

NYC EARLY INTERVENTION PROGRAM GUIDE TO CHANGES IN E.I. INITIATIVES

The listing below highlights the major changes to current NYC EIP policy or procedures as described in Evaluation Regulations under the EIP:

Page 1, items 3, 4, 5 - State that standardized, norm-referenced instruments should be used whenever possible. Indicates that evaluators should use an instrument from a list the NYC EIP will be distributing, and that if an evaluator uses an instrument that is not on the list, an explanation of the reason(s) must be included.

Page 2 - States that the need for supplemental evaluations beyond the area(s) of suspected delay should be reflected in the core evaluation report. Does not preclude the supplemental in the suspected area(s) of delay being performed before the core.

Page 4, item 2 - The Multidisciplinary Evaluation will not be accepted as complete without a physical exam report, and an IFSP meeting cannot be held without the complete MDE. For parents unable to access their primary care physician, a physician contracted or hired by the core evaluation provider may perform the physical exam as a supplemental evaluation.

Page 5, item 7 - States that individual evaluators should avoid making recommendations during the evaluation regarding frequency, duration, and location of specific services, service providers, or eligibility for EI.

Page 5, E 1 - States that the summary must be written by a member of the evaluation team or a representative who is an EI qualified personnel, and that pertinent medical information must be incorporated into the summary. Clearly states that the summary must integrate evaluation results from all evaluators.

Page 6, item 2c - All components of the MDE must include the name(s) and discipline(s) of the evaluator(s). Each report must include the evaluator's original signature and his/her license number. If a professional is certified (e.g., special educator), the certification number is not to be included as it is also the person's Social Security number.

Page 6, item 2g - An evaluator should describe a child's strengths as well as areas of concern. The evaluator should not list skills a child is unable to perform if they are above age level.

Page 6, item 2i - Individual evaluators should avoid recommending frequency, duration, location of specific services, specific service providers or eligibility for EI in their written reports.

Page 7, item 2j - Discusses referrals the service coordinator should make if a child is found ineligible for the EIP.

Page 7, item 3: Attestation Statement from Evaluators - This is one of several attestation statements in the Initiatives. It is to be included at the end of all evaluation reports.

Page 7, item 4: Assessment of the Child's Physical Health - This indicates the items that should be included in the physical exam report. It indicates that pertinent medical information should be incorporated into the multidisciplinary evaluation.

Pages 7 and 8: Sharing Evaluation Results - Emphasizes again that the results of the evaluation should be shared with the parent(s) before the IFSP meeting.

Page 8, item G - Indicates that:

- a. At least one person who evaluated the child should routinely be at the IFSP meeting.
- b. If none of the evaluators who directly assessed the child can attend, then a representative who is an EI qualified personnel, is familiar with the evaluation results, and is able to make appropriate recommendations should attend.
- c. If neither of the above is able to attend, advance arrangements must be made by the evaluation site with the Regional Office for an evaluator to participate in a telephone conference, or the meeting will have to be rescheduled.

Page 8, item H - Indicates that after the IFSP meeting, the EIOD may request further information or request a supplemental evaluation by a specialist other than the provider of the original evaluation.

Page 9: Changes to the Core Evaluation Data Entry Form:

- a. Statement of eligibility is removed and appears only on the MDE data entry form.
- b. The Core Evaluation team must indicate whether the physical exam report is attached and states that an IFSP meeting will not be held without a complete MDE.
- c. The ICD 9 codes that establish eligibility should be written on the MDE Data Entry Form by the Core Evaluation team.

Page 10: Multidisciplinary Evaluation Data Entry Form – The date at the top of the form has been changed to reflect the date of MDE completion.

Page 11: Supplemental Evaluation Data Entry Form:

- a. Statement of eligibility is removed from the form.
- b. Name(s) of instrument used in *each* supplemental has been added to the form.
- c. Diagnosis/ICD9 Code is now to be indicated in individual supplemental boxes, when appropriate and transferred to the MDE Data Entry Form by the core evaluation team representative.

Page 12: Contents Of An Evaluation To Add New Services To A Child's IFSP -

- a. Indicates that along with all of the information required in the document "**Evaluation Requirements Under the Early Intervention Program**" an evaluator must indicate the situations, events, or conditions requiring the additional evaluation.
- b. The process for adding new services is explained.

Pages 13 and 14: Six Month and Annual Provider Progress Report - This two page form replaces the current "Quarterly Provider Progress Report" and requests more specific information than the previous form about the child's progress on IFSP outcomes. It also includes an attestation statement which is to be signed by the service provider.

Pages 15 and 16 - This two page form gives instructions for completion of the "Six Month and Annual Provider Progress Report."

Page 17: Third and Ninth Month Provider Progress Report - This form does not need to be submitted to the Regional Office, but must be filed in the child's folder at the provider site. It contains an attestation statement which must be signed by the service provider.

Page 18: Requests for Amendment(s) To Change An Existing IFSP Service -

- a. This page describes the process for requesting an amendment to an existing IFSP and the issues to be addressed in the form on Page 19.
- b. When an amendment to an IFSP is requested, the EIOD may require an independent evaluation, especially if the request is made within the first six months of service.

Page 19 and 20: Request for a Change in Frequency, Method, or Location of Service Currently on an IFSP and instructions - This is a new form to be used when requesting a change to services in a current IFSP, as referenced above. It contains an attestation statement which is to be signed by the interventionist making the request.

Page 21: Revised IFSP Consent Page - This form is a revision of the current Consent Page and must be used with all IFSPs beginning on July 1.

Page 22: IFSP Attestation Page - This is a new form that must be used with all initial IFSPs beginning on July 1. It contains two attestation statements - one from the EIOD, and one from the evaluation representative at the meeting.

Page 23: Summary of Multidisciplinary Evaluation/Screening - This form replaces the current Summary form and contains an attestation statement which is to be signed by the person who writes the Summary.