

Section 7: Procedural Safeguards

Introduction

Parents have rights, known as procedural safeguards, which apply to every aspect of the early intervention process, including:

- Evaluation;
- Access to records; and
- Individualized Family Services Plan (IFSP) team participation.

These parental rights and procedural safeguards are provided in the *Early ACCESS Procedural Safeguards Manual for Parents* (2006) [LINK to Document](#).

A parent retains all rights and procedural safeguards, unless his/her authority to make educational decisions on behalf of an eligible individual has been extinguished under state law.

Requirements for sharing rights

A copy of the *Early ACCESS Procedural Safeguards Manual for Parents* **must** be given to the family of a child:

- Upon initial referral or parental request for evaluation and
- Then only once a year thereafter.

A copy **must** also be given to the family:

- Upon the first occurrence of the filing of a complaint
 - Upon request by a parent [281–120.66(2)c].
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Parent definition

In working with children and families, it is critical to understand the definition of parent for the purpose of processing signed consent for Early ACCESS and other paperwork [281–120.4].

Parent means:

- A biological or adoptive parent of a child;
 - A foster parent, unless State law, regulations, or contractual obligations with a State of local entity prohibit a foster parent from acting as a parent [*Note*. The Departments of Education and Human Services are currently reviewing this issue to determine whether such a barrier exists.];
 - A guardian generally authorized to act as the child’s parent, or authorized to make education decisions for the child (but not the State if the child is a ward of the State);
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Parent definition (continued)

- An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child’s welfare; or
- A surrogate parent who has been appointed. See blocks below for surrogate parent definition and procedures.

Note. This definition aligns with Part B’s definition (20 U.S.C. 1439(a)(5)).

Question of custody and guardianship

Custody and control of a child may be assigned by parents or courts to the Iowa Department of Human Service or to a private agency. Such assignments may be made on a temporary or long term basis. Under extreme circumstances, the court may terminate the parental rights and give the Department of Human Services, another agency, or person the responsibility for the care of the child.

Note. Signatures from employees of Department of Human Services will not be accepted.

Guide for determining parent

When there is a need to obtain written parental consent, every attempt must be made to obtain the signature of a legal parent, likely the biological or adoptive parent. The following chart provides examples of exceptions to circumstances:

If...	And...	Then...
The parents’ whereabouts are unknown	The court has appointed a legal guardian (i.e., a person who is legally responsible for the child’s welfare)	This person may sign the consent form
The parents’ whereabouts are unknown	And the child has a foster parent	Foster parent may be able to sign the consent form; if not, consider other alternatives (e.g. appointment of surrogate)
A parent has gone to court	Relinquished his/her rights to an appointed guardian	The guardian may sign the consent form

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Guide for determining parent (continued)

If...	And...	Then...
Parents are divorced	Have been granted joint custody	Signature for consent may be obtained from the either parent
Parents are divorced	One parent is awarded sole custody	Signature for consent is obtained from the custodial parent
The biological or adoptive parent is attempting to act as the parent <i>Note.</i> Except as provided in next row	When more than one party is qualified under prior parent definition to act as a parent	Must be presumed to be the parent for purposes of this section unless the biological or adoptive parent does not have legal authority to make educational decisions for the child.
A judicial decree or order identifies a specific person or person under the parent definition to act as the “parent” of a child or to make educational decisions on behalf of a child	-	Such person or persons shall be determined to be the “parent.”

Note. It is advisable to request a copy of the most recent court order to verify the legal status of the child in regard to guardianship, or to verify legal status in regard to custody.

Surrogate parent definition

A surrogate parent is an individual who acts in place of a parent in protecting the rights of a child in the Early ACCESS decision-making process [281–120.68].

A surrogate parent, for the purposes of Early ACCESS planning and programming, is appointed when:

- The parents’ rights have been terminated;
- The parents’ whereabouts are unknown;
- The child is under the guardianship of the State; or
- The foster parent declines to sign consents.

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Surrogate parent definition (continued)

The surrogate parent has the same rights and responsibilities as natural parents in the educational process (i.e., provides signed consent, participates in IFSP meetings, etc).

Surrogate parent procedures are not intended to circumvent the rights and responsibilities of the legal parent.

Surrogate parent procedures

There are four steps for designating a surrogate parent as provided in the following table (281—120.68).

Note. Procedures are similar to Part B procedures [LINK to Document](#).

Step	Action
1	The IFSP team and/or the Service Coordinator determine that a surrogate parent is needed for a child.
2	The IFSP team and/or the Service Coordinator recommend an “eligible surrogate parent” candidate to the AEA Director of Special Education for appointment as an individual’s surrogate parent.
3	The AEA Director of Special Education selects the surrogate parent for Early ACCESS purposes. The Director contacts the Department of Human Services Regional Administrator to ascertain whether the proposed surrogate parent has any conflicts of interest (41.110[2]c).
4	<ul style="list-style-type: none">• The AEA Director of Special Education appoints the surrogate parent by letter.• The letter must contain the individual’s name, age, educational placement and other information about the individuals determined to be useful to the surrogate parent, and must specify the period of time which the person shall serve.• A copy of the letter is sent to the Department of Education 41.110[2](c).

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Native language and use of interpreters

The AEA ensures that parents understand the information shared at a meeting [281—120.63(3)]. Therefore, an interpreter may be needed as the team communicates with individuals who have limited English skills. This communication may include:

- Telephone calls;
- Notifications of meetings;
- Meetings; and
- Home visits.

The primary role of interpreters and translators is to be a conduit for oral and written communication between limited English proficient families and English-speaking personnel. An interpreter conveys information from one language orally while a translator conveys information in writing.

The *English Language Learner Guidelines Manual* from the Iowa Department of Education Speech-Language Services provides guidance on the use of interpreters [LINK to Document](#).

Informed parental consent

Parent consent is obtained before:

- Initial evaluation and assessment activities occur [281—120.67].
- Personally identifiable information cannot be exchanged between agencies or service providers, unless such disclosure is allowed under the Individuals with Disabilities Education Act (IDEA) and Family Education Rights and Privacy Act (FERPA) [281—120.65.1].
- The child and family can receive Early ACCESS services [281—120.67].
- Release of records at transition to services other than Part B [281—120.59].
- Using public or private insurance to pay for any services [281—120.82].

Note. Parent consent is not required to transfer records from Part C to Part B for a child who is eligible and transitioning to Part B services.

Exception regarding consent for services

If a parent does not provide consent with respect to a particular early intervention service or withdraws consent after first providing consent, that service will not be provided. The early intervention services for which parental consent is obtained must be provided [281—120.41].

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Requirements for informed consent

In order to give consent, the parent must be fully informed in their native language or other mode of communication of all information relevant to the activity for which consent is sought.

Parents have the right to refuse evaluation, assessments, and early intervention services. If parental consent is not given, a Prior Written Notice form must be completed and the Service Coordinator must make reasonable efforts to ensure that a parent:

- Is fully aware of the nature of the evaluation or assessment or the services that are available.
 - Understands that the child will not be able to receive the evaluation and assessment or services unless signed consent is given [281—120.67(1)].
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Prior written notice (PWN) introduction

Prior Written Notice is a safeguard to protect families. It requires public agencies and service providers to inform and involve parents before decisions are made or implemented that will affect the child and family.

The Service Coordinator must ensure that adequate Prior Written Notice is provided to parents within a reasonable time before the agency or service provider proposes or refuses to initiate or a change in the:

- Identification
 - Evaluation
 - Placement of the child; or
 - Provision of appropriate Early ACCESS services to the child and/or the child's family 281—120.66].
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PWN - informed parent requirements

The completed Prior Written Notice must contain sufficient detail to inform the parent of the following:

- Action that is being proposed or refused
- Reasons for taking the action
- Reference to all procedural safeguards that are available to the child and family and
- State complaint procedures, including a description of how to file a complaint and the timelines.

Note. State complaint procedures are already printed on the PWN form [281—120.66(2)].

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PWN - additional requirements

Service Coordinators are to implement the following requirements [281—120.66(3)]:

- The PWN must be completed in the language understandable to the parent and provided in the native language of the parent unless it is clearly not feasible to do so
 - If the native language or other mode of communication of the parent is not a written language, the agency ensures that the notice is translated orally or by other means understandable to the parent
 - Written documentation that these requirements have been met are kept in the agency's file of the child
 - If the parent is deaf, blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication)
 - In addition to alternative forms of communication, the parent is given a written copy of all such communication.
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When PWN is required

Service Coordinators are to provide Prior Written Notice in the following circumstances:

- Before evaluations are conducted or not conducted (included in Consent for Evaluation form)
- Before determination of, or change in eligibility
- Before any substantive changes to the provision of services listed on the IFSP (e.g., change in location, amount of time, mode of delivery, etc.)
- Before the initiation or termination of a service
- Upon a change in placement in Early ACCESS (e.g. transition to another program) [281—120.66(1)].

Note. See flowchart for when to use PWN [LINK to document](#).

Note. Triggers to provide PWN are indicated in steps throughout this procedure manual (e.g. when consent for evaluation is written; when nearing age 3 and services are to be discontinued, etc.).

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When PWN is not required

Prior Written Notice is not required in the following examples:

- Change in a qualified service provider/coordinator, but not in actual service provided;
 - Change in location of service not controlled by agency or service provider, e.g., foster care, hospitalization, or family move; or
 - Change in outcomes that do not affect services being provided.
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Records definition

Records mean those documents that are maintained by a provider or agency that are directly related to the child and any information pertaining to an eligible child that is shared [281—120.65].

Since Early ACCESS is legislated through IDEA, the records are considered educational records. Any information admitted to the record, including health information becomes part of the educational record and is protected under FERPA.

Personal notes are not considered part of the educational record if they are not shared in any way. Once someone else has knowledge of the personal notes, they cease to be private and are part of the educational record.

Record documents

Record documents include, but are not limited to:

- Referral/Intake form
 - Consents forms
 - Authorizations for release of information
 - Prior Written Notice
 - IFSP pages
 - Service Coordinator logs
 - Assessment and screening protocols intermingled with or containing personally identifiable information
 - Service provider logs for Medicaid documentation requirements
 - Evaluation reports, supplementary reports and other information to determine eligibility and continued eligibility for Early ACCESS.
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Documents excluded from record documents

- Personal notes of Service Coordinators/providers that have not been shared with anyone
- Assessment or screening protocols that do not contain personally identifiable information

Note. Even if a protocol does not contain personally identifiable information, an AEA must respond to a request to review the protocol. Additionally, the AEA must provide an explanation or interpretation of test results, which may require allowing the parent to inspect a test protocol that does not contain personally identification information. *Letter to Anonymous*, 213 IDEALR 188 (OSERS 1989).

Maintenance of records requirements

The official copy of the active IFSP is maintained by the agency providing service coordination and copies are provided to the parent(s) and service providers as needed. Documents maintained as part of the educational file are protected under Family Education Rights and Privacy Act of 1974 (FERPA).

Storing active records

The child's official educational record is maintained by the AEA due to Regional Grantee responsibilities for Part C. If parts of the educational records are stored outside of the AEA office, a note is placed in the AEA file indicating where such records can be found. For records stored outside of the AEA office, AEAs must ensure that all official educational record documents are submitted to the official file in a timely manner.

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Maintaining active and inactive educational records over time

AEAs maintain active and inactive files for Part B (3-21) and C (birth to 3). Once inactive, the official educational file, including all IFSP documents is maintained by the AEA.

The following table provides guidance on what to do with files after child exits Early ACCESS.

When	And...	Then...
Child leaves EA	Is eligible for Part B	EA record continues as the child's official ongoing education record and is maintained as an active Part B record
Child leaves EA	Is not eligible for Part B	AEA treats it as inactive file for 5 years after child's third birthday

Maintaining active and inactive educational records over time (continued)

When	And...	Then...
Five years has passed since child left EA and did not go on to Part B services	-	Parent is notified by AEA that they can pick up the record
The above notified parent does not pick up the record by the date provided in the notice	-	AEA destroys the record Note. Each AEA has discretion to establish what a reasonable time would be (e.g. 60 days).

Note. IDEA Part C Educational Records procedures are the same as Part B Educational Records procedures including record retention and access [LINK to Document](#).

Note. Service Coordinators who have been storing their Early ACCESS Service Coordination log sheets must turn in all log sheets to the child's record when the child exits Early ACCESS (when paperwork with Final Exit Reason Code is turned in).

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Parent confidentiality rights

Parents have the right to confidentiality of their child's personally identifiable information. Personally identifiable information includes:

1. Name of the child, the child's parent, or other family member;
2. Address of the child;
3. A personal identifier, such as the child's or parent's social security number; or
4. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty [LINK to Document](#) [281—41.610].

Note. Although parent permission is needed to release personally identifiable information, this excludes directory information.

- Designated directory information for Early ACCESS is only the eligible child's name.
 - Release of the eligible child's name allows the Service Coordinator to communicate with the referral source (using only the child's name) without parental permission.
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Informing parents requirements

Parents have the right to be informed regarding the following:

- Location of records, and the policies and procedures regarding the maintenance of records;
- Right to examine the child's Early ACCESS records related to evaluation and assessment, eligibility determination, development and implementation of IFSPs, and individual complaints regarding their child [281—120.65(2)].

When a child transitions to Part B, parents are informed:

- The IFSP is part of the child's ongoing educational record;
 - The school district and AEA has access to these records; and
 - Records are released to other agencies or providers only with the signed consent of a parent.
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Due process complaint procedures

Parents have the right to utilize administrative and judicial process to resolve complaints, including the right to the procedures regarding:

- Individual child complaints and
- Requirements of Part C not being met [281—120.69].

If disagreements with the Regional Grantee (AEA) or Signatory Agencies (DHS, DPH, CHSC) lead to impasse, parents may utilize due process procedures (281—120.69). [LINK to Document](#). The following steps should be followed:

Step	Action
1	AEA personnel contact their AEA Special Education Director for assistance.
2	If a difference of opinion exists, parties should be apprised of their options to resolve their concerns (resolution facilitation, mediation, etc.).
3	The <i>Early ACCESS Procedural Safeguards Manual for Parents (2006)</i> must be given to parents at this time. LINK to Document .
4	An explanation of parental rights should be provided to parents by the AEA Regional Special Education Director or Service Coordinator.

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Resolution facilitation definition

Resolution Facilitation is a way to resolve differences instead of, or before, using formal proceedings provided by the State. The process helps to clarify the problem and helps everyone involved work together to find an agreement which is acceptable to all.

A Resolution Facilitator assists in resolving differences regarding early intervention services and concerns between parents, public agencies and private service providers.

If differences arise, open discussion is the first step toward mutual understandings. A third party can provide an objective review of both parties' concerns in support of a successful conclusion. The Resolution Facilitator is trained in mediation and serves as that objective third party.

- The Resolution Facilitator may be a neutral party from within the Regional Grantee (AEA), or if necessary, someone from another Region;
 - The Resolution Facilitator service is provided at no cost to parents or service providers; and
 - The AEA Director of Special Education or designee is responsible for assigning the Resolution Facilitator.
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How to access resolution facilitator

Contact your AEA Special Education Director to access a resolution facilitator.

For more information and a list of Resolution Facilitators, [LINK to Document](#).

Complaint filing requirements

An organization or individual may file a signed, written complaint with the Department of Education [281—120.69].

- The complaint must allege that the violation occurred not more than one year prior to the date that the complaint is received.
 - The complaint must involve one of the Signatory Agencies or the Regional Grantee AEA involved with the provision of Early ACCESS services.
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Complaint filing requirements (continued)

- The party filing the complaint must forward a copy of the complaint to the AEA as the Regional Grantee serving the child at the same time the party files the complaint with the Iowa Department of Education.
- After investigating the complaint, the Department of Education issues a written decision which addresses the allegations and includes findings of fact and conclusions reached.

Note. The first time a parent files a complaint, a copy of the *Early ACCESS Procedural Rights Manual for Parents* must be given to the parents. See example form for filing a complaint, included at the end of this section.

Mediation requirements

Parties may choose to resolve a dispute through a mediation process.

Mediation allow parties to dispute matters involving:

- Refusal to initiate the identification, evaluation or placement of a child;
- Refusal to change the identification, evaluation or placement of a child;
- Refusal to initiate the provision of appropriate early intervention services to the child and the child's family;
- Refusal to change the provision of appropriate early intervention services to the child and the child's family [281—120.70].

Mediation is voluntary on the part of all parties and conducted by a qualified and impartial mediator who is trained in effective mediation techniques. Mediation can occur at any time, even prior to the filing of a due process hearing request. An agreement reached by the parties must be provided in a written mediation agreement.

Note. Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings.

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How to access mediation

The Iowa Department of Education:

- Maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
- Selects mediators on a random, rotational, or other impartial basis.
- Bears the cost of the mediation process, including the costs of meetings with a disinterested party when the choice is to not use mediation.

To access a mediator, contact your AEA Special Education Director. For more information about mediation, click here [LINK to Document](#).

Due process hearing requirements

A parent or a public agency may initiate a hearing on any decision relating to the identification, evaluation, placement or provision of Early ACCESS services to a child.

The due process hearing is chaired by an independent administrative law judge (ALJ) who is not an employee of the Iowa Department of Education or the public agency involved in the education of the child. The hearing results in a decision are final unless a party brings civil action.

Specific procedures for due process hearings are outlined in the *Iowa Administrative Rules for Early ACCESS* [LINK to Document](#) [281—120.71].

How to file request for hearing

Filing a request for a hearing is not a difficult process and an attorney is not required. A person filing for a due process hearing may have legal or other assistance if desired. The request for an impartial due process hearing must:

- State the name and address of the residence of the child.
- Identify the Regional Grantee AEA and the partnering agency of complaint.
- Provide a description of the nature of the problem of the child and how this relates to the proposed initiation or change, including the facts related to the problem.
- Identify a proposed resolution of the problem.

Note. Request is sent to: Director of Education, Iowa Department of Education, Grimes State Office Building, 400 E 14th Street, Des Moines, IA 50319-0146.

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Consent for evaluation requirements

The *Consent for Evaluation with Prior Written Notice* [LINK to Document](#) is a signed agreement that allows the Service Coordinator to begin to gather developmental information and consider additional evaluation needs of the child. [281—120.67(2)]

Consent for an Early ACCESS evaluation is documented with parent signature on the *Consent for Evaluation with Prior Written Notice* form. Consent for initial evaluation *is the only time* a *Consent for Evaluation* form must be signed by the parent; for other subsequent evaluations, a Prior Written Notice form is needed [LINK to Document](#). Parental rights and procedural safeguards must be reviewed at this time. The name and agency of the person reviewing the rights with the parents must be documented and dated.

Authorization to exchange information requirements

The Early ACCESS Exchange Information form is used to obtain the parent(s) authorization to share information between Early ACCESS providers and outside community agencies/ providers. [281—120.65]

Under FERPA regulations, an Exchange of Information is **not** required among Early ACCESS service providers that are involved in “educational” services that are Early ACCESS services as opposed to “other” services.

The authorization pertains only to the child and cannot be used to request information for more than one member of a family. For each member of the family that information is requested, a separate authorization must be completed.

Parents are allowed option to indicate specific information they want shared with individuals, programs, organizations, or services. The information for the release must be specified (e.g., evaluation for EA services, assessment, IFSP planning etc.). Written copies of reports, etc. are to be sent to the Service Coordinator.

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Special release permissions

Specific authorization is required for the release of the following special information:

- mental health
- sexually transmitted disease
- substance abuse/chemical dependence, or
- HIV/AIDS records.

The following table indicates how to document parent’s decision regarding release of special information.

If parent/family member ...	Then ...
Wants special information released	<ul style="list-style-type: none"> • Parent initials the line/box by the requested record. • If “Other” is chosen, specify type of record.
Does not want special information released	The line/box is left blank.

Release of health information requirements

The *Early ACCESS Release of Health Information* form [LINK to Document](#) is used to obtain the parent(s) authorization for the Service Coordinator to obtain health information. This form is specifically for the release of health information and meets Health Insurance Portability and Accountability Act (HIPAA) requirements for the release of private health information. The Service Coordinator ensures that the health information will be properly maintained as part of the IFSP.

More health release of information requirements & guidance

The following table provides additional requirements and guidance for release of health information.

Requirement	Guidance
The release pertains only to the child (or other family member named on the release).	The form cannot be used to request information for more than one member of a family.

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More health release of information requirements & guidance (continued)

Requirement	Guidance
The types of records being requested are to be specified on the form.	The release of very specific health information allows for more family control. Due to the size of record, it may be unrealistic to request the release of an entire record (e.g. newborn intensive care hospitalization record).
For each member of the family that information is requested, a separate release must be completed.	Example: To obtain mental health information on the child's mother, a separate release must be completed listing the mother's name.
A separate form is required for each health provider, agency, or medical institution.	The same form cannot be copied and sent to multiple providers/agencies.
The dates of the health information record(s) requested must be completed.	This may be from date of birth to present or for specific clinic visits or hospitalizations.
The release of special information allows the health care provider listed to provide the Service Coordinator with written information requested.	This health information becomes part of the IFSP and is available and can be reviewed by all members of the IFSP team and later by school districts if the child receives Part B services.

Authorization for Medicaid Reimbursement

Families have the right to consent or not consent to the release of personally identified information on their child's IFSP to Iowa Department of Human Services Medical Program or their contractor on the *Parent/Guardian Authorization Form For Medical Reimbursement For IFSP Services*. The Parent/Guardian Authorization form is a federal requirement. Parent/Guardian consent is to be obtained after parent consent for IFSP services and is valid for one year.

This consent is to be obtained only for children who already are on Medicaid or who are in the application process.

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Consent for evaluation and authorizations durations

Consent for evaluation and authorizations for release of information are valid for a maximum of one year.

- Parents may choose to have the release expire prior to one year. In that event, the expiration date needs to be specified
- If a date is not inserted, the authorization will automatically expire one year from the date of signature.

The authorization is voluntary and may be revoked in writing; however, this does not affect information shared prior to revocation.

Section 8: Financial Resources

Introduction

The Regional Grantee (AEA) implements procedures for provision of services to eligible children and their families with payment in compliance with *Iowa Code and the Iowa Administrative Rules for Early ACCESS, 2003*).

- Evaluation and needed early interventions services are provided for children birth to 21 at no cost to families since Iowa is a birth mandate state (256B.2(1)).
 - Available federal, state and local funds are to be used and coordinated to fund Early ACCESS services (e.g. Medicaid; special education; state allocations; Title V; etc.).
 - Federal Part C funds are considered as *payer of last resort* and utilized when all other funding options are exhausted.
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Use of private insurance

Since evaluation and needed early intervention services are provided at no cost to families, [281—120.12], Early ACCESS cannot require payment of services by billing of insurance. Use of private insurance often involves costs to the family through deductibles, co-pays or life time limits. AEAs currently do not have a system of procedures that ensures families do not incur these costs, so Service Coordinators should not be accessing private insurance to pay for needed early intervention services.

Note. Some Signatory Agencies may bill insurance for “Other” services. Other services are services that parents may seek at their discretion and do not have to meet IDEA Part C requirements. These “Other” services should be documented on the IFSP on the *Other Services* template.

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Infant and toddler Medicaid

AEAs participate in Medicaid reimbursement under IDEA - Part C for services that include:

- audiology
- developmental services (same as special instruction)
- family training
- health and nursing
- medical transportation and escort
- nutrition counseling
- occupational therapy
- physical therapy
- psychological services
- speech-language therapy
- social work services
- vision services including orientation and mobility.
- service coordination (Medicaid refers to this service as targeted case management in its Rules and other documents)

See DHS Policy Manual for Infant-Toddler Medicaid Program for more details of services [LINK to Document](#).

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Medicaid provider qualification requirements

Service Coordinators and providers must be licensed by their respective professional licensing boards and meet provider qualifications in order to bill Medicaid. Information about the required licensure for each of the Medicaid services can be found under each service listed in the DHS Policy Manual for Infant-Toddler Medicaid Program ([LINK to document](#)). Service Coordinators must have completed the Early ACCESS Service Coordination Competency Module Training Program in addition to having an appropriate license (see Section 9 Interagency Collaboration for more information about the training program).

The following table provides guidance about licensure and billing practices.

If coordinator/provider...	Then ...
Has appropriate license	Can bill Medicaid
Does not have appropriate license	<ul style="list-style-type: none"> • Can not bill Medicaid <li style="text-align: center;">OR • Would be considered a paraprofessional and must be supervised by a licensed practitioner.

Infant and toddler Medicaid-eligible with an IFSP

All Infant-Toddler Medicaid services must be specific to an Early ACCESS eligible child under age three who is also Medicaid-eligible and has an IFSP.

- An IFSP is required for direct services, based on a multidisciplinary comprehensive evaluation.
- The child's IFSP is the document authorizing services for Medicaid billing.
- The IFSP must indicate measurable goals and the type and frequency of service provided.

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Section 8: Financial Resources, Continued

Medicaid record and documentation requirements

AEA staff must maintain clinical records necessary to fully support the extent of services for a minimum of five years from the date service was rendered.

Documentation for Medicaid billing shall be completed in ink and legible (may be typed or hand written), and contain the following information:

- The date, time, location, and description of each service provided and identification of the individual rendering the service by name and professional or paraprofessional designation.
The professional or paraprofessional who provides the session must write notes summarizing the child's status and developmental progress as they relate to the IFSP goals, outcomes and actions.
- Weekly progress notes or block charting to reflect progress noted for each service date provided during that week. Each date of service must be noted and each entry must be signed and dated by the treating provider.
- Copies of the IFSP, including any changes or revisions to the IFSP.
- Progress notes on goals and outcomes for which the Service Coordinator has primary responsibility in the IFSP.
- Documentation of Service Coordinator activities designed to:
 - Locate
 - Refer
 - Obtain and coordinate service outside and inside the agency, as needed by the child.
- Record-keeping necessary for IFSP planning, service implementation, monitoring, and coordination. This includes preparation of:
 - Reports
 - Service plan reviews
 - Notes about activities in the service record
 - Correspondence with the child and collateral contacts.

Excluded services from service coordination reimbursement

The services of the Medicaid program are considered to be “medically necessary.” Federally, it has been determined that Medicaid will not reimburse providers for “education” related services. Those excluded services include a number of tasks/situations that providers may experience and that Service Coordinators are responsible for providing.

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Section 8: Financial Resources, Continued

Excluded services from service coordination reimbursement
(continued)

Service Coordinators and providers are to document their services/tasks on their logs in enough detail in order to bill only for covered services.

Services excluded from Medicaid reimbursement include:

- All preparations and meetings for developing or revising IFSPs
 - Services that are provided but are not documented in the child’s IFSP or linked to a service in the IFSP
 - Services provided to anyone other than the eligible child and/or the child’s family
 - All preparations and activities related to evaluation and assessments
 - Canceled visits or appointments that are not kept
 - Sessions that are conducted for family support, education, recreational or custodial purposes, including respite or child care
 - Consultation services that are not specific to an eligible child or are not consistent with the IFSP
 - Service Coordination that is provided when another case management service that has Medicaid case management components (such as HCBS waiver) is also being provided (e.g. joint visit with Waiver case manager)
 - Two Medicaid services provide simultaneously
 - Child find activities. [LINK to Document.](#)
-

Consent to release information for Medicaid

Families have the right to consent or not consent to the release of personally identified information on their child’s IFSP to Iowa Department of Human Services Medicaid Program or their contractor. Early ACCESS services must still be provided at not cost to families whether or not parent/guardian sign consent for release or personally identifiable information to Medicaid [LINK to Document.](#)

Section 9: Interagency Collaboration

Introduction

This section describes the requirements for collaboration according to the Iowa Administrative Rules for Early ACCESS and the Memorandum of Agreement between Signatory Agencies.

Examples of documents and procedures that may facilitate interagency collaboration have been included in this section.

Required integrated system

Iowa Administrative Rules for Early ACCESS clearly delineate requirements of a statewide, integrated system of interagency services and supports:

Early ACCESS is the statewide comprehensive, interagency system of integrated early intervention services that supports eligible children and their families. Early ACCESS is part of a larger early care, health, and education system. Services are provided by public and private agencies in partnership with families. The purpose of Early ACCESS is to work together in identifying, coordinating, and providing needed services and resources, including informal supports provided by communities, that will help families assist their infants or toddlers to grow and develop [281–120.4].

Purpose

Collaboration between agencies is intended to create a flexible system of services and resources for children and families and to promote a high level of quality and consistency throughout the state while minimizing duplication of services between agencies.

Lead Agency role

As the Lead Agency, the Department of Education is responsible for the development of policies and procedures to meet federal requirements for implementation of IDEA-Part C, 2004.

Reauthorization of the federal law, every five years, requires development of new policies and procedures at the state and regional level. The Early ACCESS Executive Committee and the Iowa Council for Early ACCESS review updated policies and procedures in their advise and assist role to the Lead Agency. Membership of these committees is comprised of individuals representing the four Signatory Agencies, Council leadership and families.

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Section 9: Interagency Collaboration, Continued

Signatory Agency roles

The Departments of Education, Public Health, and Human Services and the Child Health Specialty Clinics have entered into a Memorandum of Agreement to formalize their joint commitments to the establishment and ongoing implementation and evaluation of a comprehensive, integrated, interagency Early ACCESS system [LINK to Document](#).

The Iowa Department of Education is responsible for providing education programs and services for preschool and school-age students, including children with disabilities, from birth through 21 years of age.

The Iowa Department of Human Services administers social service programs in order to help and empower individuals and families to become increasingly self-sufficient and productive.

The Iowa Department of Public Health administers public health programs in order to promote and protect the health of Iowans.

The Child Health Specialty Clinics are the statewide public health program for children with special health care needs, as designated by the legislature [281-120.7(4)].

Regional Grantees, the AEAs

As Regional Grantees, AEAs have the *fiscal and legal obligation for ensuring that the Early ACCESS system is carried out regionally* [281–120.8(1)].

AEA personnel collaborate with local representatives of Signatory Agencies, community partners, and families in the development, implementation and monitoring of policies and procedures required in the Iowa Administrative Rules for Early ACCESS. [281—120.8(1)c]

Collaboration activities include developing and implementing interagency agreements and interagency systems of service coordination and personnel development.

Note. In order to have a collaborative interagency system, a contract or interagency agreement may be beneficial. A sample contract and process flowchart is provided in [LINK to Document](#).

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Section 9: Interagency Collaboration, Continued

Community partners

Community partners are *local providers of Signatory Agencies, as well as other public or private community programs or agencies, including [Early Head Start](#), childcare providers, [Community Empowerment](#) areas, and health programs, that work with Early ACCESS (281-120.4).*

In some cases, community partners provide services that families need such as medical or family support. In other cases, community partners, such as Community Empowerment, can be a source of financial support [LINK to Document](#).

The Iowa Department of Education administers the School Ready state funds allocated to the 58 Community Empowerment Area Boards for support of comprehensive early care, health and education services for children, families and early childhood professionals. These funds may be a local funding source to support different aspects of the Early ACCESS system of services including: quality improvement, parent training/leadership, professional development for Early ACCESS providers; etc.

Collaboration with community partners

To maximize efficiency and reduce redundancy of services provided by various community partners, AEA staff promote awareness of Early ACCESS rules and procedures and support professional development related to Early ACCESS for community partners.

In addition, AEA leadership and staff contribute to collaboration in the following ways:

- Participate on local empowerment boards.
 - Serve on grant review committees.
 - Share information about available resources.
 - Collaborate on professional development opportunities.
-

Interagency system of service coordination

The Signatory Agencies and community partners work with families to support an effective system of service coordination [120.15(2)].

In addition, all Signatory Agencies have agreed to implement IFSP procedures developed in conjunction with the Lead Agency. The IFSP is used to document ongoing planning between families and providers across all agencies providing services or resources to meet identified needs [281-120.39].

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Section 9: Interagency Collaboration, Continued

Interagency comprehensive system of personnel development

The Signatory Agencies support and implement an interagency comprehensive system of personnel development to ensure that there will be sufficient numbers of qualified and skilled providers of Early ACCESS supports and services.

The system provides for pre-service and in-service training conducted on an interdisciplinary basis, to the extent appropriate. It also provides professional development for a variety of personnel needed to meet the needs of eligible children, including

- public and private providers,
- primary referral sources,
- paraprofessionals, and
- persons who will serve as Service Coordinators.

AEAs collaborate with partners to develop and conduct trainings that are available to practitioners across a variety of agencies and disciplines (281-120.19(2)).

Regional trainings are available and can be reviewed. Early Childhood Iowa's Professional Development website is a source of current training opportunities throughout the state [LINK to Document](#). By using the expertise and resources of a wide variety of agencies, it is intended that an efficient and appropriate system of professional development can be maintained.

Service Coordinator competency module training

Iowa's Early ACCESS Service Coordination Training Program, which is research based, is composed of five modules. [LINK to DE website/modules](#)

- Module 1: Federal, State and Local Rules, Regulations, and Procedures for the Early ACCESS System
- Module 2: Family Centered Practices
- Module 3: The Early ACCESS Process
- Module 4: Coordinating Community Resources
- Module 5: Infant and Toddler Development

Each of the modules focuses on one of the identified competencies necessary for effective Service Coordination. Approved trainers provide this training in regions of the state annually and it is available to all Service Coordinators.

The training modules provide guidance on required transition procedures and guidelines that are especially important when children transition in or exit the Early ACCESS system.

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Section 9: Interagency Collaboration, Continued

Resource book A State Resource Directory of interagency resources and services for young children with and without special needs and families is available at EarlyACCESSIowa.org [LINK to Document](#). The resources and services in the directory meet both the typical and unique needs of children who have or are at-risk for development delays and their families (e.g. housing; disability-related groups). This tool is helpful to families and other IFSP team members when exploring available services and funding sources to meet the identified needs of children and their families.
