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BabyNet Policy and Procedure Manual,

July 1, ~~2017~~**2016**

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Part I: Services to Families from Referral to Transition

1. Mission

- a. Mission of BabyNet, the South Carolina Part C Early Intervention System:
Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.
- b. Federal Funding of BabyNet:
Federal funding for the BabyNet Early Intervention system is intended to support the following:
 - i. Development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;
 - ii. Facilitation of coordinated payment of early intervention services using all available Federal, State, local, and private sources (including public and private insurance coverage);
 - iii. Enhancing South Carolina's capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families;
 - iv. Enhancing the capacity of State and local agencies and service providers in South Carolina to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural children, and infants and toddlers in foster care; and
 - v. Encouraging the BabyNet Early Intervention System to expand opportunities for children less than three years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.
- c. Applicability of BabyNet Policies and Procedures:
The requirements of Part C of the Individuals with Disabilities Education Act, regulations of 34 CFR §303, and the policies and procedures for the BabyNet Early Intervention System apply to:
 - i. All children referred to the Part C program, including infants and toddlers with disabilities and their families, ~~the South Carolina Department of Health and Human Services (SCDHHS) - South Carolina First Steps to School Readiness~~ as the State lead agency and its subcontractors, and,
 - ii. Any participating State Agency or Early Intervention Service (EIS) provider and subcontractors (if applicable) within the BabyNet Early Intervention System, regardless of whether that EIS provider receives funds under Part C of the Act;
 - iii. Neither the requirements, regulations, policies nor procedures of the BabyNet Early Intervention apply to any child with a disability receiving a free appropriate public education (or FAPE) through the Office of Exceptional Children through the South Carolina Department of Education.
- d. BabyNet supports the use of practices that have been shown to result in better outcomes for young children with disabilities, their families, and the personnel who serve them. The national Council for Exceptional Children, Division of Early Childhood Recommended Practices, and the Center for the Study of Social Policy Protective Families Framework, form the basis for evaluation of quality service delivery in the BabyNet Early Intervention System. A copy of these practices, the accompanying glossary, and the Protective Families Framework can be found in the Appendices to this manual.

2. Service Coordination

- a. Service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required by BabyNet. Service coordination begins with the referral of the child to the BabyNet Early Intervention System.

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- b. Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for:
 - i. Coordinating all BabyNet services across agency lines; and
 - ii. Serving as the single point of contact in helping parents to obtain the services and assistance they need.
 - iii. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under IDEA; and
 - iv. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.
- c. Specific service coordination activities: The service coordinator helps the family get the services and supports that the child needs, as described on the IFSP until the child turns three or until he or she no longer needs early intervention. The service coordinator also provides knowledge of the law, of community resources and will help connect the family with other parents as needed. Service coordination is free to families and should include:
 - i. Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families. The services and personnel that may be identified are not limited to those included in federal statute and regulations, provided that the service and personnel providing the service both meet federally required criteria;
 - ii. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
 - iii. Coordinating evaluations and assessments;
 - iv. Facilitating and participating in the development, review, and evaluation of IFSPs;
 - v. Conducting referral and other activities to assist families in identifying available EIS providers;
 - vi. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
 - vii. Conducting follow-up activities to determine that appropriate part C services are being provided;
 - viii. Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;
 - ix. Coordinating the funding sources for services required under this part; and
 - x. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
 - xi. Ensuring all required documentation for the BabyNet educational record is valid and accurate.
 - xii. Ensuring all required data system information is timely, valid, and accurate.
- d. Employment and assignment of service coordinators.
 - i. BabyNet participating state agencies with existing service coordination systems may be utilized by [SCDHHS South Carolina First Steps](#), so long as the delivery of service coordination is consistent with BabyNet policies and procedures.
 - ii. Qualifications of service coordinators:

Service coordinators must be persons who meet the personnel standards of the state (i.e., eligible to earn the South Carolina Part C Credential), and who have demonstrated knowledge and understanding about:

 - a) Infants and toddlers with disabilities and/or delays in development;
 - b) Part C of the Individuals with Disabilities Education Act and the accompanying regulations for Part C; and
 - c) The nature and scope of early intervention services available through BabyNet, the system of payments for services in the State, and other pertinent information.

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3. Requirements for the 45-Day Timeline

- a. ~~SCDHHS South Carolina First Steps~~ assures an adequate supply of personnel (employees or contractors) will be available in order to complete all aspects of the 45-day process in a timely manner.
- b. Timeline:

The following activities must be completed within 45 days of referral to the BabyNet Early Intervention System:

 - i. Initial Contact with Families
 - ii. Screening for Need to Determine Eligibility
 - iii. Orientation to the BabyNet System
 - iv. Intake Activities
 - v. Evaluation to Determine BabyNet Eligibility
 - vi. Assessment of Family's Resources Priorities and Concerns
 - vii. Assessment of the family's home and community routines and activities (natural environments)
 - viii. Assessment of Child's Unique Strengths and Needs, including an observation of the child in his/her home or community routines and activities
 - ix. Development of the Initial IFSP, including Child Outcomes at entry
 - x. Assignment of Primary Service Coordinator
- c. The 45-day timeline may be extended only by exceptional family circumstances as documented in the child's early intervention record as follows:
 - i. the child or parent is unavailable, or
 - ii. The parent has not provided consent for one or more of the 45-day activities despite documented, repeated attempts to obtain parental consent.
 - iii. All exceptional family circumstances that result in delay of development of the Initial IFSP must be documented in service notes of the BabyNet data system, and the required activities completed as soon as possible after the exceptional family circumstances are resolved.
 - iv. Activities at No Cost to Families
Screening, evaluation, assessment, IFSP development, and service coordination must be available at no cost to the family. The Health Insurance Resources Permissions and Consents section of the BabyNet IFSP Consents and Team Signature form (BN017) must be completed to access use of public benefits and/or private insurance as payment for any BabyNet Early Intervention support or service, including the following:
 - a) Initial Service Coordination;
 - b) Primary Service Coordination;
 - c) The first time the service is added to an IFSP;
 - d) Each time a service frequency or duration is increased; and
 - e) At each annual evaluation of the IFSP.

4. Referral to BabyNet:

- a. Referrals should be directed to the BabyNet System Point of Entry Office for the county in which the child resides, and may be made by families and primary referral sources.
- b. Referrals may be made to the local contact by phone, fax or, mail.
- c. All primary referral sources will be informed of current contact information for each county throughout the state, and are encouraged to make the referral within 7 calendar days after concerns are identified.
- d. All primary referral sources are encouraged to screen the child's development prior to making the referral to BabyNet, and to include the results of the screening with the referral. Appropriate screening tools for potentially eligible children include the Ages & Stages III, Ages and Stages SE, Parent Evaluation of Developmental Status (PEDS), the Modified Checklist for Autism in Toddlers (M-CHAT) and Battelle Developmental Inventory -2 Screener.
- e. Local First Steps County Partnerships designated as an Early Identification and Referral partner per the First Steps Program Standards may serve as:
 - i. A source of developmental screening;

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- ii. A primary referral source; and
 - iii. A resource for community supports for children determined ineligible for BabyNet.
- f. Referrals with Special Circumstances:
- i. Hospitalized children, or children in temporary residences at time of referral
 - a) 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.
 - b) 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's county of residence) depending on what will best meet child/family needs. Records must be transferred between offices as needed when the child leaves the hospital or returns to the county of residence.
 - c) If the parent chooses to decline all services until the child returns home, the Initial Service coordinator should (as indicated):
 - i) Obtain signature on the BabyNet Written Prior Notice form (BN015).
 - ii) Give the family a copy of the Notice of Child and Family Rights in the BabyNet System (BN002).
 - iii) Provide information to assist the family to make a referral in the county of residence.
 - iv) Provide courtesy notice to the BabyNet office serving the child's county of residence that a referral might be forthcoming.
 - v) Close the referral in BRIDGES with Exit Reason, Withdrawal by Parent or Guardian.
 - d) 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.
 - ii. 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.
 - iii. Children Who Are Homeless
 - a) 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.
 - b) Initial and Primary Coordinators must make reasonable efforts to locate and serve homeless children. Contact BabyNet State Office staff assigned to the child's district if more information is needed.
 - iv. DSS Referrals
 - a) CAPTA Requirements
 - i) 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 subject of substantiated child abuse or neglect; and/or
 - (b) The agency determines the child to be directly affected by illegal substance abuse (including prenatal drug exposure); and/or
 - (c) Developmental delays are suspected or confirmed.
 - ii) 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.
 - iii) 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.

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- b) DSS referrals and follow up
 - i) 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.
 - ii) The DSS caseworker is responsible for:
 - (a) Including the reason for BabyNet referral; and
 - (b) Notifying Initial Service Coordinator at referral if DSS can override parent refusal of service (e.g. based on court ordered participation; or
 - (c) Notifying Initial Service Coordinator if BabyNet intake participation is included in the parent's DSS Treatment Plan; and
 - (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 Initial Service Coordinator about steps to be taken (if any) should the parent fail to cooperate with planning and implementing BabyNet services.
 - iii) The Initial Service Coordinator is responsible for:
 - (a) Processing the referral following the same procedures as for any other child;
 - (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;
 - (c) Notifying the DSS caseworker of the results of the screening, assessment, and eligibility determination; and
 - (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.
- g. Required Materials and Forms, Hospitalized Children Only:
 - i. BabyNet Written Prior Notice form (BN015).
 - ii. Notice of Child and Family Rights in the BabyNet System (BN002).
- h. Optional Materials/Forms: Primary referral sources are encouraged to use the BabyNet Referral Form (BN001) to ensure only directory information is transmitted.
 - i. BRIDGES Record/Data Entry Screens: Referral, Demographic, Service Log, and Communication Log.
- i. Timeline: within 7 calendar days after concerns are identified by the primary referral source
- j. Copy of referral to family on request.

5. Initial Contact with Families:

- a. Within 2 calendar days of receipt of each referral, the Initial Service Coordinator must document at least three attempts to contact the family over seven calendar days in an effort to schedule the screening, orientation, and intake activities. The third attempt must be in writing, and include the Service Coordinator will send Written Prior Notice (BN015) of intent to close the referral, the Notice of BabyNet Record Retention and Destruction-REFERRAL ONLY (BN007-A) and the Notice of Child and Family Rights (BN003). If there is no response from the family within seven calendar days of the mailing, the Service Coordinator will close the referral to BabyNet.
- b. The Initial Service Coordinator or SPOE designee will enter exit data in BRIDGES including the exit reason of, 'Unsuccessful attempts to contact family' and complete record closure procedure as described in the Documentation and Records Management section of this manual.
- c. The referral source will be notified of receipt of the referral; however, BabyNet Initial Coordinators may not release any information about the status of the referral without written consent from the parent/guardian.
- d. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN007-B Notice of BabyNet Record Retention and Destruction-REFERRAL ONLY
 - iii. #BN015 Written Prior Notice/Meeting Notification

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- iv. #BN018 BabyNet Referral Status Update Form
- e. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
 - ii. #BN005 Assignment of Surrogate Parent
 - iii. #BN022 Transition Referral
- f. BRIDGES Record/Data Entry Screens: Referral, Demographic, Transition/Exit Screen if applicable, Service Log, Communication Log
- g. Timeline: BabyNet System Point of Entry (SPOE) staff must initiate contact within 2 calendar days of receipt of referral.
- h. Copy of signed forms to family on request.

6. Screening:

- a. At any time the family has the right to waive or withdraw consent to screening, and proceed to orientation, intake and the eligibility evaluation.
- b. All children referred without an established risk condition, or without a screening of development conducted within 60 calendar days of the referral, *and* with written consent of parent/guardian, will be provided with a screening of general development. The Initial Service Coordinator should explain to the family that the purpose of the screening is to determine the need to proceed to the BabyNet eligibility evaluation.
- c. Screening for Autism Spectrum Disorders (ASD)
 - i. All children referred at either 18 or 24 months of age (with or without an established risk condition) *and* with the consent of the family shall also be provided with a screening for Autism Spectrum Disorders.
 - ii. If the results of the screening for Autism Spectrum Disorders is positive for concerns, please see the BabyNet Eligibility Evaluation section of this manual.
 - iii. If the results of both the general development screening and the ASD screening are negative for concerns, *and* the family does not choose to request an eligibility evaluation, the family must be given Written Prior Notice (BN015) of the decision not to conduct an eligibility evaluation, the Notice of BabyNet Record Retention and Destruction (BN007-A), and the Notice of Child and Family Rights (BN003). The notice must include the family's right to request an evaluation regardless of the screening results.
- d. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN007-A Notice of BabyNet Record Retention and Destruction Policy
 - iii. #BN008 Consent for Developmental Screening
 - iv. #BN015 Written Prior Notice/Meeting Notification
 - v. Approved screening protocol(s) and scoring form(s)
- e. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
 - ii. #BN005 Assignment of Surrogate Parent
 - iii. #BN022 Transition Referral
- f. BRIDGES Record/Data Entry Screens: Screening, Transition/Exit Screen if applicable, Service Log, Communication Log
- g. Timeline: Within 7 days of initial contact (Day 9).
- h. The family is required to receive a copy of the screening results.

7. Orientation to the 45-day process (may be completed at same time as Screening and Intake):

- a. For children referred with an established risk condition, children whose screening results are positive for developmental concerns (general development or ASD), or children whose parent/guardian has requested to proceed to an eligibility evaluation, the family will be offered an orientation to the 45-day process to

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ensure an informed decision by the family to participate in the Intake process. The orientation must be provided in the format preferred by the family (face-to-face, electronically, or in writing).

- b. Required Materials/Forms: #BN002, Family Guide to the BabyNet System, Orientation to the 45-day Process
- c. BRIDGES Record/Data Entry Screens: Service Log, Communication Log
- d. Timeline: Within 7 days of initial contact (Day 9).
- e. Copy of signed forms to family on request.

8. Intake (may be completed at same time as Screening and Orientation):

- a. For families proceeding to Intake, the assigned Initial Service Coordinator will ensure all relevant procedural safeguards observed and required consents are secured.
- b. If the parent/guardian provides consent to proceed to evaluation of the child's eligibility, the family must be provided with *Written Prior Notice* of the evaluation, and all applicable procedural safeguards contained in the *BabyNet Notice of Child and Family Rights* must be reviewed.
- c. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN009 Family Vision and Hearing Questionnaire
 - iii. #BN010 Consent for Eligibility Evaluation and Assessment
 - iv. #BN011 Health Insurance Resources Summary Form
 - v. #BN013 Consent to Release and/or Obtain Information
 - vi. #BN014 Primary Health Care Provider Summary
 - vii. #BN015 Written Prior Notice/Meeting Notification
- d. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
 - ii. #BN005 Assignment of Surrogate Parent
 - iii. #BN022 Transition Referral
- e. BRIDGES Record/Data Entry Screens: Demographic, Referral, Health, Parent, Financial Support, Screening, Service Log, Communication Log, and Transition/Exit if applicable.
- f. Timeline: Within 7-14 days of initial contact
- g. Copy of signed forms to family on request.

9. BabyNet Eligibility Evaluation:

- a. Initial Service Coordinators employed by ~~SCDHHS South Carolina First Steps~~ or its contractors will be responsible for determination of eligibility for BabyNet.
- b. All evaluations and assessments must be selected and administered in a nondiscriminatory manner.
- c. Procedures for initial evaluation of the child's eligibility:

In conducting an eligibility evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for BabyNet. BabyNet Eligibility Evaluation procedures must include:

 - i. Use of qualified personnel;
 - ii. Use of Informed Clinical Opinion. ***In no case may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.***
 - iii. Administering an evaluation instrument (see below for procedure exceptions);
 - iv. Taking the child's history (including interviewing the parent);
 - v. Identifying the child's level of functioning in each of the required developmental domains;
 - vi. Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
 - vii. Reviewing medical, educational, or other records.
- d. Every effort must be made to ensure the eligibility evaluation is conducted in the native language of the child (in accordance with the definition of native language) unless it is not developmentally appropriate to do so (e.g., child is unable or not yet old enough to give a verbal response, or comprehend spoken

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language). There may be instances when conducting the evaluation in the native language of the child/family is not possible because interpreters for a particular language cannot be located. In those situations, other methods of communication in the native language, such as using telephonic interpreters should also be explored when an interpreter is needed and appropriate, for the evaluation.

- e. Determination of BabyNet Eligibility by Established Risk Condition:
 - i. Eligibility by established risk condition may be determined by a single Initial Service Coordinator if that individual represents 2 different disciplines (South Carolina Part C Credential, and current state license, certification, or registration). See the appendices for either the Comprehensive System of Personnel Development, or definitions, for meaning of the term, 'qualified.'
 - ii. If the Initial Service Coordinator represents only one discipline, eligibility by established risk condition must be determined by two Initial Service Coordinators representing two different disciplines, or by the assigned Initial Service Coordinator and the BabyNet SPOE Supervisor representing two different disciplines.
 - iii. Eligibility under this category must be determined by use of the following procedures:
 - a) Request and review all available information needed to confirm eligible diagnosis.
 - b) Established Risk Conditions include diagnosed physical or mental conditions that have a high probability of resulting in developmental delay. See the appendices of this manual for a list of qualifying categories and diagnoses. Please note that this is not an exhaustive list. For additions or questions, the Initial Service Coordinator should consult with their SPOE supervisor.
 - c) For children eligible by an established risk condition of hearing and/or vision impairment, primary service coordination, assessment of child and family, and development of the Initial Individualized Family Service Plan *must* be provided by the South Carolina School for the Deaf and the Blind. All Initial IFSP Team meetings require the presence of the parent or guardian and at least two professionals. The Primary Service Coordinator will invite the Initial Service Coordinator to participate in the Initial IFSP Team meeting as the evaluator, unless other staff of SCSDDB has served in that role.
 - d) If eligible, the Initial Service Coordinator will provide or otherwise arrange for a routines-based interview of the family's priorities and concerns, and an observational assessment of the child in the family's home and community routines and activities.—The Initial Service Coordinator will schedule and facilitate development of the Initial Individualized Family Service Plan. All Initial IFSP Team meetings require the participation of the parent and at least two professionals.
 - e) If the infant or toddler is ineligible under an Established Risk Condition, the Initial Service Coordinator will pursue eligibility under the category of Documented Significant Delays in Development.
- f. EXCEPTION For children 18 or 24 months of age at time of referral:
 - a) If screening for ASD (MCHAT) documents concerns, the Initial Service Coordinator should proceed with determination of eligibility by documented significant delays, as described below, and refer the family to a qualified clinician to administer the MCHAT follow-up interview and if necessary the STAT (Screening Tool for Autism Toddlers, a 2nd-tier screening for Autism Spectrum Disorders).
 - b) If the STAT documents concerns, the Initial Service Coordinator will:
 - a) Determine the child eligible for BabyNet under Established Risk Conditions;
 - b) Refer the child for primary service coordination, assessment of child and family, and development of the Initial Individualized Family Service Plan as noted above under "All Other Established Risk Conditions."
 - c) If Early Intensive Behavioral Intervention (EIBI) is identified as a needed service by the IFSP team, the Primary Service Coordinator will seek BabyNet approval for ASD services and ensure the diagnostic evaluation of ASD are completed.
 - c) Results of the Diagnostic Evaluation for ASD
 - a) If the results of the diagnostic evaluation confirm the diagnosis of an autism spectrum disorder, and:

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- i) the child is covered by a qualifying (i.e., group) private health insurance plan;
 - ii) the family been given written notice of related to public and private insurance; and
 - iii) the family has provided consent to use their private insurance,
- The Primary Service Coordinator will ensure insurance and other resources are billed prior to authorizing Part C funds.

- b) If the results of the diagnostic evaluation do not confirm the diagnosis of an autism spectrum disorder, an IFSP Change Review meeting must be held to:
 - (a) Use existing information from all BabyNet Service Providers to determine if the child is eligible by Documented Significant Delays in Developmental as defined below;
 - (b) Revise the Eligibility section of BRIDGES; and
 - (c) Review the appropriateness of early intervention services in the current IFSP.

For specific procedures and additional information, refer to the BabyNet Service Guidelines for Autism Spectrum Disorders in the appendices to this manual.

g. Documented Significant Delays in Development:

- i. Eligibility by Documented Significant Delays in Development may be determined by a single Initial Service Coordinator if that individual represents 2 different disciplines.
- ii. If the Initial Service Coordinator represents only one discipline, eligibility under Documented Significant Delays in Development must be determined by two Initial Service Coordinators each representing a different discipline, or by the assigned Initial Service Coordinator and the BabyNet SPOE Supervisor if of different disciplines.
- iii. Eligibility under this category must be determined by use of the following procedures:
 - a) Request and review all available information about child, and document in the Eligibility and Service Log sections of BRIDGES. NOTE: A child's medical and other records may be used to supplement administration of the eligibility evaluation instrument in order to establish eligibility under this option, if those records are current within 60 calendar days of the referral and indicate that the child's level of functioning in one or more of the developmental areas meets state eligibility criteria for significant developmental delay(s).
 - b) Conduct eligibility evaluation if necessary (i.e., review of all available information is insufficient to document that child meets one of the following state eligibility criteria for significant developmental delay). A child is identified as eligible on the basis of documented developmental delay when the discrepancy between chronological age and developmental age is one of the following:
 - i) Minus 2 standard deviations or a Developmental Quotient (DQ)/Standard Score (SS) of 70 in one or more domains of development, *or*
 - ii) Minus 1.5 standard deviations or a Developmental Quotient (DQ)/Standard Score (SS) of 78 in two or more domains of development
 - c) If eligible, the Initial Service Coordinator will provide or arrange for a routines-based interview of the family's priorities and concerns, and an observational assessment of the child in the family's home and community routines and activities.
 - d) The Initial Service Coordinator will schedule and facilitate development of the Initial Individualized Family Service Plan.
 - e) All Initial IFSP Team meetings require the participation of the parent and at least 2 professionals.
- iv. If ineligible and results are in question, pursue eligibility through the ICO process.

h. Determination of Eligibility through use of Informed Clinical Opinion Process:

- i. Eligibility by Documented Significant Delays in Development may be determined by a single Initial Service Coordinator if that individual represents 2 different disciplines.
- ii. If the Initial Service Coordinator represents only one discipline, eligibility under Documented Significant Delays in Development must be determined by two Initial Service Coordinators each representing a different discipline, or by the assigned Initial Service Coordinator and the BabyNet SPOE Supervisor if of different disciplines.

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- iii. Eligibility under this category must be determined by use of the following procedures:
 - a) Review all available information about child using the Eligibility Determination and ICO section of the IFSP, including subdomain scores of the eligibility evaluation.
 - b) If not already completed, conduct eligibility evaluation if necessary
 - c) The Informed Clinical Opinion Process must yield one of the following conclusions:
 - i) Eligible under an Established Risk Condition;
 - ii) Eligible under Documented Significant Delays in Development; or
 - iii) Ineligible.
 - iv) If eligible, arrange for assessment of child and family & schedule Initial IFSP Team Meeting with family
 - v) If ineligible, provide family with copy of evaluation results, *Written Prior Notice, BabyNet Notice of Child and Family Rights* to include the procedural safeguards regarding the parent's right to dispute the eligibility determination and referrals to community supports including
 - (a) Help Me Grow as appropriate based on family's residence
 - (b) Early Head Start
 - (c) First Steps County Partnership
 - (d) Use BabyNet Central Directory to identify service providers as resources to family and child. (http://www.sc211.org/index.php?option=com_babynet)

i. With parental consent, the referral source may be notified of the child's eligibility status.

j. Process for Appealing the Eligibility Determination Decision

Each parent/legal guardian has the right to appeal any eligibility decision and request reconsideration of those decisions made by the local System Point of Entry office. The following procedure describes the steps to be taken:

- i. The parent/legal guardian will discuss any concerns with the intake coordinator and/or the supervisor of the local BabyNet office. At any time, the parent may contact the supervisor directly to discuss concerns. The intake coordinator will discuss any concerns with the parent and offer explanations as appropriate. The intake coordinator will ensure the parent is offered the opportunity to speak with the supervisor and has the appropriate contact information.
 - a) The local supervisor will review all information used to determine eligibility and ensure that all policies and procedures were followed. Within 10 days of receiving the appeal request, the supervisor will also review all information in the child's file to ensure all necessary information was considered and will share findings with the parent/legal guardian. This should be documented in BRIDGES in the Communication Log.
 - b) If new or additional information is discovered or provided by the parent, which was not part of the original eligibility determination process and this new information is used to determine the child eligible, the local supervisor will reverse the original finding of "not eligible" to "eligible".
 - c) If no new information is discovered or provided by the parent and review of current information demonstrates the correct eligibility decision was made, the finding will remain "not eligible".
 - d) If no new information is discovered or provided by the parent and a review of the current information indicates that an error was made during the eligibility determination process, the supervisor will reverse the original finding of "not eligible" to "eligible".
- ii. If the parent/legal guardian continues to have concerns with the eligibility team decision, they can request a review by the State System Point of Entry Supervisor. Upon request, the local BabyNet office will forward the request for review to the State System Point of Entry Supervisor along with all documents contained in the child's file.
 - a) At any time, the parent/legal guardian may contact the State System Point of Entry Supervisor to discuss any concerns.
 - b) The state supervisor will review information used to determine eligibility and ensure that all policies and procedures were followed. Within 10 days of receiving the appeal request, the state supervisor will also review all information in the child's file to ensure all necessary information

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was considered and will share findings with the local BabyNet office. This should be documented in BRIDGES in the Communication Log.

- c) If new or additional information is discovered or provided by the parent, which was not part of the original eligibility determination process and this new information is used to determine the child eligible, the state supervisor will reverse the original finding of “not eligible” to “eligible”.
- d) If no new information is discovered or provided by the parent and review of current information demonstrates the correct eligibility decision was made, the finding will remain “not eligible”.
- e) If the parent continues to have concerns, the State SPOE Supervisor will discuss the option of filing a written, formal complaint and provide the necessary information.
- f) If no new information is discovered or provided by the parent and a review of the current information indicates that an error was made during the eligibility determination process, the supervisor will reverse the original finding of “not eligible” to “eligible”.
- iii. The parent/legal guardian, at any time, has the right to file a written, formal complaint. It is the goal of this program that concerns are first discussed and resolution found at the local level to the extent possible.
- k. Required Materials/Forms:
 - i. #BN011 *Written Prior Notice/Meeting Notification*
 - ii. #BN014 *BabyNet Notice of Child and Family Rights*
 - iii. Approved evaluation protocol and scoring form
 - iv. Community referral information
- l. Optional Materials/Forms:
 - i. #BN004 *BabyNet Complaint Form*
 - ii. #BN006 *Assignment of Surrogate Parent*
 - iii. #BN018 *BabyNet Referral Status Update Form*
 - iv. #BN022 *Transition Referral*
- m. Timeline: Within 7 days of Screening, Orientation, and Intake (Day 15)
- n. BRIDGES Record/Data Entry Screens: Evaluation/Assessment, Eligibility, Transition/Exit as applicable, Service Log, Communication Log
- o. The family is required to receive a copy of the evaluation report.

10. Assessment of the Family’s Resources, Priorities, and Concerns

- a. The Initial Service Coordinator will arrange for provision of an assessment of the family’s resources, priorities, and concerns.
- b. All evaluations and assessments must be conducted in a nondiscriminatory manner.
- c. Unless expressly declined by the parent/guardian, the family assessment must be completed after determination of the child’s eligibility and prior to development of the initial Individualized Family Service Plan.
- d. A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler.
- e. The family-directed assessment must:
 - i. Be voluntary on the part of each family member participating in the assessment;
 - ii. Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
 - iii. Include the family's description of its resources, priorities, and concerns related to enhancing the child's development, including whether training of family members regarding assistive technology services is appropriate or necessary. See the BabyNet Service Guidelines for Assistive Technology in the appendices of this manual for additional information.
- f. All assessments of a family must be conducted in the native language of the family member being assessed, in accordance with the definition of native language. There may be instances when conducting the

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assessment in the native language of the family is not possible because, for example, interpreters for a particular language cannot be located, despite best efforts. If onsite interpreters cannot be located for a particular language despite best efforts, other methods of communication in the native language, such as using telephonic interpreters, should also be explored when an interpreter is needed and appropriate, for the assessment.

- g. Required Materials/Forms:
 - i. #BN010 Consent for Eligibility Evaluation and Assessment
 - ii. Approved family assessment protocol
 - iii. Family Interview Notes
- h. Optional Materials/Forms
 - i. #BN004 BabyNet Complaint Form
- i. BRIDGES Record/Data Entry Screens: Evaluation/Assessment, IFSP, Service Log, Communication Log
- j. Timeline: Within 7 days of Screening, Orientation, and Intake (Day 15)
- k. The family is required to receive a copy of the family assessment results.

11. Assessment of Child's Unique Strengths and Needs

- a. The Initial Service Coordinator will arrange for provision of an assessment of the child's unique strengths and needs.
- b. All evaluations and assessments must be conducted in a nondiscriminatory manner.
- c. An assessment of each eligible child is required regardless of how eligibility is determined, and must be conducted prior to development of the initial IFSP.
- d. An assessment of each infant or toddler with a disability must be:
 - i. conducted by qualified personnel
 - ii. identify the child's unique strengths and needs
 - iii. The assessment of the child must include the following:
 - a) A review of the results of the child's eligibility;
 - b) Personal observations of the child; and
 - c) The identification of the child's needs in each of the required developmental areas, including conducting a developmental assessment
 - d) Limiting the assessment of the child to a developmental assessment instrument is not permitted.
- e. The assessment must be conducted in the native language of the child, in accordance with the definition of native language, unless it is not developmentally appropriate to do so (e.g., child is unable or not yet old enough to give a verbal response, or comprehend spoken language); in those instances, every effort should be made to conduct the evaluation in the native language of the family. There may be instances when conducting the assessment in the native language of the child/family is not possible because interpreters for a particular language cannot be located. In those situations, other methods of communication in the native language, such as using telephonic interpreters should also be explored when an interpreter is needed and appropriate, for the assessment.
- f. Required Materials/Forms:
 - i. #BN010 Consent for Eligibility Evaluation and Assessment
 - ii. Approved assessment protocol and scoring form
- g. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
- h. BRIDGES Record/Data Entry Screens: Evaluation/Assessment, Service Log, Communication Log
- i. Timeline: Within 7 days of Screening, Orientation, and Intake (Day 15)
- j. The family is required to receive a copy of the child assessment report.

12. General Requirements of the Individualized Family Service Plan

- a. Accessibility and convenience of meetings.
IFSP meetings must be conducted:
 - a) In settings and at times that are convenient for the family; and

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- b) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
- c) Meeting arrangements must be made with, and written notice of at least seven days provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
- b. Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained prior to the provision of early intervention services described in the IFSP; this includes providing oral interpretation and written interpretation of the IFSP and reports of evaluations necessary to develop the IFSP. Each early intervention service must be provided within 30 days after the parent provides consent for that service. The parent can:
 - i. Refuse, cancel or postpone services at any time.
 - ii. Refuse any service without risking receipt of other services on the plan.
 - iii. Review and amend child's record if information that is incorrect or misleading is identified.
 - iv. File administrative complaints and/or request a mediation due process hearing to resolve disputes about services.
 - v. Appeal dispute resolution decisions.
- c. Arrangements must be made for provision of all services included in the IFSP for children found to be eligible for services (although this does not mean that BabyNet must directly provide or pay for all such services.)
- d. The Health Insurance Resources Summary section of BN017 must be completed and the family provided a copy of the Written Notice Related To Private Insurance/Medicaid & System of Payment Policies (BN012) in order to access use of public benefits and/or private insurance as payment for any BabyNet Early Intervention Service, including Service Coordination supports:
 - a) The first time any service is added to an IFSP,
 - b) Each time a service frequency or duration is increased, and
 - c) At each annual evaluation of the IFSP.
 - d) The South Carolina Code of Laws requires private health insurance coverage of Applied Behavior Analysis services; as this applies to individual families, the consent for use of private insurance is not required for this service.
- e. Screening, evaluation, assessment of the child, assessment of the family, IFSP development, and service coordination must be available at no cost to the family.
- f. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN015 Written Prior Notice/Meeting Notification
 - iii. #BN017 IFSP Signature Page, including consents and permissions to use health insurance resources.
- g. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
- h. BRIDGES Record/Data Entry Screens: IFSP Outcomes, Planned Services, IFSP, Service Log, Communication Log
- i. Timeline: Within 45 days of referral to BabyNet

13. Required Participants of the Initial IFSP Team Meeting

- a. A meeting to develop the initial IFSP must be conducted within the 45-day time period for each child referred and found eligible for BabyNet.
- b. Each initial IFSP Team meeting must include the following participants:
 - i. The parent(s) or caregivers of the child;
 - ii. Other family members, as requested by the parent, if feasible to do so;
 - iii. An advocate or person outside of the family, if the parent requests that the person participate;
 - iv. A representative of the service coordination agency or vendor designated as described below who may be assigned responsibility for *implementing* the IFSP;

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- v. A person or persons directly involved in conducting the evaluations and assessments of the child and family; and
- vi. As appropriate, persons who will be providing BabyNet early intervention services to the child or family.
- c. If individual(s) responsible for conducting evaluation(s) or assessment(s) is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:
 - i. Participating in a telephone conference call.
 - ii. Having a knowledgeable authorized representative attend the meeting.
 - iii. Making pertinent records available at the meeting.
- d. Signature of all participants or documentation of off-site participation is required.
- e. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN015 Written Prior Notice/Meeting Notification
 - iii. #BN017 IFSP Signature Page, including consents and permissions to use health insurance resources.
- f. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
- g. BRIDGES Record/Data Entry Screens: IFSP Outcomes, Planned Services, IFSP, Service Log, Communication Log
- h. Timeline: Within 45 days of referral to BabyNet
- i. A copy of IFSP is required for the family and all other members of the Initial IFSP team; service providers identified in development of the initial IFSP will be able to access the plan through BRIDGES. With parental consent, the IFSP may be shared with the child's primary healthcare provider.

14. Required Content of the IFSP

- a. Information about the child's status.

The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from that child's evaluation and assessments.
- b. Family information.

With the consent of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family.
- c. IFSP Outcomes.

The IFSP must include a statement of the functional and measurable results expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family, and the criteria, procedures, and timelines used by the IFSP Team to determine:

 - i. The degree to which progress toward achieving the results identified in the IFSP is being made; and
 - ii. Whether modifications or revisions of the expected results, or early intervention services identified in the IFSP are necessary.
 - iii. An outcome addressing transition must be included in each IFSP (initial, 6-month review, and annual evaluation of the plan).
- d. Early Intervention Services.

The results of the routines-based assessment of family's resources, priorities and concerns, together with the observational assessment of the child functioning in the family's home and community routines and activities, are the basis for:

 - i. *the IFSP Team's identification of IFSP outcomes and*
 - ii. *Determination of which early intervention services would be appropriate to meet the needs of the infant or toddler with a disability and his or her family.*
 - iii. The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the

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family to achieve the results identified in the plan. IFSP Teams are required to follow the federal definitions of early intervention services, as described in the appendices to this manual. The services and personnel identified and defined do not comprise exhaustive lists of the types of services that may constitute early intervention services, or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service, provided the service and personnel providing the service both meets federally required criteria.

- iv. Service Specific Guidelines included in the appendices to this manual are listed below. IFSP Teams are required to review these guidance documents as appropriate for the individual needs of each family and child.
 - a) Assistive Technology Supports and Services
 - b) Early Intensive Behavioral Intervention
 - c) Special Instruction
- v. Each service added to the IFSP must include the following:
 - a) Length (the length of time the service is provided during each session of that service, such as an hour or other specified time period);
 - b) Duration (projecting when a given service will no longer be provided, such as when the child is expected to achieve the results in his or her IFSP);
 - c) Frequency and intensity (frequency refers to the number of days or sessions that a service will be provided. Federal BabyNet Service Funds can be applied to the cost of services only when the intensity is individual).
 - d) Method of delivering the early intervention services (how a service is provided); and
- vi. A statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, or, a justification as to why an early intervention service will not be provided in the natural environment. The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be:
 - a) Made by the IFSP Team (which includes the parent and other team members);
 - b) Services to be provided in settings other than the natural environment are identified only when early intervention services cannot be achieved satisfactorily in a natural environment, i.e., service delivery has been attempted in the natural environment, and the child did not make progress. Parent choice is not a valid reason for delivery of services outside the natural environment. For additional guidance, see the [Provider Availability Tip Sheet](#) located on the Team for Early Childhood Solutions website <http://uscm.med.sc.edu/tecs/bridges.asp>.
 - c) Based on the child's results that are identified by the IFSP Team
- vii. The location of the early intervention services (the actual place or places where a service will be provided); and
- viii. The payment arrangements, if any. 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.)
- e. Other services. To the extent appropriate, the IFSP also must:
 - i. Identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required nor funded by BabyNet; and
 - ii. If those services are not currently being provided, include a description of the steps the Primary Service Coordinator or family may take to assist the child and family in securing those other services.
- f. Dates and duration of services. The IFSP must include:
 - i. The projected date for the initiation of each early intervention service which must be not more than 30 days from the date the parent/guardian signs the IFSP; and
 - ii. The anticipated duration of each service.
- g. Service coordinator: See Part I, Section 16 of this manual.

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- h. Transition supports and services. See Part I, Section 21 of this manual for specific transition requirements.
- i. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN015 Written Prior Notice/Meeting Notification
 - iii. #BN017 IFSP Signature Page, including consents and permissions to use health insurance resources.
- j. Optional Materials/Forms:
 - i. #BN004 BabyNet Complaint Form
- k. BRIDGES Record/Data Entry Screens: IFSP Outcomes, Planned Services, IFSP, Service Log, Communication Log
- l. Timeline: Within 45 days of referral to BabyNet
- m. A copy of IFSP is required for the family and all other members of the Initial IFSP team; service providers identified in development of the initial IFSP will be able to access the plan through BRIDGES. With parental consent, the IFSP may be shared with the child's primary healthcare provider.

15. Assignment of Primary Service Coordinator

- a. The IFSP must include the name of the Primary BabyNet Service Coordinator who will be responsible for implementing the early intervention services identified in a child's IFSP, including transition services, coordination with other agencies and persons, and ongoing data reporting requirements.
- b. Assignment of primary service coordinators will be made as follows:
 - i. South Carolina School for the Deaf and the Blind:
 - a) For all children eligible for BabyNet under an Established Risk Condition of a hearing and/or vision impairment, primary service coordination must be provided by the South Carolina School for the Deaf and the Blind. (See Section 22 for initial records transfer procedure for Initial to Primary Service Coordination).
 - b) As needed, the BabyNet Program Manager for the South Carolina School for the Deaf and the Blind will be responsible for notifying the BabyNet Program Manager Listserv of the following:
 - i) Name of each Primary Service Coordinator employed by the School; and
 - ii) The county or counties served by each Primary Service Coordinator.
 - iii) It is the responsibility of the Primary Service Coordinator Supervisor to ensure the BRIDGES provider matrix is up to date by completion of the BRIDGES Access Request Form whenever a new Primary Service Coordination Vendor is awarded a contract, or an existing Primary Service Coordination Vendor has a change in staff or coverage area.
 - ii. South Carolina Department of Disabilities and Special Needs:
 - a) When special instruction is identified at the initial IFSP Team Meeting as a service needed to support the family in attaining the child/family results, and the child does not have a hearing and/or vision impairment, primary service coordination may be provided by Primary Service Coordination vendors employed by a local Board of Disabilities and Special Needs or under contract with the South Carolina Department of Disabilities and Special Needs. (See Section 22 for initial records transfer procedure for Initial to Primary Service Coordination).
 - b) To identify the Primary Service Coordination vendor, the family will be offered a choice of local Primary Service Coordination vendors managed through DDSN. If the family has no preference, primary service coordination will be assigned to the next vendor on the local primary service coordination matrix.
 - c) As needed, the BN Program Manager for DDSN will be responsible for sending an email out on the BN Program Manager's Listserv when changes occur within the DDSN provider network. Information to be shared includes the name of the DDSN provider agency and the relevant change, i.e. expansion into a new county by a current provider versus a new DDSN provider.
 - d) It is the responsibility of the Primary Service Coordinator Supervisor to ensure the BRIDGES provider matrix is up to date by completion of the BRIDGES Access Request Form whenever there is a change in staff or coverage area.

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- iii. For all other children, Primary Service Coordinators employed or under contract with SCDHHS South Carolina First Steps must provide primary service coordination.
- b. Required Materials/Forms: N/A
- c. BRIDGES Record/Data Entry Screens: Demographics, Planned Services Service Log, Communication Log
- d. Timeline: Within 2 days of Initial IFSP Team Meeting (Day 45)

16. Identification of Service Providers

- a. BabyNet Service Providers who meet the requirements to receive a contract with the Lead Agency and who satisfactorily complete training requirements for BRIDGES will appear in the BRIDGES Provider Matrix.
- b. It is the responsibility of each BabyNet Service Provider to ensure their matrix information is accurate and up-to-date.
- c. Using this matrix, the Primary Service Coordinator is responsible for assisting the family in selection of BabyNet Service Providers. ALL BabyNet Service Providers listed in the Planned Services section of the IFSP must be under contract with SCDHHS South Carolina First Steps to School Readiness as the lead agency for BabyNet.
- d) In the event a BabyNet Service Provider is not available to initiate services within 30 days of the date the service was added to the IFSP, the Primary Service Coordinator is required to continue to contact providers on the matrix until such time as an available BabyNet Service Provider is identified, and document this activity in the BRIDGES Service Log (service notes) for the child. See the [Provider Availability Tip Sheet](#) located on the Team for Early Childhood Solutions website <http://uscm.med.sc.edu/tecs/bridges.asp>.

17. Implementation of IFSP Services

- a. General Service Provision Guidelines
 - i. The Primary BabyNet Service Coordinator is responsible for supervision of IFSP implementation.
 - ii. A BabyNet Service Provider means an entity (whether public, private, or nonprofit) or individual providing services listed on an eligible child's IFSP, whether or not the entity or individual receives BabyNet Service Funds for payment of services. BabyNet Service Providers may include early intervention staff of SCDHHS South Carolina First Steps and/or BabyNet Participating State Agencies. BabyNet Service Providers are responsible for:
 - a) Providing early intervention services in a timely manner per state definition.
 - b) Participating in the multidisciplinary individualized family service plan (IFSP) Team's ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP;
 - c) Providing early intervention services in accordance with the IFSP; and
 - d) Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP.
- b. Early intervention services means developmental services that are:
 - i. provided under public supervision;
 - ii. selected in collaboration with the parents;
 - iii. provided at no cost to the family
 - iv. designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including:
 - a) Physical development;
 - b) Cognitive development;
 - c) Communication development;
 - d) Social or emotional development; or
 - e) Adaptive development;

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- v. Meet the standards of the State in which the early intervention services are provided, including all related requirements of part C of the Individuals with Disabilities Education Act;
- vi. Are provided by qualified personnel;
- vii. Are to be provided in the child's natural environment to the maximum extent appropriate to meet his/her needs; and
- viii. Are provided in conformity with a current IFSP
- c. All BabyNet Services must be evidence-based. As defined by the Every Student Succeeds Act 2015, "evidence-based" means an activity, strategy, or intervention that:
 - i. demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on:
 - a) strong evidence from at least 1 well-designed and well-implemented experimental study;
 - b) moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study; or
 - c) promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias; or
 - ii. Demonstrates a rationale based on high quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity, strategy, or intervention.
- d. Family-Centered Services:
 - i. 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. 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.
 - ii. 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.
- e. Procedural Safeguards must be observed in the delivery of BabyNet services, including
 - i. Confidentiality of personally identifiable information must be maintained at all times.
 - ii. 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.)
 - iii. The family must be provided written notice of at least seven days ("written prior notice") before any changes are made to IFSP services.
- f. Conduct of BabyNet Service Providers under contract with ~~SCDHHS the BabyNet Division South Carolina First Steps~~ (NOTE: BabyNet Service Providers employed or under contract with the South Carolina Department of Disabilities and Special Needs or the South Carolina School for the Deaf and the Blind are expected to follow agency-specific policies and procedures related to responsibilities, documentation, and ethical behavior).
 - i. All BabyNet Service Providers must:
 - a) Maintain licensure or certification as required by the BabyNet Comprehensive System of Personnel Development (CSPD).
 - b) Meet all additional training and content requirements of the BabyNet Comprehensive System of Personnel Development.
 - c) Meet all contractual obligations specified by ~~SCDHHS South Carolina First Steps~~, including fiscal certification of Payor of Last Resort and use of private and public health coverage resources.
 - d) Declining referrals:
 - i) Because BabyNet eligibility is a federal entitlement, BabyNet Service Providers must decline referrals for services that cannot be initiated within 30 days of the IFSP in which the service is first identified.
 - ii) Referrals must also be declined if the provider does not accept the family's private health insurance or is not in network with the family's Medicaid Managed Care Organization.

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- iii) A BabyNet Service Provider cannot provide IFSP services to any child or family member to whom they are related.
- e) Notify all Primary service coordinators in the area in which the BabyNet Service Provider works as soon as any opening for services becomes available.
- f) Coordinate provision of services, including any increase, decrease, or termination of a service with the family, through the assigned Primary BabyNet Service Coordinator, and all other members of the child's IFSP team.
- g) Request use of BabyNet Service Funds through the assigned Primary BabyNet Service Coordinator only when all other sources of payment for services are documented as denied.
- h) Medicaid Managed Care Organizations serve children who are Medicaid beneficiaries. Per IDEA Part C regulations regarding payor of last resort, Medicaid reimbursement must be considered as payment in full for BabyNet services, and NO BabyNet Service Funds are to be issued or paid for balance billing.
- i) Provide services in accordance with outcomes outlined on the IFSP.
- ii. Service provider reporting and recordkeeping requirements
All BabyNet Service Providers are required to maintain clinical services notes in the child's BabyNet electronic educational record. Providers serving BabyNet children per contract with the lead agency must maintain the following information in the child's record, and make available upon request or in the event of an audit:
 - a) Hard Record
 - i) Prescription for service;
 - ii) Signed copies of the Parent/Caregiver Verification Form for each child served
 - iii) Evidence of billing, Insurance Explanation of Benefits, remittance advice, or denial as applicable; and
 - iv) Any additional information required by Medicaid or professional scope of practice.
 - b) BabyNet electronic education record (in BRIDGES)
 - i) Evaluation/Assessment Report;
 - ii) A copy of the initial IFSP and all subsequent reviews and annual evaluations of the plan;
 - iii) Clinical service notes to include documentation of the services provided to the child and the education provided to the caregiver during each session;
 - iv) Recommendations and justification for continuing or discontinuing services;
 - v) Evidence of the goals and objectives therapist is addressing;
 - vi) Quarterly Progress Reports and Discharge Summaries are to be entered by the BabyNet Service Provider in the BRIDGES Service Log for the child.

18. Change Reviews of the IFSP

- a. Change Reviews are categorized as 'Administrative' and 'Formal' Change reviews. The documentation for either type remains the same, i.e., written notice and service logs in BRIDGES, as well as updates to appropriate BRIDGES screens as indicated by the needed change. The guidance below indicates whether a **meeting** of the IFSP team is needed.
- b. Administrative Change Review:
 - i. Administrative Change Reviews apply only the following types of changes:
 - a) Change in service coordinator and/or service coordination agency;
 - b) Change in EIS Provider and/or agency
 - c) Change in any information **other than** the payor source, outcome, planned services, or service frequency, intensity, duration, method, or location
 - ii. Conditions of an Administrative Change Review:
 - a) Does **not** require a meeting
 - b) Does **not** require written prior notice to the family prior to the change,

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- c) **Does** require written notification to the family and other team members that a team member or other information, excluding any information listed above (for example, printing a copy of the IFSP for the family, and informing other members of the IFSP of the changes in BRIDGES).
- c. Formal Change Review
 - i. Formal Change Reviews apply to the following types of changes
 - a) payor source,
 - b) IFSP outcome,
 - c) planned services, or
 - d) service frequency, intensity, duration, method, or location
 - ii. Conditions of a Formal Change Review:
 - a) **Does** require meeting (face-to-face with family; same options for participation by other IFSP team members still apply).
 - b) **Does** require written prior notice to family and other members of the IFSP team that any of the above content of the IFSP needs to be changed.

19. Periodic Review of the IFSP (Six-Month Review)

- a. A review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review. All service frequencies should be reviewed and revised at least every 6 months to ensure an appropriate level of service provision, and reflect the effectiveness of family training by each service provider. If a justification for services outside the natural environment was included in the previous IFSP, that justification must be reviewed at the six-month meeting.
- b. The purpose of the periodic review is to determine:
 - i. The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
 - ii. Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary. If any of the following information is changing, the meeting must be face-to-face with the family; other IFSP team members may participate as allowable (see Section (x)):
 - a) payor source,
 - b) outcome,
 - c) planned services, or
 - d) service frequency, intensity, duration, method, or location
- c. Signature of all participants or documentation of off-site participation is required.
- d. Required Materials/Forms:
 - i. #BN003 BabyNet Notice of Child and Family Rights
 - ii. #BN015 Written Prior Notice/Meeting Notification
 - iii. #BN017 IFSP Signature Page
- e. Optional Materials/Forms:
 - i. #BN004 *BabyNet Complaint Form*
- f. BRIDGES Record/Data Entry Screens: IFSP Outcomes, Planned Services, IFSP, Service Log, Communication Log
- g. Timeline: Within six months of parental signature for initial IFSP.
- h. Copy of IFSP is required for the family and all other members of the IFSP team; with parental consent, the IFSP may be shared with the child's primary healthcare provider.

20. Annual Meeting to Evaluate the IFSP (365 days)

- a. A meeting must be conducted at least every 365 days to re-determine the child's continuing eligibility for BabyNet, and evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the annual assessments of the child and family must be used in determining the early intervention services that are needed and will be provided. All service

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frequencies should be reviewed and revised at least every 6 months to ensure an appropriate level of service provision, and reflect the effectiveness of family training by each service provider.

- b. Determination of ongoing eligibility:
 - i. Infants and toddlers initially eligible under Documented Significant Delays in Development should be considered ineligible for BabyNet if the present level of performance in the annual IFSP documents the child's progress in all domains to be within normal limits (i.e., delays are equal to or less than 15% in *all* domains). Sources of documentation for the present level of performance for the annual IFSP must include up-to-date reassessments from all members of the IFSP team.
 - ii. Infants and toddlers initially eligible under an Established Risk Condition remain eligible for BabyNet Services until age three, or the parent withdraws participation in BabyNet. Parent withdrawal may be based on accomplishment of IFSP outcomes **and** the family agrees there is no need for ongoing Part C services.
 - iii. Infants and toddlers initially eligible under the Established Risk Condition of prematurity must be re-determined eligible under the criteria of Documented Significant Delays in Development beginning at age two.
- c. Each annual IFSP Team meeting to evaluate the IFSP must include at least the parent and two professions as listed below:
 - i. The parent or parents of the child.
 - ii. Other family members, as requested by the parent, if feasible to do so.
 - iii. An advocate or person outside of the family, if the parent requests that the person participate.
 - iv. The service coordinator to be responsible for implementing the IFSP.
 - v. A person or persons directly involved in conducting the evaluations and assessments of the child and family.
 - vi. As appropriate, persons who are or will be providing BabyNet early intervention services to the child or family.
- d. If any person listed above in d(v) is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:
 - i. Participating in a telephone conference call.
 - ii. Having a knowledgeable authorized representative attend the meeting.
 - iii. Making pertinent records, including a summary the Primary Service Coordinator can share, available at the meeting (non-billable for the BNSP).
- e. Signature of all participants or documentation of off-site participation is required.
- f. Required Materials/Forms:
 - i. #BN003 *BabyNet Notice of Child and Family Rights*
 - i. #BN009 *Family Vision and Hearing Questionnaire*
 - ii. #BN010 *Consent for Eligibility Evaluation and Assessment*
 - iii. #BN011 *Consent for Use of Insurance Resources*
 - iv. #BN013 *Consent to Release and/or Obtain Information*
 - v. #BN014 *Primary Health Care Provider Summary*
 - vi. #BN015 *Written Prior Notice/ Meeting Notification*
- g. Optional Materials/Forms:
 - i. #BN004 *BabyNet Complaint Form*
 - ii. #BN006 *Assignment of Surrogate Parent*
 - iii. #BN022 *Transition Referral*
- h. BRIDGES Record/Data Entry Screens: All screens
- i. Timeline: Within six months of Periodic Review of the IFSP.
- j. Copy of Annual IFSP is required for the family and all other members of the IFSP team, and with the parent's consent, for the child's primary healthcare provider.

21. Transition

- a. Definitions:

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- i. Transition planning is documentation in the BabyNet record of the following for each child served by BabyNet:
 - a) Steps (activities) to be completed and person(s) responsible;
 - b) Services required or desired to implement the plan; and
 - c) Plans to identify and obtain needed services.
 - d) The plan is documented in the IFSP, with additional service notes as needed.
- ii. Transition notification is transmission of directory information for children receiving Part C services by the BabyNet State Office for children “potentially eligible for Part B services”.
 - a) Reports. Notification is sent to the SCDE and appropriate LEA-- 24 Month, Over 24 Month, 30 Month Report, Over 30 Month Report, Over 33 Months Report, and Over 34.5 Month Report.
 - b) Transition Referral. Notification that is sent to LEAs by the Service Coordinators after age 24 months (2 years) and no later than age 30 months (2.5 years), may also include additional information with parental consent.
- iii. Transition conference refers to either:
 - a) A meeting convened by BabyNet for children “potentially eligible” for preschool services under Part B, (with the approval of the child’s family), among BabyNet, the family and the LEA. The conference must occur not fewer than 90 days--and, at the discretion of all parties, not more than 9 months before the child’s third birthday. The purpose is to discuss to discuss any services the child may receive under Part B ; or
 - b) A meeting convened by BabyNet for children not “potentially eligible” for preschool services under Part B, (with the approval of the child’s family), among BabyNet, the family, and providers of other appropriate services. The purpose is to discuss any services that the child may receive.
- b. The “transition conference,” with the consent and approval of the family of the toddler, includes transmission of relevant information to the LEA, assisting the family to identify and plan for services; and informing families of available Part B services.
- c. A meeting to discuss transition services for a child without parent participation is not considered a transition conference.
 - i. Parental Consent means:
 - a) The parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication;
 - b) The parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom or what agency;
 - c) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time. Revocation of consent must be in writing; and
 - d) If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate any action that has occurred after the consent was given and before the consent was revoked). Revocation is not effective until received by the Incoming or Designated Service Coordinator to which the consent was granted.
- d. Procedures:
 - i. Transition planning Transition planning information is documented in transition section of the IFSP.
 - ii. Documentation must include:
 - a) Steps (activities) to be completed and person(s) responsible;
 - b) Services required or desired to implement the plan; and
 - c) Plans to identify and obtain needed services (see IFSP form and instructions).
 - d) The lead agency must establish a comprehensive transition plan in the IFSP not fewer than 90 days, but at the discretion of all parties up to 9 months, before the child’s third birthday.
 - e) 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

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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 of the initial IFSP.

Any transition planning meeting must include the following participants: the parent or parents of the child, other family members as requested by the parent if feasible to do so, an advocate or person outside the family if the parent requests that person to participate, the service coordinator, a person or persons directly involved in conducting the evaluations and assessments, as appropriate, persons who will be providing services to the child or family. If any of these participants are unable to attend the meeting, arrangements must be made for the person's involvement through other means including conference call, having a knowledgeable, authorized representative attend the meeting or making pertinent records available at the meeting. The meetings must be conducted in setting and at times that are convenient to families, in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Meeting arrangements must be made with and written prior notice provided to the family and other participants early enough before the meeting date to ensure they will be able to attend. Parental consent must be obtained prior to the meeting.

- f) The purpose of the meeting is to:
 - (a) review the child's program options for the period from the child's third birthday through the remainder of the school year; and to establish a transition plan, including, as appropriate, steps to exit from the program;
 - (b) determine need for new IFSP outcomes to address transition-related knowledge, skills, and behaviors such as procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
 - (c) identify transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.
- g) With parental permission, make a referral to LEA and send information/records about child to LEA to ensure continuity of services. The information may include evaluation and assessment information and IFSPs. This referral must occur no later than 2 years 6 months of age, and must be made to the LEA using the *Transition Referral* form with Section 2 completed.
- h) Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, and, with parental consent if required, transmission of additional information needed by the LEA to ensure continuity of services from the Part C program to the Part B program. Information should include a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed. Documentation should be recorded on the IFSP on the transition planning screen in BRIDGES.
- i) 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 no fewer than 90 days before the child's third birthday provided to facilitate the child's transition to Part B or other community services.
- j) The Service Coordinator is responsible for reviewing with the family information necessary to facilitate consideration of options to make decisions for pre-school services. Transition discussions should include options for pre-school services including: Developmental Disabilities Programs (e.g. through DDSN); School for the Deaf and Blind; Head Start Programs; childcare facilities; and/or local school district and other appropriate community options.
- k) Family expectations related to transition include:
 - i) Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting;
 - ii) Training for parents regarding future placements and other matters related to the child's transition.
 - iii) Purpose of transition conference;

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- iv) Explanation that eligibility for BabyNet services does not guarantee eligibility for any other program. Discuss and educate parents about the differences between BabyNet services and educationally related services under Part B of IDEA.
- l) NOTE: Transition planning does not apply to children referred to BabyNet after 34.5 months of age.
- iii. Transition notification
 - a) Information to be sent by the 15th day of each month, the Part C Data Manager will send the following reports to SCDE and LEA:
 - b) “24 Month Report” from BRIDGES of children who turned 24 months (2 years) of age in the previous month. This report contains “directory information” (child’s name, parents’ names, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area.
 - c) “Over 24 Report” from BRIDGES of children who were 24 months (2 years) of age during the previous month and who had an initial IFSP developed. This report contains “directory information” (child’s name, date of birth, address, and telephone number) for all active children with an IFSP in the assigned geographic area.
 - d) “30 Month Report” from BRIDGES includes “directory information (child’s name, date of birth, address, and telephone number) for all active children who turned 30 months (2.5 years) of age or who had an initial IFSP developed at age over 30 months (2.5 years) during the previous month in the assigned geographic area.
 - e) “Over 33 Month Report” from BRIDGES includes “directory information” (child’s name, date of birth, address, and telephone number) for all active children with an initial IFSP developed between age 33 months (2 years 9 months) and 34.5 months (2 year, 10.5 months) in the assigned geographic area.
 - f) “Over 34.5 Month Report” from BRIDGES includes “directory information” (child’s name, date of birth, address, and telephone number) for all children referred over 34.5 months in the assigned geographic area.
 - g) Send this information to the SCDOE Part B Data Manager and LEA Special Education Director listed on the annually updated list provided by the SCDE; and other designee(s) specifically requested by the LEA for lead agency notification and the SCDE designated representative.
 - h) Updated contact for email notification needs to be submitted to Part B data manager.
 - i) Example: Between May 1 and May 15, the lead agency will generate a report for all children with an IFSP who turned 24 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.
 - ii) Example: Between May 1 and May 15, the lead agency will generate a report for all children with an IFSP who turned 30 months of age between April 1 and April 30 or whom had an initial IFSP completed between April 1 and April 30.
 - i) If no children in a school district qualify for notification, a “Zero Report” is made (which notifies the SCDE and LEA that there are no children to report in the specific month range).
 - j) Part C Data Manager or designee is responsible for generating these reports and will retain an electronic or hard copy of all reports sent to SCDE and LEA.
- iv. Transition referral
 - a) For all children referred to BabyNet between birth and 33 months of age (2 years 9 months; 90 days prior to the third birthday), each Service Coordinator is responsible for sending directory information to the appropriate LEA after age 2 years (24 months of age) and no later than age 2 years 9 months (33 months of age; 90 days prior to the third birthday) in a hard copy or encrypted electronic copy using the BabyNet Transition Referral Form (may also include additional information with parental consent). If a child is determined eligible for services more than 45 but less than 90 days prior to the third birthday, an immediate referral will be sent to the LEA.

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- b) If a child is referred fewer than 45 days before the child's third birthday (34.5 months; 2 years 10.5 months of age), an evaluation and assessment or initial IFSP is not required. If that child is "potentially eligible" for preschool services and the parent consents, the child must be referred to the LEA and SCDE. If the parents have identified a pre-school service provider other than the LEA, the Transition Referral Form is also sent to the selected provider.
 - i) Upon receipt of parental consent, the Service Coordinator may send additional information about the child to the LEA.
 - ii) If the parents indicate that they are not interested in pre-school services, the Service Coordinator:
 - (a) Gives the family contact information for the LEA Special Education Director for future reference;
 - (b) Informs the family that they can contact the LEA at any time to receive information about Part B services; and
 - (c) Informs the family that directory information will be sent to the SCDE and LEA to assist with LEA child find activities.
 - (d) Further contact about these services is the LEA responsibility.
- v. Transition conference
 - a) BabyNet will notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool services under part B, as determined in accordance with State law. In the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency not less than 90 days (and at the discretion of all such parties, not more than 9 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss the appropriate services that the child may receive.
 - b) A transition conference is required for all potentially eligible children referred to BabyNet between birth and 33 months of age (90 days prior to the third birthday). The conference must occur by age 33 months (2 year 9 months; 90 days) but may occur as early as 27 months (2 year, 3 months) at the discretion of all parties.
 - c) Part C BabyNet Service Coordinator is responsible for scheduling and facilitating the transition conference. This requires the approval and participation of the family. Participation of the LEA is required. Participation of other appropriate services (i.e. daycare, head start, etc.) is recommended.
 - i) If the parent is interested in IDEA Part B services through the LEA and has provided necessary consent, but declines the conference, the Service Coordinator remains responsible for:
 - (a) Reviewing transition planning information listed above with family;
 - (b) Arranging for an exchange of relevant information regarding the ongoing services specified in the IFSP between BabyNet (IDEA Part C), LEA (IDEA part B) and other appropriate services; and
 - (c) Providing the family with the LEA contact information if they change their minds.
 - (d) Check the block in BRIDGES "family refuses participation in the transition process".
 - ii) If the parent is NOT interested in IDEA Part B services through the LEA, the Service Coordinator remains responsible for:
 - e) reviewing transition planning information listed above with family;
 - f) arranging for an exchange of directory information (i.e. name, dob, and location) between BabyNet (IDEA Part C), LEA (IDEA part B) and other appropriate services; and
 - g) Providing the family with the LEA contact information should they change their mind.

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- h) Check the block in BRIDGES “family refuses participation in the transition process”.
- i) Written Prior Notice of the transition conference is required for both the family and the LEA.
- j) The BabyNet service coordinator must document on the Transition Conference Form and in child’s electronic record the completion of required “transition conference” activities no later than age 33 months (2 years 9 months; 90 days prior to the child’s third birthday) for all children with an IFSP in their caseload.
- k) Transition conferences may be completed by telephone, face-to-face or use of other technology.
- l) Contact information and procedures for arranging transition conference meetings or conference calls between BabyNet and LEA (regardless of parent participation) will be based on information from each LEA. These arrangements will be reviewed and updated annually, and requires information from each LEA regarding appropriate contact people and preferences for handling children who turn three when school is not in session.
- m) For all children referred to BabyNet between 33 months (2 years, 9 months; 90 days) and 34.5 months (2 years, 10.5 months; 45 days) of age all transition activities are required, except the transition conference. Immediate referral should be sent to the LEA with the late transition referral box checked on the Transition Referral Form.
 - i) Children are only considered a “late referral” if they are 33 months or older at the time of referral to Babynet. All children determined eligible and having an IFSP, prior to reaching 33 months of age are required to have a conference. In these cases, the transition conference should take place in conjunction with the initial IFSP meeting, if possible.
 - ii) Children referred within 45 days of the 33-month cutoff who do not have an IFSP developed by 33 months of age will not be counted as late if the conference occurs late.
- n) For children referred to BabyNet after 34.5 months (2 years, 10.5 months; 45 days) of age, with parent consent, the referral will be made to Part B (LEA) and the SCDE. No further activity is required on these referrals.

If ...	Then ...
Referred at 34.5 months	Refer to LEA with parental consent. No Transition Conference required.
Referred on or after 33 months	Refer to LEA with parental consent. No Transition Conference required.
Eligible with IFSP after 33 months	Refer to LEA with parental consent. No Transition Conference required.
Eligible with IFSP between 31.5 months and 33 months	Refer to LEA. Transition Conference required. Recommend Transition Conference be done in conjunction with IFSP meeting

- o) If the LEA does not participate in the conference, the Part C lead agency must still hold a transition conference at least 90 days (and at the discretion of all parties, nine months) prior to the child’s third birthday and must have invited the LEA representative to the conference
 - i) The BabyNet Service Coordinator must conduct the transition conference under IDEA section 637(a)(9)(A)(ii)(II) and (III) and use that meeting to develop or revise the transition plan in the IFSP (including identifying appropriate transition steps and services).
 - ii) In addition, the BabyNet Service Coordinator must provide parents at the conference with information about Part B preschool services, consistent with IDEA section 635(a)(6).
 - iii) This information includes a description of the Part B eligibility definitions, State timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services.

vi. Other Transition Issues

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- a) The BabyNet Service Coordinator may choose to participate in initial IEP meeting if the family has specifically requested their presence.
 - b) The family can be additionally supported in the transition process and in learning more about school-age special education services when the BabyNet Service Coordinator facilitates contact with the OSEP-funded Parent Training and Information Center (PTI). The current SC grantee is Family Connection of South Carolina 1-800-578-8750 or www.FamilyConnectionSC.org
 - c) When a child is closed to BabyNet services between 30 and 36 months of age, the Service Coordinator must contact the LEA within 10 days and inform of the closure.
 - d) When a child is closed to the program at age three, enter the closure date as the day before the child's third birthday. Select one of the "Child is 3..." exit reasons for the child in BRIDGES.
- vii. Practices:

The following practices should be employed in transition planning:

- a) Prepare families for transition out of Part C services.
- b) Early in the relationship with the family, have conversations about what they want for their child's future after the early intervention program ends.
- c) At formal 6 month/annual IFSP reviews, share written information about the "transition process" and options (no services, community services, and Part B services) and describe that early intervention services end at age three.
- d) By no later than the child's second birthday, have conversations about the types of programs, places, and activities the family would like their child to participate in at age three.
- e) Discuss and share information about ALL options available to children and families at age three.
- f) Provide written information about these options or assist the family as needed to explore and visit these options.
- g) Jointly review the IFSP and revise/add goals and strategies based upon the above discussions.
- h) Develop a transition plan, which includes the goals and activities to prepare the child and family for success after early intervention.
- i) Explain and follow the regulations, timelines, and procedures for transition planning, transition referral, transition conferences, and data collection.
- j) Help the family prepare for any formal evaluations the child may need.
- k) Assist in arranging the formal transition conference with the school district or community program staff who may be working with the child after age three.
- l) Assist the family to find on-going family support if needed.
- m) Acknowledge feelings about ending the relationship with this family and help to focus on a positive future as the child and family move on.
- n) Celebrate with the family or caregiver the accomplishments and joys they have experienced with their child.

22. Records

- a. Guidelines for BabyNet Educational Records (Hard Record)
 - i. The BabyNet Service Coordination Supervisor or appropriate state BabyNet Program Manager is available for assistance as needed with any of the steps outlined below.
 - ii. Interagency notifications should be done by email as much as possible to expedite the process.
 - iii. BabyNet Records Transmittal Cover Sheet is to be used for all hard copy record transfers.
 - iv. Designees may be used as appropriate for Service Coordinator, Supervisor, and/or Program Manager Activities.
 - v. The agency of the BabyNet Service Coordinator at the time of exit will maintain hard copy records in accordance with the BabyNet Records Retention and Destruction Policy as follows:
 - a) As a federal education program, BabyNet is required to keep each child's early intervention records for 6 years after the child leaves BabyNet. At the end of the 6 years, the child's early intervention record will be automatically destroyed unless there is an ongoing audit or legal action using the record.

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- b) In the event a child exits and is later re-referred before age three, System Point of Entry offices will maintain onsite the hardcopy record for all referred children until their third birthday. Record retention and destruction guidelines will begin upon closure on the child's third birthday.
- c) The parent/guardian, upon referral to BabyNet, has the right to:
 - h) Receive, at no cost, a full copy of the child's early intervention record at any time s/he is eligible for BabyNet, or at any time during the 6 years after the child leaves BabyNet.
 - i) Request that the early intervention record not be destroyed.
 - j) BabyNet will maintain a permanent record of the child's participation in BabyNet to include the following information: the child's name and date of birth; parent/guardian contact information (including address and phone number); names of BabyNet Service Coordinator(s) and BabyNet Service Provider(s); and exit data (including year and age upon exit, and any programs entered into upon exiting).

b. Records Transfer Procedure

- i. Initial Record Transfer from Initial to Primary Service Coordination:
When a child is determined eligible for BabyNet and a Primary Service Coordinator is chosen by the family, the Initial Service Coordinator will complete the following:
 - a) Contact the Supervisor of the chosen Primary Service Coordination agency, via email or telephone call, to determine if record can be accepted. If no response is received within two business days, the intake coordinator will make a referral to parent's second choice for Primary Service Coordination. Document in the service log in BRIDGES, and place a copy of all e-mails in the physical chart.
 - b) Once the primary service coordination agency confirms they will accept the case for service coordination, the SPOE office will document this in the service log and then enter "Primary Service Coordination" in BRIDGES on the Planned Services Screen with a 20 day time frame authorizing primary service coordination. **Note for SPOE staff: All notes should be entered in the Service Log BEFORE you add "Primary Service Coordination" to Planned Services. Adding this to the Planned Services screen should be the last step, prior to the actual record transfer; entering notes after this service is added to Planned Services will lock the service and the primary service coordinator will not be able to update the end date as needed in BRIDGES.**
 - c) SPOE will transfer the completed electronic record within 25 calendar days of the referral date and document in the communication log in BRIDGES. The date the electronic record is transferred is also the official transfer date from SPOE to the primary service coordination agency. The completed physical record will be transferred no more than 3 business days later.
- ii. When a child *is reassigned between* ongoing Service Coordination Providers (*no change in SPOE district*), the Service Coordinator will complete the following activities and document in service notes:
 - a) Discuss the need for change in service coordination provider with the family and identify a specific provider based on provider availability and family preference.
 - b) Inform the receiving provider that records will be transferred and the reason for the transfer.
 - c) Confirm that receiving provider will accept the transfer. If confirmation is not received within 24 hours, an additional attempt will be made by telephone to confirm that receiving provider will accept the transfer. If confirmation is not received within 72 hours of the initial attempt to contact, proceed to next available choice of provider.
 - d) If appropriate, send Written Prior Notice to the family notifying of change in Service Coordination. Refer to Section 20 of this manual to determine if Administrative Change Review or Formal Change Review is required.
 - e) Inform all BabyNet Service Providers working with the family of the change in Service Coordination and new IFSP team member.

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- f) Upon confirmation from the receiving provider, change Service Coordination provider on Demographics screen in BRIDGES.
 - g) Ensure IFSP is current and finalized.
 - h) The receiving provider (Service Coordinator and/or Supervisor based on agency protocol) will complete the following activities and document in service notes:
 - i) Confirm provider ability to accept the transfer.
 - ii) Review information sent by referring provider.
 - iii) Notify the referring provider that the transfer is complete.
 - iv) Initiate contact with family within four working days.
 - v) Follow procedures for completing the IFSP Change Review.
- iii. When a child *is reassigned between* ongoing Service Coordination Providers (*change in SPOE district*), the Service Coordinator and/or Supervisor based on agency protocols will complete the following activities and document in service notes:
- a) Obtain change of address information from family.
 - b) Discuss the need for change in service coordination agencies with the family and identify a specific provider within the receiving county based upon provider availability and family preference.
 - c) Inform the receiving provider that records will be transferred due to family's relocation.
 - d) Confirm that receiving provider will accept the transfer. If confirmation is not received within 24 hours, an additional attempt will be made by telephone to confirm that receiving provider will accept the transfer. If confirmation is not received within 72 hours of the initial attempt to contact, proceed to next available choice of provider.
 - e) If appropriate send Written Prior Notice to family notifying of change in Service Coordination provider. Refer to Section 20 of this manual to determine if an administrative change review or a formal change review is required.
 - f) Following confirmation of receiving provider, sending Service Coordinator completes an IFSP Change Review.
 - g) Inform all Service Providers of the change in Service Coordination due to family's relocation.
 - h) Provide the Bridges identification number and the name and agency of the receiving Primary Service Coordinator to the BabyNet State Office Program Representative to request a Bridges transfer to the receiving SPOE district. Upon completion, the BabyNet State Office Program Representative will notify the sending and receiving Service Coordinators and SPOE offices of the Bridges transfer. BabyNet State Office Program Representative will document the date that Bridges transfer was completed in the Communication Log.
 - i) Transferring SPOE office will follow agency specific protocol for transferring the SPOE record to the receiving SPOE office.
 - j) The receiving provider (Service Coordinator and/or Supervisor based on agency protocol) will complete the following activities and document in service notes.
 - k) Review information sent by referring provider.
 - l) Review Bridges record and make any changes to demographic and parent screens to include new address and contact information for the child and family, and edit LEA.
 - m) Notify the referring provider that the transfer is complete.
 - n) Initiate contact with family within four working days of the date Bridges transfer was completed by BabyNet State Office representative and documented in the Communication Log.
 - o) Follow procedures for completing an IFSP Change Review.
- iv. When a child exits BabyNet due to *a planned closure prior to age three*, (e.g. has met IFSP goals, is no longer eligible, or the family notifies that they are no longer interested in BabyNet services, etc.), the Service Coordinator will:
- a) Send Written Prior Notice to the family informing of planned closure.

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- b) Close the child to the BabyNet system by entering exit data in Bridges following the guidelines as outlined in the Transition and Exiting Data Tool Kit and the Transition/Exit Data Input Tip Sheet in the appendices to this manual.
- c) Notify all BabyNet Service Providers of planned closure.
- d) Enter the exit ECO data as applicable according to guidelines.
- iv. When a child exits BabyNet at age 3, the Service Coordinator will:
 - a) Send Written Prior Notice to the family informing of pending closure.
 - b) Close the child to the BabyNet system by entering exit data in Bridges following the guidelines as outlined in the Transition and Exiting Data Tool Kit and the Transition/Exit Data Input Tip Sheet in the appendices to this manual.
 - c) Notify all BabyNet Service Providers of planned closure.
 - d) Enter the exit ECO data as applicable according to guidelines.
- c. Special Circumstances: children *adopted while receiving BabyNet services*, South Carolina is a closed adoption state and all public and private adoption records are sealed by the court. It is imperative that information regarding the adopted child's previous history and identity be maintained with confidentiality. This policy defines how a child's record is managed once adoption has occurred while receiving services from BabyNet.
 - i. When the Primary Service Coordinator learns that an active BabyNet child has been adopted while receiving BabyNet services, the Primary Service Coordinator must obtain from the adoptive parent, a copy of the court order declaring adoption or a copy of the revised birth certificate. The court order or birth certificate is sent to BabyNet State Office via protected email to adoptions@scfirststeps.org. The following information must be submitted with the court order or birth certificate: Child's pre adoptive name and Bridges Identification Number; b) Child's adoptive name, address, telephone number, school district; c) Child's adoptive parents' name.
 - ii. BabyNet State Office Program Associate will change the name on the Bridges demographic screen and enter a note in the Comment section, (field 16), to show the child's previous name and date of name change. Any additional information available will also be revised on the demographic screen. The Bridges Identification Number will be retained.
 - iii. BabyNet State Office will notify the Primary Service Coordinator of the change. It is the responsibility of the Primary Service Coordinator to notify IFSP team members of the name change.
 - iv. Primary Service Coordinators from DDSN and SCADB will follow their agency protocol for hard copy records. As with all information within the BabyNet Educational Record, no information will be released without Consent to Release or Obtain Information signed by the parent.
 - v. BabyNet State Office will notify the BabyNet SPOE Office Supervisor of the name change. The SPOE Office Supervisor or designee will ensure that the name is changed on the label of the hard copy educational record. As with all information within the BabyNet Educational Record, no information will be released without Consent to Release or Obtain Information signed by the parent.
 - vi. BabyNet State Office Program Associate will ensure that the court order and any other papers, records, or files that pertain to the adoption or the adoption proceeding of the child as defined in Section 63-9-780, as amended, of the South Carolina Code of Law are presented to the BabyNet Director.
 - vii. The BabyNet Director or designee will ensure that the court order and any other papers, records, or files that pertain to the adoption or the adoption proceeding of the child as defined in Section 63-9-780, as amended, of the South Carolina Code of Law will be maintained in a separate file located in a locked and secure location within BabyNet State Office. The BabyNet Director or designee will be the only individuals authorized to access the file. The BabyNet Director or designee will access the file for internal use only as deemed necessary by the BabyNet Director. No papers or records in the

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file shall leave the custody of BabyNet nor will BabyNet allow any external agency or person access to the file without a Court Order directing BabyNet to release the file and after advice from an attorney.

- d. Other instances requiring special consideration and not addressed in current BabyNet Policy should be referred to the appropriate state level BabyNet Program Manager.

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BabyNet Policy and Procedure Manual

Part II: Administration of the South Carolina Early Intervention System under part C of the Individuals with Disabilities Education Act

1. **Lead Agency Responsibilities.** ~~SCDHHS South Carolina First Steps to School Readiness~~, designated by the Governor as lead agency for BabyNet and is responsible for the administration of the State's early intervention system and in accordance with IDEA Part C and state interagency agreements, shall be responsible for:
 - a. the general administration and supervision of programs that receive funding under IDEA Part C to provide services to eligible infants and toddlers and their families;
 - b. assigning financial responsibility among appropriate participating state agencies for early intervention services;
 - c. Development and implementation of interagency agreements.
2. **General Supervision and Monitoring.** ~~SCDHHS South Carolina First Steps to School Readiness~~ shall be responsible for the supervision and monitoring of programs including:
 - a. supervising and monitoring programs and activities that comprise the early intervention system, including agencies, institutions, organizations, and individuals which provide early intervention services to children eligible under Part C and their families, for compliance with IDEA Part C and the provisions of federal and state regulations, policies and procedures, whether or not the programs or activities receive financial assistance under Part C of IDEA;
 - b. providing, or facilitating the provision of, technical assistance to those agencies, institutions, and organizations including self-evaluation, program planning and implementation;
 - c. enforcing obligations imposed on those agencies, institutions and organizations as required under these regulations; and
 - d. Directing that deficiencies identified through monitoring be corrected.
3. **Fiscal Supervision and Monitoring.** Each participating agency receiving assistance under BabyNet shall:
 - a. submit financial and other written reports at the time and manner specified by BabyNet;
 - b. an annual fiscal certification regarding:
 - i. appropriate use of state BabyNet funds,
 - ii. payor of last resort; and
 - iii. system of payments, including any use of public benefits and/or private insurance; and,
 - c. Participate in periodic on-site monitoring visits conducted by BabyNet.
4. **Receipt and Resolution of Complaints.** BabyNet procedures for receiving and resolving early intervention systems complaints shall include:
 - a. widely disseminating information regarding the requirements and procedures for filing such a complaint to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers and other appropriate entities;
 - b. receiving and resolving any early intervention systems complaint alleging that one or more requirements under Part C are not met; and
 - c. Conducting an independent on-site investigation of an early intervention system complaint if determined necessary.
 - i. The early intervention system complaint may concern violations by:
 - a) any public agency in the State that receives funding under Part C of IDEA;
 - b) other public agencies that are identified as being part of the State's early intervention system;
or
 - c) Private Service providers under public supervision.

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- ii. Any individual or organization, including an organization or individual from another state, may file a written, signed early intervention system complaint with the lead agency that any public agency or private service provider is violating a requirement of Part C of IDEA. The complaint shall include:
 - a) a statement that the state has violated a requirement of Part C of the Individuals with Disabilities Education Act (IDEA) or its regulations; and
 - b) The facts on which the early intervention system complaint is based.
 - iii. The alleged violation must have occurred not more than one (1) year before the date that the complaint is received by the public agency unless a longer period is reasonable because:
 - a) the alleged violation continues for the child or other children; or
 - b) The complaint is requesting reimbursement or corrective action for a violation that occurred not more than three (3) years before the date on which the complaint is received by the public agency.
 - iv. Within sixty (60) days of the receipt of an early intervention systems complaint, the lead agency shall:
 - a) carry out an independent on-site investigation, if determined necessary by the lead agency;
 - b) provide opportunity for the complainant to submit additional information, either orally or in writing, about the allegations in the complaint;
 - c) resolve the early intervention system complaint; and
 - d) Issue a written report of the findings, recommendations, the reason for the decision, and required actions to the individual or organization filing the complaint and all other parties involved in the complaint.
 - e) An extension of the time limit shall be granted only if the lead agency determines that exceptional circumstances exist with respect to a particular early intervention system complaint.
 - d. In resolving a complaint in which it finds a failure to provide appropriate services, the lead agency, pursuant to its general supervisory authority under Part C of the IDEA shall address:
 - i. how to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and
 - ii. Appropriate future provision of services for all infant and toddlers with disabilities and their families.
 - e. Information regarding procedures for filing a complaint will be included in the Notice of Child and Family Rights in the BabyNet System document published by the lead agency and will be made available to parents and other interested individuals.
 - f. The lead agency shall, after removal of all personally identifiable information, transmit to the State Interagency Coordinating Council the decisions regarding early intervention system complaints, and also make decisions available to the public, in a manner consistent with state and federal confidentiality requirements.
 - g. The Lead Agency shall, in accordance with established BabyNet procedures, ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.
 - h. Additional procedures for complaint investigation and dispute resolution are located in the Procedural Safeguards Manual in the appendices.
5. **Identification and Coordination of Resources.** The Lead Agency shall maintain control of funds provided to the State under IDEA Part C and title to property acquired with those funds will be in a public agency for the uses and purposes provided in this part, and a public agency will administer the funds and property.
- a. BabyNet shall be responsible for :
 - i. The identification and coordination of all available resources for early intervention services within the State, including those from federal, state, local and private sources. Federal funding sources in this section include:
 - a) Title V of the Social Security Act (relating to Maternal and Child Health);

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- b) Title XIX of the Social Security Act (relating to the general Medicaid Program which includes EPSDT));
 - c) The Head Start Act;
 - d) Parts B and C of IDEA;
 - e) Subpart 2 of Part D of Chapter 1 of Title I of the Elementary and Secondary Education Act of 1965, as amended;
 - f) The Developmental Disabilities Assistance and Bill of Rights Act (P.L. 94-103); and
 - g) Other Federal Programs; and
- ii. Updating the information on the funding sources if there is a legislative or policy change under any of those sources.
- b. As payor of last resort, BabyNet system personnel shall not utilize IDEA Part C funds (“BabyNet Service Funds”) to pay for services that would otherwise have been covered by funds from another public or private source were the family and child *not* eligible for BabyNet services. Therefore, IDEA Part C funds may be used only for early intervention services listed on the Individualized Family Service Plan, for which the family and/or child is not currently entitled to under any other federal, state, local, or private source. The BabyNet Service Coordinator is responsible for ensuring, and must document, that all other potential funding sources (including but not limited to commercial health insurance, TriCare, Medicaid, Medicaid waivers, Children’s Rehabilitative Services, etc.) have been exhausted prior to authorizing use of BabyNet Service Funds.
- c. BabyNet shall in no way permit IDEA Part C funds to be used to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible for BabyNet) within the State of South Carolina (34 CFR § 303.527(c)).
- d. Maintenance of Effort: Funds provided to the State under IDEA Part C shall only be used to supplement and increase state and local funds for eligible children. They shall not be utilized to supplant existing state and/or local funds. The total amount of state/local funds budgeted for expenditures in each current fiscal year shall be *at least equal* to the total amount of state/local funds actually expended for early intervention services for these children and families in the most recent preceding fiscal year for which the information is available. Allowances may be made for:
- i. Decreases in the number of infants and toddlers who are eligible to receive services under IDEA Part C; and
 - ii. Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
- e. BabyNet ensures that resources are made available under Part C for all geographic areas within the state through contracts with Participating State Agencies and EIS providers. Each agency and EIS is required to serve any eligible child within their service area.
- f. Equitable Access and Participation (General Education Provisions Act): South Carolina has taken the following steps to ensure equitable access to, and equitable participation in, the South Carolina Part C statewide system as required by section 427(b) of GEPA:
- i. In 1991, the South Carolina General Assembly enacted state statute, Act 41 that requires the lead agency to “establish and maintain a statewide BabyNet system of early intervention services pursuant to Part C of the IDEA for eligible children and families of such children.”
 - ii. South Carolina has implemented a statewide toll free number to a system point of entry (SPOE) for all referrals to the South Carolina BabyNet System. South Carolina serves a diverse population of infants and toddlers and works with the State Interagency Coordinating Council to identify and address barriers. All SPOE coordinators use Language Line service to provide translation in other languages when needed.
 - iii. SPOE coordinators are available to respond to referrals in a timely manner and to ensure timely initial evaluation and assessment to determine eligibility and begin IFSP planning for eligible children. Following development of the initial IFSP, SPOE coordinators transmit each eligible child through the BabyNet data system to an appropriate local BabyNet program for Primary service

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coordination, implementation of the initial IFSP, and timely initiation of services.

- iv. Service providers and service coordinators may be employees of each BabyNet participating state agency (PSA), or may be subcontractors of each PSA.
- v. One or more agencies in each of South Carolina's 46 counties have a PSA contract to provide comprehensive early intervention services to eligible infants and toddlers and their families.
- g. ~~SCDHHS South Carolina First Steps to School Readiness~~ shall ensure that traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all components of the early intervention system and that these families have access to culturally competent services within their local geographical areas.

6. **Use of Federal Funds in Support of System Administration.** ~~SCDHHS South Carolina First Steps to School Readiness~~ shall utilize all funds provided under IDEA Part C that are reasonable and necessary for administering the state early intervention system.

7. System of Payments

a. Use of Funds

- i. Individuals with Disabilities Education Act (IDEA), Part C funds will be used to supplement the level of state funds expended for infants and toddlers with disabilities and their families. Part C funds will not be used to supplant existing state and local funds, nor will they be commingled with state funds.
- ii. Individuals with Disabilities Education Act (IDEA), Part C funds shall not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including Early Head Start or any medical program administered by the Secretary of Defense.
- iii. Individuals with Disabilities Education Act (IDEA), Part C funds may be used for direct services for eligible children and their families that are not otherwise provided from other public or private sources.
- iv. As South Carolina receives IDEA Part C funds, any child determined eligible for IDEA Part C must receive early intervention services authorized on the IFSP and continue to receive those services until the IFSP team determines that the services are no longer necessary to meet the child and family's outcomes or until the child's third birthday, whichever comes first.
- v. The BabyNet Service Provider must bill private or public sources or third party payor(s) for direct services for eligible children and their families unless the family denies permission. BabyNet Service Providers shall not collect Individuals with Disabilities Education Act (IDEA), Part C funds for direct services unless all third party collection is denied by the third party payor and, when applicable, Medicaid is also denied, and written evidence of denial is on file with the service provider and the BabyNet Fiscal Agent. The provider will be reimbursed in accordance with contract specifications.
- vi. The order in which funding for services are to be sought is as follows:
 - (a) Private insurance
 - (b) Medicaid
 - (c) Other state program funds
 - (d) Other federal program funds
 - (e) IDEA, Part C funds
- vii. Individuals with Disabilities Education Act (IDEA), Part C funds may be used to pay for the provision of services and supports when the responsible entity fails to provide or pay for services that have been authorized by the IFSP, or the determination of payment responsibility has not been made and services must be provided prior to such a determination.
- viii. Individuals with Disabilities Education Act (IDEA), Part C funds may be used to provide early intervention services for eligible children and their families that are not otherwise provided from other public or private sources, or to expand and improve on services that are otherwise available.

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- ix. The BabyNet State Office (BNSO) may use funds under IDEA, Part C that are reasonable and necessary for administering the early intervention program for infants and toddlers with disabilities.
 - x. Individuals with Disabilities Education Act (IDEA), Part C funds may be used to pay co-payments, and/or deductibles to third party payers for authorized services when necessary for the child and family to access services, as identified on the IFSP. Individuals with Disabilities Education Act (IDEA), Part C funds will not be used to pay private insurance premiums.
 - xi. Individuals with Disabilities Education Act (IDEA), Part C funds appropriated for BabyNet _ that are not fully expended in the year in which they were appropriated will “roll forward” and become available to BabyNet during the subsequent fiscal year.
 - xii. Policies related to how services to IDEA, Part C eligible children and their families will be provided and paid must be reflected in the interagency agreements, BabyNet Service Provider contracts, and other required methods.
 - xiii. ~~SCDHHS South Carolina First Steps to School Readiness~~, as the IDEA, Part C Lead Agency for the state early intervention system, will not construe any provision in the IDEA Part C statute or regulations as permitting the state to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible under this part) when those services are included in the child’s IFSP.
- b. System of Payments
- i. The BabyNet system of payments does not include any sliding or cost participation fees but includes the use of public and private insurance The BabyNet system will ensure that:
 - a) Parents are not charged any out-of-pocket costs for any Part C services.
 - b) Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to the parents.
 - c) The inability of the parents to pay for services will not result in the delay or denial of services to the child or the child’s [family](#).
 - d) All Part C services on the IFSP are available to the child and family whether or not consent to use private insurance or share information with Medicaid or private insurance is provided.
 - e) At any time, the family has the right to withdraw consent for BabyNet Service Coordinators or BabyNet Service Providers to:
 - i) Access private insurance, and/or
 - ii) Share information with private insurance and/or Medicaid.
 - f) Use of Medicaid to pay for early intervention services will not:
 - i) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
 - ii) Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
 - iii) Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or
 - iv) Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.
 - ii. No services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.
 - iii. BabyNet will not charge fees to parents for the following services and supports:
 - (a) Implementation of the child find requirements;
 - (b) Evaluation and assessment;
 - (c) Service coordination; nor
 - (d) Administrative and coordinative activities related to:
 - (a) The development, review and evaluation of IFSPs;
 - (b) The implementation of procedural safeguards and the other components of the statewide system of early intervention services; and

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- (c) Early intervention services authorized on the IFSP, including any co-payments or deductibles related to these services.
- iv. BabyNet Service Coordinators will ensure that parents are not responsible for any co-payments or deductibles for Part C services authorized on the IFSP.
- v. Parents will be responsible for the cost of any premiums or any other potential long-term costs, such as the loss of benefits, because of annual or lifetime health insurance coverage caps under the insurance policy.
- vi. When a family has both private insurance and Medicaid, Medicaid regulations require the use of private insurance as the primary insurance.
- vii. Families have the right to contest a fee via dispute options outlined in the *Notice of Child and Family Rights in the BabyNet System*, which includes:
 - (a) Participation in mediation;
 - (b) Requesting a due process hearing; or
 - (c) Filing a state complaint.
- viii. Families will be informed of these rights in their copy of *Notice of Child and Family Rights in the BabyNet System*, and in the *Written Notice Related to Private Insurance and Medicaid and System of Payment Policies*.
- ix. Proceeds or funds from public insurance (e.g., Medicaid reimbursements attributable directly to federal funds) or private insurance will not be treated as program income.
- c. Public and Private Insurance
 - i. The BabyNet Service Coordinator will provide and discuss with each family the information outlined in the *Written Notice Related to Private Insurance and Medicaid* initially and each time parental consent is required.
 - ii. The BabyNet Service Coordinator must document that the *Written Notice Related to Private Insurance and Medicaid and System of Payment Policies* was given and explained to the family in the child's Service Log and/maintain the original of the *Health Insurance Resources Summary* form signed by the family, and provide a copy to the family.
 - iii. When there is indication that public and/or private insurance is available to cover an IFSP authorized service, and the parent has given permission for the use of private insurance or exchange public insurance information, BabyNet will not reimburse a provider for that service unless denial of payment by the insurance company has been documented in writing on company letterhead or an Explanation of Benefits (EOB), in accordance with contract specifications. When a denial, EOB, or written statement, is not in the BabyNet Service Provider's record, or on file with the BabyNet Fiscal Agent, the record must contain documentation of all reasonable attempts to obtain these documents.
 - a) When the family consents to bill its private insurance or share information with public insurance, the service provider must pursue all insurance denials of service coverage unless the insurance company's policy is very clear and it has been confirmed that a particular service is not covered or is only covered for a specific number of sessions.
 - b) Documentation of payment denial by the insurance company is not required when the IFSP indicates that the public/private insurance company will not be billed for services. There must be documentation in the BabyNet record as to the circumstances that led to the decision not to access the family's insurance.
 - c) When there are difficulties obtaining payment from public and private insurance companies for services that are appropriate for coverage, the BabyNet Service Coordinator must obtain all relevant information and assist/instruct the family in filing an appeal with the insurance company.
 - d) If the BabyNet Service Coordinator receives no response from the insurance company or a pattern of denied claims is established, the BabyNet Service Coordinator will forward all relevant documentation related to the claim to the BNSO program associate for their service area. The

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BNSO will submit information to the South Carolina Department of Insurance for investigation as appropriate.

- e) Disallowance of payment for failure of the provider to follow proper billing procedures, incorrect diagnosis code or other correctable reasons for disallowance by public and private insurance will not constitute grounds for payment from Individuals with Disabilities Education Act (IDEA), Part C funds.

d. Use of Private Insurance

- i. The BabyNet Service Coordinator must review and give the family a copy of the *Written Notice Related to Private Insurance and Medicaid* (Form BN012), which includes the state's system of payment policies before asking the parent to sign the *Health Insurance Resources Summary Form* (Form BN011).
- ii. The BabyNet Service Coordinator must obtain written parental consent prior to using a parent's private insurance to pay for Part C services:
 - a) The *first* time a BabyNet service provider seeks to use private insurance or benefits to pay for the provision of any early intervention service in the IFSP; and again if
 - b) There is an *increase* (in frequency, length, duration, or intensity) in the services in the child's IFSP.
- iii. The BabyNet Service Coordinator must obtain written parental consent for BabyNet state agencies and/or private providers of the BabyNet system to exchange information with the insurance company(ies) that is needed to pay for early intervention services. This information may include the child's diagnosis or diagnoses, service dates, types of services, and other information related to BabyNet services needed to process claims.
- iv. Parental consent to use private insurance is required even when that use is a prerequisite for the use of Medicaid.
- v. The family must be informed that if insurance is billed, the insurance company might send the Explanation of Benefits and payment to them rather than directly to the provider. If this happens and the family receives the payment, these checks and paperwork **must** be turned over to the appropriate BabyNet Service Provider as payment for their service.
- vi. BabyNet will not be responsible for payment to the service provider because the parent(s) refused payment of benefits to the service provider when the family has allowed access to their insurance and the insurance company has paid the parent directly.
- vii. Written consent for use of private insurance must be documented as Payor 1 for each service family has given permission to do so in the Planned Services section of the child's IFSP. Review of the written notice and consent forms must be documented in the child's service log, and on the Informed Consent for Use of Insurance form.

e. Use of Public Insurance or Medicaid

- i. The BabyNet Service Coordinator must review and give the family a copy of the *Written Notice Related to Private Insurance and Medicaid* (Form BN012), which includes the state's system of payment policies before asking the parent to sign the *Health Insurance Resources Summary Form* (Form BN011).
- ii. The BabyNet Service Coordinator must obtain written parental consent for BabyNet state agencies and/or private providers of the BabyNet system to exchange information with Medicaid that is needed to pay for early intervention services. This information may include the child's diagnosis or diagnoses, service dates, types of services, and other information related to BabyNet services needed to process claims.
- iii. The BabyNet Service Coordinator must indicate the use of Medicaid as either Payor 1 or Payor 2 (when the child had private insurance as primary coverage) for each Medicaid-covered service in the Planned Services section of the child's IFSP. Review of the *Written Notice Related to Private Insurance and Medicaid* (Form BN012) and *Health Insurance Resources Summary Form* (Form BN011) must be documented in the child's service log, and on the *Health Insurance Resources Summary Form* (Form BN011). Informed Consent for Use of Insurance form.

- f. All BabyNet Service Coordinators and EIS providers must enroll with the state Medicaid program and request payment for services in accordance with all Medicaid rules, including those pertaining to prior

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authorization of services covered by Medicaid, in order to access Medicaid funds for all covered services provided to Medicaid enrolled families, including targeted case management, DME, therapies and early intervention services.

- g. Individuals with Disabilities Education Act (IDEA), Part C funds cannot be used to duplicate or supplement payments made by Medicaid. Service providers must agree to accept Medicaid payment rate as payment in full for the service authorized by the IFSP.
- h. Service providers cannot request additional funds from families to supplement established Medicaid and BNSO rates, including Medicaid Managed Care rates.
- i. The BNSO will fund services based on the prevailing State of South Carolina Medicaid rate for services, when such a rate has been established.
- j. When there is not an established Medicaid rate for a specific service, the BNSO may establish and use a payment rate for the service.
- k. Use of Public Insurance or Medicaid
 - i. The BabyNet Service Coordinator must review and give the family a copy of the *Written Notice Related to Private Insurance and Medicaid* (Form BN012), which includes the state's system of payment policies before asking the parent to sign the *Health Insurance Resources Summary Form* (Form BN011).
 - ii. The BabyNet Service Coordinator must obtain written parental consent for BabyNet state agencies and/or private providers of the BabyNet system to exchange information with Medicaid that is needed to pay for early intervention services. This information may include the child's diagnosis or diagnoses, service dates, types of services, and other information related to BabyNet services needed to process claims.
 - iii. The BabyNet Service Coordinator must indicate the use of Medicaid as either Payor 1 or Payor 2 (when the child had private insurance as primary coverage) for each Medicaid-covered service in the Planned Services section of the child's IFSP. Review of the *Written Notice Related to Private Insurance and Medicaid* (Form BN012) and *Health Insurance Resources Summary Form* (Form BN011) must be documented in the child's service log, and on the *Health Insurance Resources Summary Form* (Form BN011). Informed Consent for Use of Insurance form.
- l. All BabyNet Service Coordinators and EIS providers must enroll with the state Medicaid program and request payment for services in accordance with all Medicaid rules, including those pertaining to prior authorization of services covered by Medicaid, in order to access Medicaid funds for all covered services provided to Medicaid enrolled families, including targeted case management, DME, therapies and early intervention services.
- m. Individuals with Disabilities Education Act (IDEA), Part C funds cannot be used to duplicate or supplement payments made by Medicaid. Service providers must agree to accept Medicaid payment rate as payment in full for the service authorized by the IFSP.
- n. Service providers cannot request additional funds from families to supplement established Medicaid and BNSO rates, including Medicaid Managed Care rates.
- o. The BNSO will fund services based on the prevailing State of South Carolina Medicaid rate for services, when such a rate has been established.
- p. When there is not an established Medicaid rate for a specific service, the BNSO may establish and use a payment rate for the service.

8. Procedural Safeguards

- i. ~~SCDHHS The BabyNet Division of South Carolina First Steps~~, in its role as lead agency for early intervention services is responsible for
 - a) Establishing/adopting procedural safeguards that meet the requirements of IDEA, including the provisions on confidentiality in 303.401 through 303.417, parental consent and notice in 303.420 and 303.421, surrogate parents in 303.422, and dispute resolution procedures in 303.430.
 - b) Ensuring effective implementation of the safeguards by each public agency in the State (including the lead agency and BabyNet Service Coordinators and Service Providers) that is involved in the provision of early intervention services under Part C.

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- c) Make available to parents an initial copy of the child's early intervention record, at no cost to the parents.
 - d) In the event of due process proceedings, unless the parent and lead agency agree otherwise §303.430(e)(1) provides that the child must continue to receive the appropriate early intervention services in the setting identified in the IFSP that are consented to by the parents.
 - e) BabyNet Family Rights and Procedural Safeguard packet defines the process by which infants and toddlers with disabilities and their families will be assured of their rights.
- b. Methods to ensure the provision and financial responsibility for, Part C services.
- i. General

BabyNet must ensure that it has in place methods for interagency coordination. The Chief Executive Officer or designee must ensure that the interagency agreement or other method for interagency coordination is in effect between each State public agency and the designated lead agency in order to ensure:

 - i) The provision of, and establishing financial responsibility for, early intervention services provided under this part; and
 - ii) Such services are consistent with the requirement in section 635 of the Act and the State's application under section 637 of the Act, including the provision of such services during the pendency of any dispute between State agencies.
 - ii. The methods in paragraph (a) of this section must meet all requirements in this section and be set forth in one of the following:
 - a) State law or regulation
 - b) Signed interagency and intra-agency agreements between respective agency officials that clearly identify the financial and service provision responsibilities of each agency (or entity within the agency); or
 - c) Other appropriate written methods determined by the Governor of the state of South Carolina, or the Governor's designee, and approved by the Secretary through the review and approval of the State's application.
 - iii. Procedures for resolving disputes
 - a) Each method must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments of a given service, or disputes about other matters related to the State's early intervention service program. Those procedures must include a mechanism for resolution of disputes within agencies and for the Governor, Governor's designee, or the lead agency to make a final determination on the interagency disputes, which determination must be binding upon the agencies involved.
 - b) The method must:
 - i) Permit the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner; and
 - ii) Include the process that the lead agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.
 - c) If, during the lead agency's resolution of the dispute, the Governor, Governor's designee, or lead agency determines that the assignment of financial responsibility under this section was inappropriately made:
 - i) The Governor, Governor's designee, or lead agency must reassign the financial responsibility to the appropriate agency; and
 - ii) The lead agency must make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility.
 - iv. Delivery of services in a timely manner. The methods adopted by South Carolina under this section must:
 - a) Include a mechanism to ensure that no services that a child is entitled to receive under this part are delayed or denied because of disputes between agencies regarding financial or other responsibilities; and

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- b) Be consistent with the written funding policies adopted by the State under this subpart and include any provisions the State has adopted under §303.520 regarding the use of insurance to pay for Part C services.
 - v. BabyNet will include any additional components necessary to ensure effective cooperation and coordination among, and the lead agency's general supervision (including monitoring) of, service coordinators and service providers (including all public agencies) involved in the State's early intervention service program.
9. **Interagency Agreements.** The Lead Agency shall enter into and maintain formal interagency memorandum of agreements with other state-level agencies involved in the State's early intervention system. Two-party agreements will be developed as needed (e.g., Head Start, Early Head Start). The BabyNet Interagency Memorandum of Agreement shall:
- a. Define the financial responsibility of each agency involved;
 - b. Include procedures for a timely resolution of intra-agency and interagency disputes regarding payment or other matters related to the early intervention system, including a mechanism for making a final determination that is binding upon the agencies involved;
 - i. This requirement may be met in any way permitted under South Carolina state law, including providing for a third party (e.g., an administrative law judge) to review a dispute and render a decision,
 - ii. assignment of the responsibility by the Governor to the lead agency or State Interagency Coordinating Council, or
 - iii. having the final decision made directly by the Governor
 - c. Permit the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner; and
 - d. Include the process to be used in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner;
 - e. Include procedures for timely reimbursement of funds to BabyNet for interim payment made for early intervention services in accordance with 34 CFR 303.527(b) to prevent delay in the timely provision of services to an eligible infant or toddler or their family, pending reimbursement from the agency or entity that has ultimate responsibility for payment; and
 - f. Include any other components necessary to ensure effective cooperation and coordination among all agencies.
10. **State Interagency Coordinating Council.** South Carolina's early intervention system shall maintain an Interagency Coordinating Council which:
- a. is appointed by the Governor in accordance with IDEA Part C;
 - b. consists of a membership representative of the population of the state, and is composed as follows:
 - i. at least twenty (20) percent of the members shall be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged twelve (12) or younger with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be the parent of an infant or toddler with a disability or a child with a disability aged six (6) or younger;
 - ii. at least twenty (20) percent of the members shall be public or private providers of early intervention services;
 - iii. at least one (1) member shall be from the state legislature;
 - iv. at least one (1) member shall be involved in personnel preparation;
 - v. at least one (1) member shall be from each of the state agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies;

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- vi. at least one (1) member shall be from the state educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency;
 - vii. at least one (1) member shall be from the agency responsible for the state governance of health insurance;
 - viii. at least one (1) member shall be from a Head Start agency or program in the state;
 - ix. at least one (1) member must be from a state agency responsible for child care; and
 - x. Others appointed as deemed appropriate and selected by the Governor.
- c. The Governor shall designate a member of the council to serve as chairperson or shall require the council to so designate such a member. No member who is a representative of ~~SCDHHS the South Carolina First Steps to School Readiness~~ shall be able to serve as the council chairperson.
- d. The ICC shall advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system including, but not limited to:
- i. achieving the full participation, coordination and cooperation of all appropriate public agencies in the state;
 - ii. the effective implementation of the statewide system, by establishing a process that includes:
 - (a) seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery; and
 - (b) Taking steps to ensure that any policy problems identified under this section are resolved.
 - iii. the resolution of disputes, as appropriate;
 - iv. The provision of appropriate services for children from birth through age three (3) years of age.
 - v. the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether or not “at-risk” is a recognized eligibility for early intervention services;
 - vi. the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of interagency agreements;
 - vii. the preparation of applications and the amendments thereto; or
 - viii. The transition of toddlers with disabilities to preschool and other appropriate services.
- e. The ICC shall prepare and submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the state in keeping with the date and format established by the Secretary of Education.
- f. The ICC shall meet at least quarterly. Meetings shall be:
- i. announced to the public, no later than ten (10) business days, prior to the scheduled meeting; and
 - ii. To the extent appropriate, open and accessible to the general public.
 - iii. Minutes and attendance shall be maintained for each meeting.
- g. The ICC may, subject to approval of the Governor, prepare and approve a budget using funds under IDEA Part C to:
- i. conduct hearings and forums;
 - ii. reimburse members of the ICC for reasonable and necessary expenses for participating in council meetings and performing council duties;
 - iii. pay compensation to a member of the council if the member is not employed or must forfeit wages from other employment when performing official council business;
 - iv. hire staff;
 - v. obtain the services for such professional, technical, and clerical personnel as may be necessary to carry out its functions required by federal statute and regulations for part C of the Individuals with Disabilities Education Act; and
 - vi. Provide interpreting services for persons who are deaf and other necessary services, both for council members and participants.
- h. Except as provided in this section, council members shall serve without compensation from Part C funds.

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- i. No member of the ICC shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under South Carolina law.

11. **BabyNet Local Early Intervention System (BN-LEIS).** Each of the eight (8) geographic areas of the BabyNet early intervention system shall maintain at least one interagency and interdisciplinary team with quarterly guidance and support from the BabyNet State Office.

- a. BabyNet State Office Activities:
 - i. Monthly bulletin:
 - (a) Policies and procedures
 - (b) Provider updates
 - (c) Data System
 - ii. Quarterly participation by BabyNet State Office staff in regional local meetings via conference call and/or webinar with conference call capability, facilitated by BNSO staff
 - (a) BabyNet State Office staff will:
 - (a) Maintain master e-mail lists
 - (b) Post calendar and schedule of conference calls on BN website
 - (c) Post listserv messages announcing local webinars
 - (d) Develop agenda with local participation
 - (e) Post quarterly minutes on BN website
 - (f) Follow-up with agenda items at next scheduled BabyNet Program Managers at monthly state-level meeting
 - iii. Standing State Agenda Items for quarterly meetings:
 - (a) System Updates
 - (b) Local compliance and performance data for State Performance Plan Indicators 1, 7, and 8c; other indicators as appropriate
 - (c) Response to questions and concerns sent in advance of quarterly conference call
- b. LEIS Team Activities:
 - i. Local SPOE, DDSN, and SCSD BNSC Supervisors may meet monthly as determined by need, but without BabyNet State Office supports. Should local teams choose to meet monthly, no minutes are required.
 - ii. Suggested Participants for quarterly meetings:
 - (a) Families
 - (b) Local SPOE, DDSN, and SCSD BNSC Supervisors
 - (c) BNSCs
 - (d) BabyNet Service Providers
 - (e) LEA contact for Preschool Children with Disabilities services
 - (f) First Steps County Partnership personnel
 - (g) Head Start/Early Head Start personnel
 - (h) BabyNet Program Managers
 - iii. For quarterly meetings, LEIS team members will:
 - (a) Send in questions in advance of quarterly conference call
 - (b) Take notes for submission to BNSO for posting
 - iv. Standing Local Agenda Items for quarterly meetings:
 - (a) Local Child Find activities
 - (b) Referrals
 - (c) Service coordination matrix
 - (d) Local service provider capacity
 - (e) Exits & Transition
 - (f) Nature of Local complaints

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12. **Contracting for Early Intervention Services.** ~~SCDHHS South Carolina First Steps to School Readiness~~ shall utilize contractual arrangements as a method of securing required early intervention services for children and families. Each contractor will be required by the terms of their contract to adhere to all applicable state and federal requirements for the provision of services to Part C eligible children and their families.
- a. All early intervention services provided for eligible children and their families shall meet the federal definition of early intervention services, and shall be provided in a manner that is consistent with state and federal standards for services under IDEA Part C.
 - b. Procurement of early intervention services by service providers shall conform to the applicable agency procurement policies.
 - c. Individuals or organizations seeking to provide early intervention services shall meet the requirements and standard established by the lead agency.
 - d. Each contractor will provide an annual fiscal certification regarding:
 - i. appropriate use of state BabyNet funds,
 - ii. payor of last resort; and
 - iii. System of payments, including any use of public benefits and/or private insurance.
13. **Public Participation.**
- a. As required in §303.208, at least 60 days prior to being submitted to the Office of Special Education Programs in the U.S. Department of Education, South Carolina's application for funds under Part C of IDEA, including any policies, procedures, descriptions, methods, certifications, assurances and other information required in the application, is published in a manner that ensures circulation throughout the state for at least a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period.
 - b. The application includes the policies used by South Carolina to ensure that, before adopting any new policy or revising an existing policy needed to comply with Part C of IDEA and these regulations, BabyNet:
 - i. Holds public hearings on the new policy including any revision to an existing policy;
 - ii. Provides notice of the hearings held in accordance with (a) above at least 30 days before the hearings were conducted to enable public participation; and
 - iii. Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, early intervention providers, and the members of the State Interagency Coordinating Council, to comment for at least 30 days on the new policy, including any revision to an existing policy needed to comply with Part C of IDEA and these regulations.
14. **Central Directory:** The Lead Agency or designee shall develop and maintain a central directory of information which identifies services, resources, experts, professionals and other groups (including parent support groups and advocate associations) that provide assistance to eligible children and their families, and is developed in concert with families and community groups, including the local early intervention system. The Central Directory will include information about:
- a. Public and private early intervention services, resources, and experts available in the State;
 - b. Research and demonstration projects being conducted in the State; and
 - c. Professional and other groups that provide assistance to eligible children and their families.
 - d. The information will be in sufficient detail to allow:
 - i. The general public to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
 - ii. Families and caregivers to contact, by telephone or letter, any of the sources listed in the directory.
 - e. The Central Directory must be
 - i. Readily accessible to the general public;
 - ii. Updated at least annually.
 - iii. Copies of the directory will be made available:
 - (a) In each geographic region of the State, including rural areas; and
 - (b) In places and a manner that ensure accessibility by persons with disabilities.

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15. **Public Awareness:** The Lead Agency will maintain a broad, ongoing public awareness program using a variety of methods to inform the general public about the importance of early identification of infants and toddlers with disabilities and the availability of early intervention services. The target audience shall include, but is not limited to, individuals with disabilities, public agencies at the state and local level, private providers, professional associations, parent groups, advocacy associations.
- a. The lead agency will develop, prepare, and disseminate information and materials to all primary referral sources for informing parents of the availability of early intervention services. Methods for informing the public and locating children and families will include:
 - i. Maintaining a central directory that is updated on an annual basis;
 - ii. Maintaining a toll free access line that will link families and other concerned individuals to the local System Point of Entry (SPOE) offices of BabyNet;
 - iii. Participating in the development and implementation of a plan for effective outreach, which may include public service announcements, newspaper articles, posters, and other community information processes and reporting the results of these efforts to the ICC on an annual basis;
 - iv. Maintaining a system for supplying and distributing public awareness materials, especially through the local BabyNet system point of entry offices and First Steps County Partnerships; and
 - v. Maintaining a web site which provides pertinent information regarding the early intervention system.
 - b. The public awareness program shall inform the public about:
 - i. The State's early intervention system;
 - ii. The Child Find system including:
 - (a) The purpose and scope of the system;
 - (b) How to make referrals to the early intervention system;
 - (c) How to gain access to a comprehensive, multidisciplinary evaluation, and other early intervention services; and
 - (d) The central directory.
16. **Child Find and Receipt of Referrals.** SCDHHS South Carolina First Steps, with the advice and assistance of the State Interagency Coordinating Council, shall implement a comprehensive Child Find system that:
- a. Ensures all infants and toddlers in the State who are potentially eligible for services through the BabyNet Early Intervention System are identified, located, and evaluated;
 - b. Is consistent with IDEA/Part B services through the South Carolina Department of Education;
 - c. Includes a system for making referrals that includes timelines;
 - d. Provides for participation by primary referral sources; and
 - e. Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for services through the BabyNet Early Intervention System that will reduce the need for future services.
 - f. 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.
 - i. Local child find targets will be set in July each year using birth data for the previous three years. Counties serving less than 90% of the targets for children age birth to 12 months or birth to 36 months will be targeted for child find activities and supports.
 - ii. General information about IDEA Part C services will be made available to primary referral sources and the general public within each EIS agency service area. This may be accomplished by providing written literature about BabyNet, as well as making presentations regarding the BabyNet System to primary referral sources.
 - iii. To maximize local resources and to prevent duplication of effort, child find activities will be coordinated with community partners including, but not limited to:
 - (a) State and local governmental agencies that provide services to children under age three, including any local entity (state agency, Board of Disabilities and Special Needs, private company, or individual provider) responsible for implementation of BabyNet program;

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- (b) First Steps County Partnerships,
 - (c) Early Head Start, Migrant Head Start, and Head Start;
 - (d) Early care and education providers;
 - (e) Hospitals, including prenatal and postnatal care facilities;
 - (f) Physicians;
 - (g) Parents, including parents of infants and toddlers;
 - (h) Day care programs;
 - (i) LEAs and schools;
 - (j) Public health facilities;
 - (k) Other social service agencies;
 - (l) Other clinics and health care providers;
 - (m) Public agencies and staff in the child welfare system including child protective service and foster care;
 - (n) Homeless family shelters; and
 - (o) Domestic violence shelters and agencies.
- iv. Local public awareness and/or child find activities should be reported via quarterly Local Early Intervention System (LEIS) meetings, and documentation maintained in minutes developed by BabyNet State Office Program Associate facilitating these meetings.
 - v. Child Find activities, including distribution of child find materials, will be supported through contracts with [SCDHHS South Carolina First Steps to School Readiness](#).

17. **The Comprehensive System of Personnel Development.** All BabyNet System Personnel must meet the state and federal requirements for the Comprehensive System of Personnel Development under Part C of the Individuals with Disabilities Education Act.

a. Definitions:

- i. Federal and state requirement for CSPD: All BabyNet System Personnel must meet the state and federal requirements for the Comprehensive System of Personnel Development under Part C of IDEA. The goal of South Carolina's CSPD is to implement a system of professional development that impacts initial preparation (pre-service) and ongoing education and learning (in-service), and that results in BabyNet system personnel who are highly effective in supporting the development and learning outcomes of every young child and family. A professional development system is a "comprehensive system of preparation and ongoing development and support for all early childhood education professionals working with and on behalf of young children" (NAEYC, 2008; National Professional Development Center on Inclusion, 2011). This includes knowledge, skills, and application of knowledge in practice, related to the OSEP early childhood indicators, early intervention core competencies, and evidence-based practices in working with families, teams, and infants and toddlers age birth to three with disabilities across all personnel.
- ii. Specific federal requirement for CSPD: Specifically, IDEA requires each state's early intervention system to have a comprehensive system of personnel development that that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services.
 - (a) Training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services;
 - (b) Implementing innovative strategies and activities for the recruitment and retention of early education service providers;
 - (c) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
 - (d) Training personnel to coordinate transition services for infants and toddlers;
 - (e) Training personnel to work in rural and inner city areas; and
 - (f) Training personnel in the emotional and social development of young children.
- iii. TECS collaborates with BabyNet State Office and its partnering agencies to fulfill these requirements.

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- b. BabyNet System Personnel: All personnel are defined by the role or roles an individual serves in South Carolina's Part C early intervention system. These roles include:
- i. BabyNet State Office Personnel
 - ii. BabyNet Program Managers
 - iii. BabyNet Supervisors within participating agencies
 - iv. BabyNet Service Coordinators (Initial & Primary)
 - v. BabyNet Service Providers, including Parent-to-Parent support providers, and
 - vi. Technical Assistance Specialists with TECS
- c. BabyNet Service Providers: Service providers are defined as personnel who provide services listed on a family and child's Individualized Family Service Plan (IFSP). Service Providers include:
- i. Applied Behavior Analysis Program Consultants
 - ii. Applied Behavior Analysis Providers
 - iii. Audiologists providing evaluation, assessment, and/or auditory verbal therapy
 - iv. Counselors
 - v. Registered Dietitians
 - vi. Foreign Language Interpreters/Translators
 - vii. Interpreters for the Deaf & Hard of Hearing
 - viii. Medical Equipment Providers
 - ix. Nurses
 - x. Occupational Therapists and Assistants
 - xi. Optometrists
 - xii. Orientation & Mobility Specialists
 - xiii. Parent-to-Parent Support Providers
 - xiv. Physical Therapists and Assistants
 - xv. Physicians
 - xvi. Psychologists
 - xvii. Social Workers
 - xviii. Speech-Language Pathologists & Assistants
 - xix. Special Instructors
 - xx. Transportation Providers.
 - xxi. The South Carolina Part C Credential Process
- d. Procedures
- i. The Credential is the process by which attainment of these Part C competencies is developed, refined, and documented. BabyNet Providers with an approved contract from ~~SCDHHS the South Carolina First Steps to School Readiness/BabyNet Division~~, and agency staff employed by the county Boards of the Department of Disabilities and Special Needs, subcontractors of the State Department of Disabilities and Special Needs, the Department of Health and Environmental Control, Family Connection of South Carolina, and the South Carolina School for the Deaf and the Blind who serve in early intervention roles are required to apply for the South Carolina Part C Credential upon contract approval or hire, and to complete the TECSBOOK 2.0 CSPD Curriculum in successful fulfillment of their state and federal Comprehensive System of Personnel Development (CSPD) obligations.
 - ii. BabyNet contracts with TECS to manage the CSPD in South Carolina. Each quarter, TECS provides reports to the Program Managers of each of the above agencies and the Provider Relations staff of BabyNet, indicating BabyNet System Personnel with a Credential application (different from the provider contract application) on file with TECS. Upon approval of the Credential application, BabyNet Providers are registered into the credential database and a TECSBOOK 2.0 user ID is issued for access to the Part C online trainings. TECSBOOK 2.0 is the credential database for all user professional development activities. Professional development activities and certificates of completion are available to the registered user on demand through this system. The Early Intervention Core Competencies, BabyNet System Personnel Qualifications, and the Credential application and instructions can be found on the BabyNet and the TECS websites.

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- iii. New BabyNet Providers have 90 days from Credential application approval month to successfully complete the BabyNet Basics training. A permanent SC Part C Credential certificate is issued to the BabyNet provider after successful completion. The renewal timeline starts the month that the BabyNet Basics training is completed.
- iv. Current BabyNet Providers are required to renew their Part C Credential application every two (2) years/24 months with the appropriate documented hours of professional development training. BabyNet defines professional development training as “activities inclusive of those offered by TECS training (face-to-face or online), pre-approved agency in-service training, and pre-approved outside continuing education experiences”. A permanent SC Part C Credential certificate is issued to the professional upon successful completion of renewal requirements.
- v. Bi-Annual Maintenance of Continuing Credential status is accomplished by:
 - (a) Completion of BabyNet Basics;
 - (b) Completion of additionally required advanced and elective level professional development training; and
 - (c) Other pre-approved training: contracted providers and other licensed system personnel may be able to submit the modules to their relevant professional association for continuing education credits. For additional information see TECSBOOK 2.0 announcements and Credential Process Instructions on TECS Website.
- vi. The TECSBOOK CSPD Curriculum Lessons and Content Units include content based on:
 - (a) Federal statute and regulations for IDEA Part C;
 - (b) State legislation and policy;
 - (c) South Carolina’s Core Competency Areas for BabyNet System Personnel as established by the Personnel Committee of the State Interagency Coordinating Council;
 - (d) The interdisciplinary early intervention competency areas set by the Council for Exceptional Children-Division of Early Childhood;
 - (e) Relevant national professional association practices for licensed disciplines (e.g., ASHA, AOTA, APTA, AAP, Nursing, Psychology, and Social Work) and
 - (f) The IDEA Part C Performance and Results Indicators.
- vii. Focusing on relevancy and applicability to the service delivery contexts of families, children, and IFSP teams, the chapters and lessons are designed to be reinforced by effective supervision mechanisms. Finally, TECSBOOK is designed according to the following CSPD content standards in order to:
 - (a) Provide enhanced support to South Carolina’s early intervention system’s ability to apply policies and procedures in a manner consistent with current evidence-based practice and scientifically-based research in the following areas:
 - (a) Support BabyNet System Personnel in:
 - (a) meeting the interrelated social or emotional, health, developmental, and educational, early literacy & language needs of eligible children served by BabyNet;
 - (b) Facilitating children’s development and maintenance of positive social relationships; acquisition and use knowledge and skills; and initiation of appropriate action to meet their needs.
 - (c) Assisting families in knowing their rights, enhancing the development of their children, and in participating fully in the development and implementation of IFSPs;
 - (d) Meeting the service coordination & service delivery needs of children who are:
 - (i) involved in substantiated child abuse or neglect,
 - (ii) In foster care,
 - (iii) Wards of the state,
 - (iv) In the transition process, or
 - (v) Identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure; and

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- b) Assist BabyNet System Personnel in meeting the service coordination & service delivery needs of families and children who reside in rural and inner city areas, on Indian reservations, and who are homeless.
- e. Application of Knowledge and Skills: Observations of BabyNet System Personnel by BabyNet supervisors in participating agencies, technical assistance specialists, and/or BabyNet State Office Personnel will be based on operation definitions of the key principles, concepts, and examples of evidence-based practices (as contained in Section 1.A) that form the basis of these policies.

18. Data Reporting. The Lead Agency shall maintain a system for collecting, managing, analyzing, and reporting statewide data regarding the current operational status of the various components of South Carolina's Early Intervention System. Data shall be publicly reported in a manner that does not result in the disclosure of data identifiable to individual children. All BabyNet Service Coordinators and Service Providers are responsible for accurate and timely data collection and entry into the South Carolina BRIDGES data system. Procedures: specific aspects of the early intervention system for which data is currently compiled and utilized includes, but is not limited to the following:

- a. BabyNet shall provide data each year to the Secretary of Education and the public on the following State Performance Plan Indicators:
- b. The number and percentage of children with disabilities who are receiving early intervention services:
 - i. who received services in a timely manner;
 - ii. The number of children for whom the timely delivery of any service was late for reasons other than exceptional family circumstances, reported by:
 - a) BRIDGES ID number;
 - b) BabyNet Service Coordinator;
 - c) Date the service provision was due;
 - d) Date the service was received;
 - e) Whether receipt of the service occurred within 12 months of identification of non-compliance; and
 - f) Whether receipt the service occurred prior to the child's exit from BabyNet at age three years;
 - iii. who received services in the natural environment;
 - iv. the early child outcome progress category for all children exiting BabyNet who entered prior to age 30 months and who received at least six month of continuous services prior to exiting the BabyNet Early Intervention System;
 - v. The number and percentage of families reporting for each family outcome;
 - vi. who are ages birth to 12 months;
 - vii. who are between the ages of birth and 36 months;
 - viii. who have an initial IFSP developed within 45 days from referral to the BabyNet system;
 - ix. The number of children for whom the initial IFSP was late for reasons other than exceptional family circumstances, reported by:
 - a) BRIDGES ID number;
 - b) BabyNet Service Coordinator;
 - c) Date the initial IFSP was due;
 - d) Date the initial IFSP was developed;
 - e) Whether receipt of the initial IFSP occurred within 12 months of identification of non-compliance; and
 - f) Whether receipt of initial IFSP occurred prior to the child's exit from BabyNet at age three years;
 - x. who receive appropriate transition planning and timely transition notification, referral, and a transition conference with the local education agency prior to age 33 months;
 - xi. The number of children for whom the transition conference was late for reasons other than exceptional family circumstances, reported by:
 - a) BRIDGES ID number;

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- b) BabyNet Service Coordinator;
 - c) Date the transition conference was due;
 - d) Date the transition conference was received;
 - e) Whether receipt of the transition conference occurred within 12 months of identification of non-compliance; and
 - f) Whether receipt of the transition conference occurred prior to the child's exit from BabyNet at age three years;
- xii. The number of due process complaints filed under section 615 and the number of hearings conducted.
 - xiii. The number of hearings requested under section 615(k) and the number of changes in placements ordered as a result of those hearings.
 - xiv. The number of mediations held and the number of settlement agreements reached through such mediations.
- c. BabyNet shall provide data each year to the Secretary of Education and the public on the following child count data:
 - i. The number of children served by age and race;
 - ii. The primary service setting by age and race;
 - iii. The number of children exiting the BabyNet early intervention system, exit reasons and Part B eligibility for children exiting at age three years; and
 - iv. For each BabyNet service, the number of children by race and ethnicity receiving the service.
 - d. Valid and reliable data shall be one factor considered in annual state to local determinations of compliance by and performance of BabyNet System Personnel within BabyNet Partnering Agencies and under contract with ~~SCDHHS the BabyNet Division of the Office of First Steps~~.
 - e. Additional data collected by the state data systems, minutes of quarterly local coordination team conference calls, and other sources shall include:
 - i. The number of referrals received by the system and the referral sources;
 - ii. The unduplicated number of eligible children served by the system
 - iii. The number of children receiving each service by provider and frequency;
 - iv. Local Child Find efforts;
 - v. The availability and qualifications of service providers available in the State; and
 - vi. Training needs of service providers and the provision of training by the early intervention system.