requirements.

1. Service notes and other entries made by BabyNet staff must be:
 - a. Typed or handwritten in dark ink (permissible to note allergies in red);
 - b. Easily legible;
 - c. Kept in chronological order;
 - d. Include date (month, day, year) note is written; and
 - e. Signed by the service provider with professional title. If space is limited, it is acceptable to use initials by each entry if the legal signature appears at least once on the same page.
2. Service notes written into the record more than seven days after the activity that is described must be identified as late entries.
3. Each SPOE 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.
4. When errors are made in service notes the service provider must clearly draw **one** line through the error, write the word, "error", enter the correct information, and add service provider 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.
5. If a record review reveals that a service note was not signed when written, the note must be signed immediately and that signature given the current date. A current service note must be written to explain the difference between the signature date and the date the note was actually written;

E. Service Note Content

1. Service notes for Medicaid billable services must contain enough information to demonstrate completion of reimbursable services. This requires the following at a minimum:
 - a. The contact person;
 - b. Type of contact;
 - c. Location of contact;
 - d. Length of contact time (in billable units);
 - e. Actions completed; and Results and planned follow-up activities.

Section X (Document and Record Management)

2. Service notes must be individualized to the specific child represented by the BabyNet record
 - a. Persons referenced in service notes or any supporting correspondence must be identified by relationship to the child at least once on each page
 - b. The content of the service note will contain sufficient detail to clearly communicate the purpose of the note and to document billable activity
 - c. Written correspondence, pertinent oral communications, completed reports/forms and completion/updates to the IFSP must be documented in service notes to include identification in the record of any referenced documents;
 - d. Service notes should be limited to description of actions taken and/or observations relevant to the child or family's needs and provision of BabyNet services.
 - e. Service notes will document the units of time (15 minutes per unit) required to complete the billable activity. A unit of service generally represents 15 minutes of time spent delivering the service. Documentation of activities must support the number of units billed.

F. Transferring Records

The BabyNet System Manager is available for assistance as needed with any of the steps outlined below. Interagency notifications should be done by email as much as possible. *BabyNet Record Transmittal Cover Sheet* is to be used for all record transfers.

Designees may be used as appropriate for Service Coordinator, Supervisor and/or System Manager activities described in this section.

1. Lost to Follow-up cases prior to initial IFSP:
 - a. After receiving referral from DHEC SPOE office, the Service Coordinator will:
 - (i) Document three attempts to contact the family over seven working days to schedule the initial IFSP. At least one attempt must be in writing.
 - (ii) If the family fails to respond to attempted contacts, notify the DHEC BabyNet office and return the referral with the *Record Transmittal Cover Sheet*.
 - b. The DHEC BabyNet office will:
 - (i) Send the *Written Prior Notice* to the family and document in service notes.
 - (ii) Close the child to BabyNet Services in seven calendar days and enter exit data on BabyTrac.
2. Lost to Follow-up cases after IFSP development:
 - a. When Service Coordinator determines that family is lost to follow up, the following activities will occur.
 - (i) Document attempts to contact the family to determine interest in continued BabyNet services.
 - (ii) Send *Closure Letter* to family closing to agency service.

Section X (Document and Record Management)

- (iii) Inform all service providers that the case will be closed to agency services. This notification may be done by email.
 - (iv) Close the child to agency services as appropriate.
 - (v) Make copy of BabyNet record.
 - (vi) Notify the BabyNet System Manager that the record is being transferred to DHEC BabyNet.
 - (vii) Send the copy of the BabyNet Record to DHEC BabyNet office with the *Record Transmittal Cover Sheet* within two days of notifying the BabyNet System Manager that the record will be transferred.
- b. The DHEC BabyNet office will :
- (i) Review information sent by the referring agency;
 - (ii) Make one documented attempt to contact the family to determine interest in continuing BabyNet services.
 - (a) If family wants services reinstated with the initial agency, contact the agency supervisor and arrange for transfer back to agency using procedures in following section, “Transfer Between Service Coordination Agencies”.
 - (b) If family does not wish to continue with initial agency services, but wants to explore other service coordination options, arrange for transfer to different agency using procedures in following section, “Transfer Between Service Coordination Agencies”.
 - (c) If unable to contact family **or** if family indicates that they no longer want BabyNet services, send the *Written Prior Notice* to confirm that case will be closed and document in service notes. In seven calendar days, close remaining BabyNet services and enter exit data on BabyTrac.
3. Transfer Between Service Coordination Agencies:
- a. The agency initiating the transfer (Service Coordinator, Supervisor and/or System Manager based on agency protocols) will:
 - (i) Discuss the need for change in service coordination agencies with the family and identify a specific agency if family has a preference.
 - (ii) Inform the receiving agency that records will be transferred and the reason for the transfer. Confirm that receiving agency will accept the transfer.
 - (iii) Send Written Prior Notice and document in service notes.
 - (iv) Inform all service providers of the change in Service Coordination and IFSP team members.

Section X (Document and Record Management)

- (vi) Send copy of the BabyNet record with the Records Transmittal Sheet to the receiving agency. (The record includes copies of the materials listed in (A) above.)
 - (vii) Upon confirmation from receiving agency, change Service Coordination agency in BabyTrac.
- b. The receiving agency (Service Coordinator, Supervisor, and/or System Manager based on agency protocols) will:
- (i) Confirm agency ability to accept the transfer.
 - (ii) Review the information sent by referring agency.
 - (iii) Request that the referring agency make the change in service coordination agency on BabyTrac.
 - (iv) Complete the BabyTrac transfer once initiated by the referring agency.
 - (v) Notify the referring agency that the transfer has been completed.
 - (vi) Initiate contact with family, not to exceed four working days.
4. Exiting BabyNet due to planned closure:
- a. The agency, (Service Coordinator, Supervisor, and/or System Manager based on agency protocols), initiating the planned closure will:
- (i) Provide *Written Prior Notice* to the family and document in service notes.
 - (ii) Close the child to agency services as appropriate.
 - (iii) Make copy of BabyNet record
 - (iv) Notify the DHEC BabyNet office that the record is being sent to DHEC BabyNet.
 - (v) Send copy of the BabyNet record to DHEC BabyNet office with the *Record Transmittal Cover Sheet* within two working days after notifying the System Manager that the record is being sent.
- b. The DHEC BabyNet office will:
- (i) Review information sent by the referring agency.
 - (ii) Complete BabyTrac exit information.

Record Storage, Retention, and Archiving.

1. Each agency must store active BabyNet records in confidential manner according to specific agency requirements.
2. When a case is closed to agency services DDSN and/or SDB BabyNet staff or contractors must:
 - a. Archive record as needed for storage and retention according to agency policy;

Section X (Document and Record Management)

- b. Send a copy of the BabyNet early intervention record to the DHEC BabyNet Office serving child's county of residence.
3. Upon receipt, DHEC will add active records to the existing files. Closed records will be retained and archived according to the DHEC policies and procedures governing records of minors (children under age 18). **Refer to the BabyNet Records Archiving Process on the DHEC Intranet at <http://intranet/hs/as/>.** Current (August 2006) policy requires that these records be kept for 13 years after the date of last treatment, when they may be destroyed, provided the client is at least 18 years of age at the time of record destruction. DHEC will keep the records for three years, and until the child is at least eight years of age, and then transfer them to the State Records Center. They will be destroyed after ten years according to the Health Record Retention Schedule for Minors. Refer to the BabyNet Records Archiving Process on the DHEC Intranet at <http://intranet/hs/as/>.