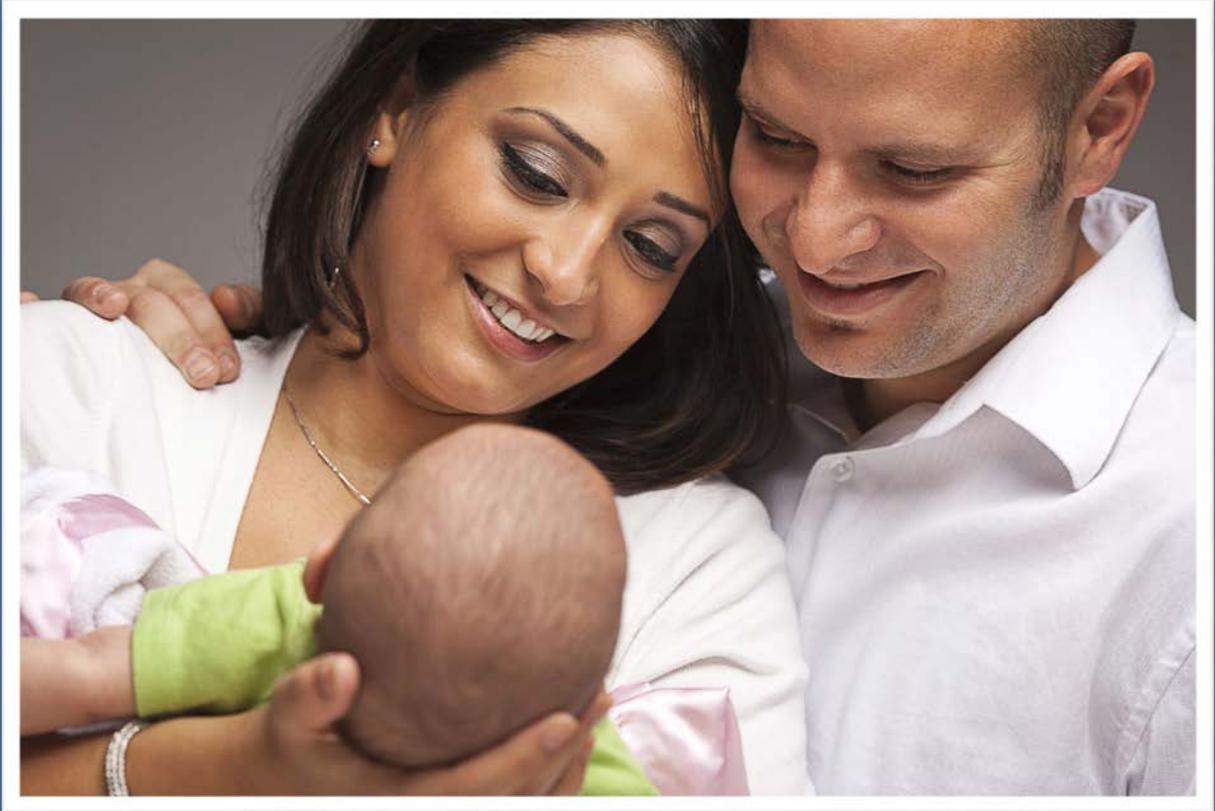


Alaska Early Intervention Infant Learning Program OPERATIONS MANUAL



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ALASKA EARLY INTERVENTION / INFANT LEARNING PROGRAM

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Infant Learning Programs

OPERATIONS MANUAL

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Introduction

Since approximately 1978, the Alaska Department of Health and Social Services has been the State agency home for the Infant Learning Program.

The Infant Learning Program (ILP) was created in 1978 and was originally located within the Division of Public Health. The program was designed to serve as a home-based educational, health, and training program for parents and their children. ILP contracted with school districts, mental health associations, Alaskan Native Corporations, parent associations, and other non-profit organizations to operate the programs. Professionals in partnership with families provided services.

Between December 1990 and September 1992, a committee of stakeholders was formed and led by the State's Interagency Coordinating Council (ICC), including parents, representatives from Advocacy Services of Alaska, WIC, Department of Education, Public Health Nursing, State Social Services, Indian Health Services, University of Alaska, Nutrition, Head Start, local ILPs, local hospitals, and private therapists. This committee collaborated in the development of a comprehensive state wide early intervention system in order to fully implement PL 99-457, Part C of Individual with Disabilities Education Act (IDEA).

Between July 1, 1991 and September 30, 1992, through the collaborative efforts of the committee, two accomplishments provided authority through state statutes that allowed for participation in the federal program Part H. The statutes passed included:

1. Statute AS. 47.20.060 Developmentally Delayed or Disabled Children was amended to provide for a statewide Early Intervention System.
2. Statute AS. 47.20.070 authorized the Governor's Council for Disabled and Special Education to act as the Interagency Coordinating Council.

For the next three years development of a statewide Early Intervention System began. The activities and progress of this committee addressed the requirements for the State's participation in Part H including; establishing a finance system, regulations, standards, operations manual, public awareness, central directory, multidisciplinary evaluations, comprehensive system of personnel development, family service coordination/case management, interagency agreements, and data collection. In May of 1993 the Commissioner of Health and Social Services declared Alaska's intention to apply and entered into full participation in the Federal Part H (currently Part C of the IDEA) program.

The Mission, Vision and Key Principles of Alaska's Infant Learning Program

The Alaska Infant Learning Program is a statewide system of professionals dedicated to serving all Alaskan families with children, age birth to three, who are at risk for or experience developmental delay.

The Alaska Infant Learning Program envisions a system where all Alaskan families have access to the services and resources to help their children thrive.

Our mission is to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

To accomplish this, Alaska has adopted these seven key principles developed by the Workgroup on Principles and Practices in Natural Environments:

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and family's needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.



Purpose of this Manual



The ILP Operations Manual is designed to assist program coordinators and service providers to translate policy into practice and support consistent statewide procedures to the greatest extent possible.

The layout of the document is designed to allow for easy revision and or addition of new sections with one topic per section. It is recommended that the most recent version of this manual be posted on the ILP website. The manual should be reviewed and updated annually by state staff in collaboration with the policy and procedure committee.

Recognizing that each region of the state and the needs and practices within each Infant Learning Program in Alaska are varied, this manual serves to provide a mainframe in support of standardization in areas where it is critical.



There are two main purposes for this manual:

1. *Consistency*. Consistency is the key to creating a successful and credible statewide program. It's important to ensure that children and families across the state have access to services that are of similar quality.
2. *Independence*. This manual is intended to support Infant Learning Program staff to function as independently as possible by providing a dynamic set of resources that will support both compliance and quality services in support of positive outcomes for children and families

This manual is organized around three functional areas, color coded as follows:

1. **Required Minimum Components**. There are sixteen federally required components for state participation in Part C. These are outlined in the federal regulations and include:
 - A rigorous definition of Part C
 - Appropriate evidence/research-based services
 - Timely services
 - IFSP and Service Coordination
 - Comprehensive Child Find
 - Public Awareness program
 - Central Directory (EI/ILP website)
 - Comprehensive System of Personnel Development (CSPD)
 - Policies and Procedures
 - Single line of authority for the lead agency
 - Policy for contracting or arranging for services
 - Procedure for securing timely reimbursement of funds
 - Data System
 - State Interagency Coordinating Council (SICC)
 - Policy to ensure service provision in natural environments
2. **Quality Services and Positive Outcomes**. The requirement for programs to measure outcomes for children and families, as well as the Statewide Systemic Improvement Process (SSIP) have facilitated a shift from a sole focus on compliance to an additional emphasis on making a meaningful difference in the lives of children and families.
3. **Administrative Functions**. This section includes important guidance regarding required forms, timelines and other key administrative topics.

The guidance outlined in this manual is based on federal and state regulations and the Infant Learning Program's federally approved policies, located at:

http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/AK-C_SOPPoliciesAndProcedures.pdf. ILP staff is expected to follow not only these policies and procedures, but all applicable laws/statutes, regulations, and related policies.

The Individuals with Disabilities Education Act (IDEA) as amended by the Individuals With Disabilities Education Improvement Act of 2004 [20 USC 1400 et seq.], Title I, Part C and 34 CFR 303 and related regulations can be viewed and downloaded on the EI website by selecting either "Individuals with Disabilities Education Act" or "Federal Regulations" under "Resources"/"Laws and Rules", or you may visit the National Early Childhood Technical Assistance Center (NECTAC) website at <http://www.nectac.org/idea/idea.asp>; and <https://www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf>.

The Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191, Title II, § 262(a), 100stat. 2024) can be viewed by visiting the Office for Civil Rights website at: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

Family Educational Rights and Privacy Act Regulations (FERPA), U.S.C. 1232g, 34 CFR Part 99) can be viewed by visiting: www.ed.gov/policy/gen/reg/ferpa/index.html.

Other Alaska state laws and regulations can be found at: <http://www.legis.state.ak.us/basis/statutes.asp>

Required Minimum Components



Child Find

Functional Area:	Required Minimum Component
Policy:	VIII. Child Find, Evaluations, and Assessments

Regional programs are required to make efforts to identify all eligible children including traditionally underrepresented children within the geographic service region. This ‘child find’ involves coordination with primary referral sources such as:

- (a) Hospitals, including prenatal and postnatal care facilities
- (b) Physicians
- (c) Parents
- (d) Child care programs
- (e) School districts
- (f) Public health facilities
- (g) Other public health or social service agencies
- (h) Other clinics and health care providers
- (i) Public agencies and staff in the child welfare system, including child protective service and foster care

Coordination may involve regular meetings to provide education regarding appropriate referrals, participation on interagency councils or other community groups that are focused on the needs of families and young children in your regions and communities as well as the coordination of developmental screening efforts.

CAPTA

The Child Abuse Prevention and Treatment Act (CAPTA) reauthorized in 2010, with the enactment of the Keeping Children and Families Safe Act of 2003, (current [P.L. 111-320](#)) requires referral of infants and toddlers to Part C early intervention, who are:

- (a) The subject of a substantiated case of child abuse or neglect; or
- (b) Identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

This makes it especially important to work with local child protection partners in the Office of Children’s Services (OCS) and tribal authorities to develop protocols for referral or interagency agreements that outline procedures to ensure that all requirements of CAPTA P.L. 111-320, and 34 CFR 303.300 are met, and that these most vulnerable children have access to early intervention services. CAPTA referrals come to programs directly from the ILP database. For all referrals, including CAPTA, services and evaluation are offered by the Infant Learning Program and the guardian’s choice guides next steps. Many children who are in out-of-home placements such as in legal custody guardianship may need to have a surrogate parent appointed.

See Appendix O: Guidance Memos – Surrogate Parents – out-of-home placement

Universal Screening and ASQ Online

The state of Alaska has made a significant investment in support of universal screening through purchase and promotion of the online system for the Ages and Stages Questionnaire (ASQ Online). This system is designed to address the following:

1. Expand access to screening services for all young children across the state
2. Strengthen collaboration around child find efforts
3. Increase data availability and analysis regarding child find

Programs are strongly encouraged to make use of the online portal to prevent duplication of effort. Paper and pencil screenings results should be entered into the online system.

The following are suggestions for making the best use of this resource:

- Use a tablet or I-Pad at screening clinics or on home visits so the screening information doesn't need to be entered later.
- Provide parent access for families so they can monitor their child's development, even if there are not any current concerns.
- Use ASQ Online as an opportunity to connect with referral sources and coordinate child find activities by having medical providers, Head Start, and child care providers become linked as programs with the ability to use the online system at their respective sites.

Ages & Stages Questionnaires, Third Edition, Brookes Publishing Co.

Ages & States Questionnaires, Social Emotional, Brookes Publishing Co.

www.agesandstages.com

See Appendix A: ASQ Online

Referral Follow-up

Functional Area:	Required Minimum Component
Policy:	XI. Referral Procedures

Once a referral is received by fax, phone, email or mail, or parent walk-in, a family service coordinator must be designated as soon as possible. Every effort should be made to contact the primary caregiver as soon as possible, but in no case more than seven days after receiving the referral. Referral follow-up activities must be documented.

Upon receiving the referral:

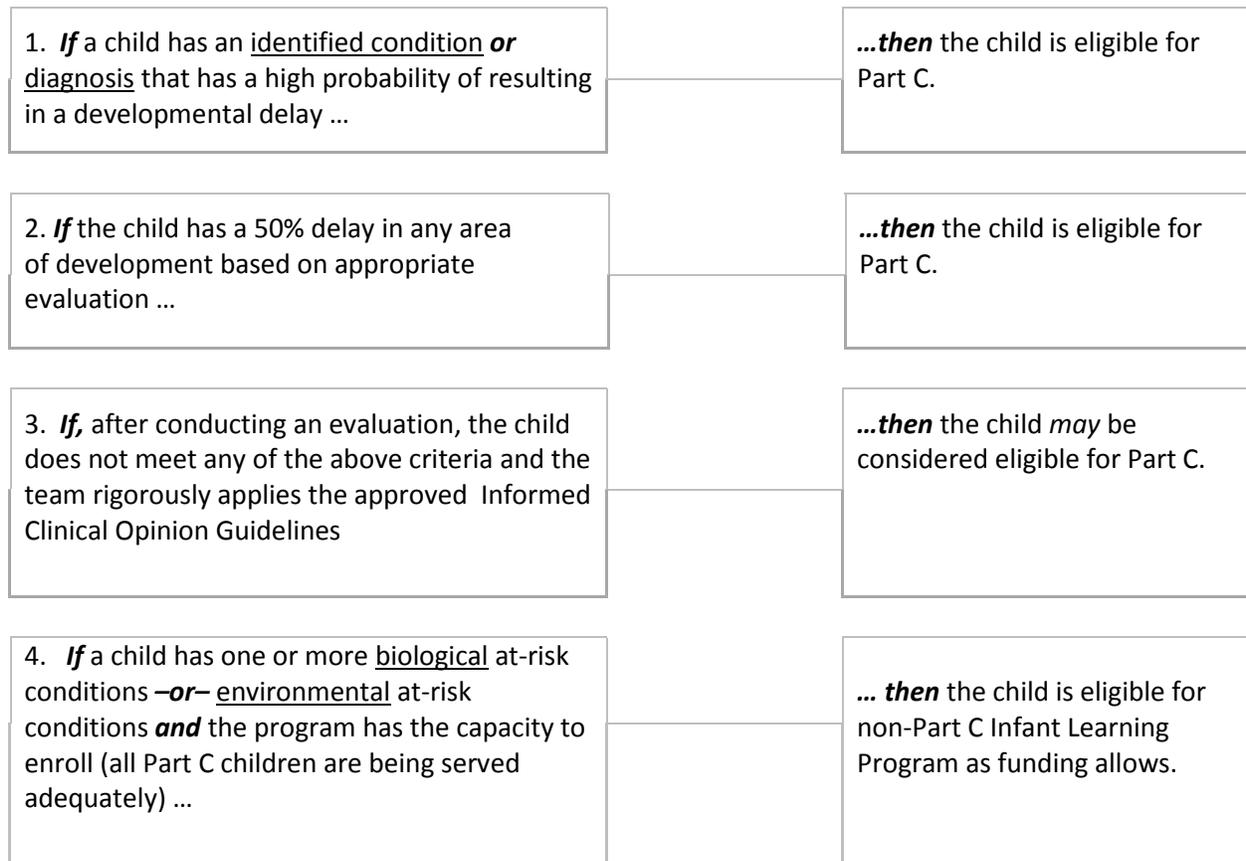
- (a) If the referral came from a primary referral source, it is important for the service provider to follow-up to verify the receipt of a referral as soon as possible. This acknowledgment includes the date the referral was received. It is important to maintain documentation of all follow-up.
- (b) If the referral came from a parent, ask them how they heard about the program and what their areas of concern are. Complete the program's referral form with general information, and schedule an appointment to complete the intake process.
- (c) If the referral comes from a source other than the parent, such as another family member or friend, ask the referral source if they have discussed the referral with the family. If they have not, encourage them to do so. If they have discussed the referral get the family's contact information and follow-up with them directly.

It is critical to enter all referrals and their disposition in the data base. This data provides valuable information to assist programs in evaluating the effectiveness of child find efforts and parent engagement as well as capturing the entirety of the program's efforts on behalf of children and families who may not be enrolled.

Eligibility Determination

Functional Area:	Required Minimum Component
Policy:	II. General Requirements XII. Evaluation of the Child and Assessment of the Child and Family

Infant Learning Program providers are expected to utilize the following decision process to establish an infant or toddler’s eligibility for services:



When determining eligibility with the use of multi-disciplinary evaluation, a developmental delay for Part C children is defined as having at least a 50 percent delay in any area of development.

A list of diagnosed conditions and risk factors can be found in the ILP data base, and also [see federal 34 CFR 303.21 \(a\)\(1\)](#) and Alaska State [General Requirements, Policies, Methods and Descriptions](#) for definition of developmental delay and qualifying physical or mental conditions.

Algorithm adapted from; Trace Practice Guide, An Eligibility Determination Algorithm for Part C Early Intervention Enrollment. Dunst, Carl J. January 2006

Eligibility through Informed Clinical Opinion (ICO)

Functional Area:	Required Minimum Component
Policy:	XII. Evaluation of the Child and Assessment of the Child and Family

Informed clinical judgment or opinion should be a part of every evaluation, but sometimes it must stand as the criteria for eligibility as conventional evaluations may fail to capture the presence of developmental delay due to a variety of factors. [The TRACE Center](#) defines *Informed Clinical Opinion* as:

“...referring to the knowledgeable perceptions of caregivers and professionals about the elusive capabilities and contexts of children which must be defined and quantified so that an individual and a team can reach an accurate decision about a child’s eligibility for early intervention.”

- To ensure that dynamic assessment is used
- To support the collection of **multi-source** information in assessment and evaluation
- To allow improved compatibility between child and family needs & services
(Shackelford, 2002, p. 4)
- To more adequately describe early skills
- To provide a more holistic and truer picture of child & family
- To access information across multiple persons & settings
- To be more culturally sensitive and individually focused
- To better assess children whose health or behaviors do not permit norm-referenced, standardized testing. (Wetherby & Prizant 1992; McLean & McCormick 1993; Hanft & Rhodes 2004)

Key Features for Using Informed Clinical Opinion (ICO)

Preparation	<ul style="list-style-type: none">• Define the behavior(s) constituting the focus of assessment• Develop and prepare guidelines for conducting an assessment• Identify the methods and procedures needed to obtain assessment data• Train staff in using the guidelines and assessment procedures
Information Gathering	<ul style="list-style-type: none">• Obtain assessment data using multiple methods and procedures• Have three or more people gather the assessment information including the parent• Gather assessment information in multiple settings
Decision Making	<ul style="list-style-type: none">• Pool all the evaluation and assessment data from the different tools, people, and settings• Engage the team in a process of aggregating and analyzing the findings• Make a consensus decision based on available information

Table from: Endpoints Formalizing informed clinical opinion assessment procedures is more likely to yield accurate results. Vol 2 No 3 Bagnato. (2006)

Alaska requires that two or more direct service provider team members must be involved in gathering the assessment information used to make an ICO determination.

See Appendix P Guidelines for Informed Clinical Opinion

Assessment: Child and Family

Functional Area/s:	Required Minimum Component
Policy:	XII. Evaluation of the Child and Assessment of the Child and Family

Assessment is a process of information gathering over time that includes the use of *functional* tools, observation and conversations with families and primary caregivers. It considers various home and community activities and routines. It informs services and supports the following activities:

- It is critical in the development of functional IFSP outcomes;
- It determines what disciplines and expertise might be needed to implement and adjust intervention strategies;
- It provides a means of tracking the child’s developmental progress;
- It provides functional data to inform child outcome ratings (see next chapter);
- It provides the information needed for transition planning;

How Does Assessment Inform Services?

Assessment provides functional developmental information. This type of information helps the team understand how the child’s strengths support him/her to participate effectively in everyday routines, and home and community settings. Functional developmental information also helps team members understand what developmental challenges might be interfering with the child’s ability to participate effectively in home and community life.

Functional assessment information provides “baselines” against which progress can be measured. The goal of the Infant Learning Program is to support children in fully participating in activities that are important to them and their families. Research demonstrates that the child’s developmental capacities increase as he/she is supported in meaningful participation. The team observes and documents the skills and behaviors that support and/or interfere with the child’s participation. Through this process, the team develops an understanding of the skills and behaviors that can be used to build on the child’s strengths and address skills and behaviors that need to be targeted for improvement. Improvement is effectively measured when the team knows what the child’s initial skills and behaviors look like, and helps them talk about desired family outcomes.

Ongoing assessment information leads to systematic and well thought out intervention strategies. Identifying the child’s current abilities, strengths and needs, including his/her interests, challenges, routines and activities as well as the family’s resources and priorities, and defining the desired outcomes provides the framework of the intervention plan. Ongoing

assessment information allows the team to develop the “blueprint” that will guide their interventions.

Ongoing assessment information tells us whether or not interventions are working to support progress toward the goals on the IFSP. Each IFSP goal must include a statement of how the team will know that progress is being made as expected. Ongoing assessment helps track the child’s progress and determine if strategies might need to be changed. Intervention teams should ***expect progress*** for every child. If expected progress is not being made, the outcomes and/or strategies need to be looked at and revised. Ongoing assessment ensures accurate child outcome ratings.

New Mexico FIT Program Technical Assistance Document: Evaluation and Assessment (2013)

The Infant Learning Program’s service delivery committee established the following criteria for selecting quality, functional assessment tools:

1. *Does the tool thoroughly cover all of the functional outcome areas?*
2. *Is the tool functional?*
3. *Will the tool readily lead to the development of functional, routine based goals?*

Based on these criteria the committee recommended the following now approved anchor tools for determining child outcomes ratings and developing the IFSP:

- Assessment and Evaluation and Programming System for Infants and Children, 2nd Edition (AEPS)
- Carolina Curriculum for Infants and Toddlers with Special Needs, Third Edition
- Hawaii Early Learning Profile Birth to Three (HELP)
- Infant-Toddler Assessment (IDA-2)
- Oregon Project for Visually Impaired and Blind Preschool Children
- The Ounce Scale
- Transdisciplinary Play-based Assessment, 2nd Edition (TPBA2)

Note: The IDA-2, HELP, and TPBA2 can be used for both initial evaluation and child outcomes ratings.

What is a Family Assessment?

The language in Part C requiring a "family assessment" does not imply that early intervention personnel should "assess" or evaluate the family in any respect. Rather, family members are invited to share information, on a voluntary basis, to help service providers understand their concerns, priorities and resources related to supporting their child's development and learning and any other issues the family may want help to address. Identifying the family concerns and

priorities helps the IFSP team develop functional outcomes and identify the services, supports and strategies to accomplish those outcomes. The identification of family resources helps the team know what family supports and strengths are already in place to address the identified outcomes.

Because children learn best in the context of everyday activities; families are asked to describe their daily routines and activities, in terms of what interests and engages their child, what's going well and what challenges they face. Sharing this information helps to identify difficulties that providers may problem-solve with families. Moreover, providers and parents can determine the routines in which to embed interventions and learning opportunities. For example, if a child loves her bath-time, it may be a natural opportunity to encourage the learning and use of more words, improving balance, reaching for and grasping toys, etc. Learning about a child's interests, favorite people and preferred toys and activities can help providers and families personalize learning opportunities that will be highly motivating and engaging, and build on the child's strengths.

Often families would like to participate in new activities or use community resources but need help to include their child with special needs. Accompanying the family on an outing, problem-solving with families, and preparing and supporting community providers are examples of the ways providers can help families engage in new activities that will have natural learning opportunities for their child.

The term family assessment is confusing and sounds like it must involve a formal process. It may be an informal process for gathering information about the family's concerns, priorities, resources and routines, or a more formal one, utilizing a tool such as the Routine Based Interview (RBI). Either way, *Information is usually gathered through conversations with the family. Check lists and interviews can be helpful tools to support the provider to get useful information. Parents need to know the purpose of this information, how it will be used and where it will be kept. The most important factor in gathering family information is the relationship that develops over time with the provider and family members. Therefore various conversation methods and relationship building techniques yield the most valuable information.*

(2015)The Early Childhood Technical Assistance Center (ECTA) <http://ectacenter.org>

Some examples of activities that would qualify as a family assessment include:

- A personal one-to-one conversation with the family with questions designed for your particular community or region of the state
- Robin McWilliams Routine Based Interview (RBI)
- Family Interest Interview from NECTAC (2005, see Appendix)
- Pearpoint, O’Brien and Forrest’s Planning Alternative Tomorrow’s with Hope (PATH)
- Strengthening Families Protective Factors Checklist Survey from [FRIENDS National Resource Center for Community Based Child Abuse Prevention](#) (see Appendix)

Documentation of family assessment activities **must** be noted in the child’s file and/or on the IFSP form.

See Appendix I: Family Assessment –Natural Environments
Seven Key Principles: Looks Like/Doesn’t Look Like

Child Outcome Summary Measures (COS)

Functional Area:	Required Minimum Component
Policy:	XIII. Individualized Family Service Plans

In 2005, the Office of Special Education Programs (OSEP) began requiring state early intervention and preschool special education programs to report on child outcomes and the family indicators.

Alaska measures and summarizes the family outcomes through the annual statewide parent survey. This survey is conducted by an independent contractor. In addition to other questions this survey includes items to determine the states success in supporting families in the following areas:

1. Knowing their rights
2. Effectively communicating their child’s needs
3. Helping their child develop and learn

For individual child outcomes, states are required to report on the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improvement in the following three areas (Alaska has chosen to use the *Child Outcome Rating Process*, see appendix):

1. Positive Social Relationships
2. Acquiring and Using Knowledge and Skills
3. Taking Appropriate Action to meet their needs

The three rating outcomes are *functional*; they reflect a child’s ability to take meaningful action in the context of everyday living. Alaska, along with other states is required to report on the results of child and family outcomes, along with other indicators in their State Performance Plan (SPP). The ECTA Center has developed a 76 minute video to orient new providers to the process. <http://ectacenter.org/eco/assets/media/Orientationtooutcomesfornewstaff.mp4>

The overarching goal for all children is to be active and successful participants in their own learning now and in the future, in a variety of settings.

As noted previously on page 16, Alaska has identified assessment tools that help measure and complement the child outcomes measurement process.

The child outcomes rating process will measure the percentage of infants and toddlers with IFSPs who demonstrate improved functioning in the following three areas:

1. Children have positive social relationships.

Examples include (but are not limited to):

- Demonstration of secure attachment with the significant caregiver in their lives.
- Initiation and maintenance of social interactions.
- Behaviors allow them to participate in a variety of settings and situations – on the playground, at dinner, at the grocery store, in child care, etc.
- Build and maintain relationships with children and adults.

2. Children acquire and use knowledge and skills.

Examples include (but are not limited to):

- Displaying an eagerness for learning.
- Exploring their environment.
- Attending to people and objects.
- Showing imagination and creativity in play.

3. Children take appropriate action to meet their needs.

Examples include (but are not limited to):

- Meeting their self-care needs (feeding, dressing, toileting, etc.) allowing them to participate in everyday routines and activities.
- Using objects (forks, crayons, clay, switches, other devices, etc.) as tools.
- Seeking help when necessary to move from place to place.
- Following rules related to health and safety.

The Process for Determining Child Outcomes Data

The measurement of child outcomes data at entry should fit within the existing eligibility and enrollment process. Exit data collection will follow transition out of *the Infant Learning Program* in collaboration with the Part B *Local Education Agency* (LEA).

Data from the child outcomes ratings will be maintained in the ILP database. As the child grows and learns, the ratings from ENTRY and EXIT will be used to measure the child's progress while enrolled in the program. The child outcomes rating data provided to the state by individual programs, when combined with all child outcome data collected statewide, will be viewed by stakeholders and legislators to measure the impact and efficacy of early intervention services.

The COS ratings are also used to measure Alaska’s progress in improving infants and toddlers’ social-emotional outcomes in Alaska’s federally-mandated State-Systemic Improvement Plan.

1. Entry Rating (REQUIRED)

Entry means the date the child enrolls in your program, which is the date the family signs the IFSP. The Entry rating should be based on recent data describing the child’s development, collected within 90 days after the child’s enrollment date. For accurate measures, it is helpful to complete an entry rating with the family *after* enrollment. This allows time to establish rapport with the child and family so the team is more familiar in rating the child.

The Child Outcomes data collection process requires information and entry on the IFSP Section 5.2 to be completed for all children enrolled in the Infant Learning Program for at least 6 continuous months. Note that 6 months of service generally means 6 months of consecutive service. It refers to time in service, not necessarily with the same program/service provider.

Given this minimum time requirement, if the child entering services is 2.5 years old or older, an Entry COS does NOT need to be completed.

Eligibility determination. As required in federal regulation, each child referred will go through an eligibility determination process and each child determined eligible must also have had a developmental assessment that will guide the IFSP development. The data collected through the eligibility determination and/or developmental assessment should also be used to inform the child outcomes rating.

Involving parents. Upon determination of eligibility, parents should be informed of the necessity of the collection of the child outcomes data. They will be included in the determination of the ratings from the first set of ratings through exit. A Family Guide for parents found in the Appendix, describes the outcome process and should support parent participation. The family service coordinator should concentrate on describing the child’s development, according to the assessment results.

The process should be as transparent as possible so that the family understands and has input into the ratings that are determined. Remember that parents might have a very different perspective on their child than an assessment tool, and this could significantly change the rating given. Parents are a vital part of the team, and their input is invaluable.

2. Annual (Best Practice)

This practice may support you in having a fairly recent rating on file in the event that you cannot complete an Exit rating.

When to do an Annual. An Annual IFSP refers to a collection of activities that happens approximately a year after the date the child enrolls in your program; in other words, approximately a year after the family signed the initial IFSP. An Annual rating should be based on recent data describing the child's development, which was collected within 90 days of the Annual date.

Using assessment information. Each child's developmental progress can be rated in conjunction with his or her annual IFSP review. To the greatest extent possible, use existing, ongoing assessment information collected using a comprehensive and functional developmental assessment tool. Please note many assessment tools complement, measure, and provide data about ratings and progress on IFSP outcomes.

The previous ratings given for the child are considered, and the rating system for the child outcomes data should be reviewed. *A Family Guide to Participating in the Child Outcomes Measurement Process* (see appendix) describes the process for involving parents.

Involving parents. It is essential at the annual IFSP to include parents in the process of determination of progress. Parents will have important insight into their child's current development, which professionals will not have.

Recording ANY new skills. At the time of an Annual rating, you will answer an additional question for each of the three outcomes; the question asks whether the child has shown ANY new skills or behaviors (i.e. any developmental progress, or, at least one new skill or behavior) related to the outcome since the last rating. If you answer NO to this question, your rating must reflect that the child has made NO developmental progress at all, which would equate to a very low rating (1). Likewise, if you answer YES to this question, your rating must reflect that the child has made at least some progress.

Remember that the ratings are linked to the child's use of immediate foundational skills, and those skills are tied to the child's age (i.e. as the child gets older, the immediate foundational skills for that age also change). Therefore, if the child is using any immediate foundational skills, then the child MUST be making at least some progress, so the answer to this question should be YES.

3. Exit (REQUIRED)

Exit means the date the child's services end. The Exit rating should be based on data describing the child's development, collected within **90** days of the Exit date. Once again, parent input must be considered in the exit data.

Exit from the program happens for many reasons. Generally, the Child Outcomes data is collected prior to services ending. However, there are some exceptions when you do the exit rating:

-
- a) The child has reached age three and has been in the program six months or less and no entry rating was required.
 - b) The program is unable to contact the family after repeated attempts, or the family moves out of state, and the program has no assessment data within 90 days of the exit date. This may result in a missing Exit COS rating on your agency's quarterly narrative. Document the repeated attempts to contact the family as an exceptional circumstance in the child record and in your agency's quarterly narrative report.
 - c) *The family has moved in-state.* If the family moves to a new area in Alaska and transfers to a different EI/ILP agency and has an active IFSP the new service area would not need to provide an Entry rating, but would assume responsibility for any annual or exit ratings.

Helpful Tools

- There are a number of tools that you may wish to use to help establish the ratings. The Early Childhood Technical Assistance Center, Outcomes Measurement: <http://ectacenter.org/eco>
- *A Guide to COS Process Training and Technical Assistance Resources* –ECTA Center website, <http://ectacenter.org/eco/assets/pdfs/TrainingandTAResourcesMarch2014.pdf>
- *Script for Team Discussion of Outcomes Rating* – The ECTA Center has developed a script that may be useful in initiating a discussion of the outcomes ratings. The tool is available at the ECTA website, at: [http://ectacenter.org/~pdfs/eco/Team discussion of outcomes.pdf](http://ectacenter.org/~pdfs/eco/Team%20discussion%20of%20outcomes.pdf)
- *Child Outcome Summary (COS) Process Discussion Prompts, ECTA Center-* <http://ectacenter.org/~pdfs/eco/COSFdiscussionprompts.pdf>
- *Handbook to Guide the Measurement and Reporting of Child Outcomes for Early On Michigan Early On Michigan (2009):* http://eotta.ccrea.org/Files/PDF/Child_Outcome_Handbook_v16_10_17_13.pdf
- DaSy Center for IDEA Early Childhood Data Systems. *Child Outcomes Summary (COS) Process Module: Collecting and Using Data to Improve Programs, 2015:* <http://dasycenter.org/child-outcomes-summary-cos-process-module-collecting-using-data-to-improve-programs/>

Please note many assessment tools compliment and measure progress along with parent provided information. Child Outcomes data is important for comparing children’s current functional performance to age-expected functioning and efficacy of the program interventions and progress on goals.

See Appendix B: Child Outcomes

- Child Outcomes (*A Family Guide to Participating in the Child Outcomes Measurement Process*)
Or view this publication online at: <http://www.pacer.org/publications/pdfs/ALL-71.pdf>
- Definitions for 7-Point Rating Child Outcomes Summary Process (COSP):
<http://ectacenter.org/~pdfs/eco/cos-overview-process.pdf>
- Alaska Decision Tree:
<http://ectacenter.org/~pdfs/meetings/outcomes2007/09DecisionTreeColor.pdf>

Individualized Family Service Plan (IFSP)

Functional Area:	Required Minimum Component
Policy:	XIII. Individualized Family Service Plans

Alaska’s policies and procedures provide clarity regarding regulatory requirements for the IFSP, but there is much more involved in the development of a document that is meaningful to families and provides a focus for the development of effective intervention strategies.

The term “functional” is often used to describe what outcomes and goals ought to be, yet it can be difficult to define what makes a goal “functional.” A simple test requires asking if the goal/s reflects a child’s ability to take meaningful action in the context of everyday living. Functional goals lead to outcomes that are meaningful for families.

A review of resources developed by national experts provides a framework for considering IFSP outcomes to determine if the goals are high quality and support the child’s participation in everyday routines and activities.

The key to the development of high-quality, functional outcomes is creating clear and deliberate links among every step of the IFSP process. Critical to this process is the fundamental belief that children learn best through their participation in everyday activities and routines with familiar people. Also critical to this process are three important skills for providers:

- The ability to understand how to gather information from families during initial contacts, referral sessions, and development of the IFSP,
- The ability to conduct a functional assessment that gives a clear picture of the child’s abilities and needs in the child’s natural, everyday settings, activities and routines, and
- The ability to use the information to develop goals and outcomes.

Throughout the process of gathering information from families, attention should be paid to both what’s working well for them, and what they find challenging. When paired with the provider’s knowledge of early development and information obtained through the functional assessment and evaluation process, the team should have all that is needed to develop high quality, functional outcomes and goals that are measurable.

The National Early Childhood Technical Assistance Center (ECTA) reviewed expert-generated resources and identified six key criteria that define IFSP outcomes as high quality and participation-based. They are:

1. The outcome statement is *necessary* and *functional* for the child’s and family’s life.
2. The statement reflects *real-life contextualized* settings (e.g., not test items).
3. The wording of the statement is *jargon-free*, clear and simple.
4. The outcome is *discipline-free*.
5. The statement *avoids the use of passive* words (e.g., tolerate, receive, improve, maintain).
6. The wording *emphasizes the positive*.

When the child’s contextual information is available (e.g., assessment information, the child’s IFSP) the following IFSP outcome criteria should also be evaluated:

- The outcome is based on the *family’s priorities and concerns*, is measurable, and
- The outcome describes both the child’s strengths and needs *based on the information from the initial evaluation or ongoing assessment*

Functional IFSP Outcomes

Example	Non-Example
<ul style="list-style-type: none"> • Lilly will go fishing with her family and hold her own fishing pole. • Romeo will go visit grandma and ride in his car seat all the way to her house. • Kimmie will play with her toys so grandma can cook breakfast and get the older kids off to school. • Leroy will play together with his brother and express himself without hitting. • Kamika will sleep through the night. • Miles will be happy and relaxed when his mom leaves him at childcare. • Ahmet will get what he wants during mealtime by pointing or looking at the choices his parents provide. 	<ul style="list-style-type: none"> • The occupational therapist will assist Lily in grasping objects. • Romeo will tolerate staying in his car seat when he visits grandma. • Kimmie will improve playing independently with her toys and entertaining herself. • Leroy will participate in reciprocal turn taking during one-to-one facilitation. • Kamika will improve her sleeping patterns 3 out of 4 times. • Miles will have fewer tantrums when his mom leaves the room. • Ahmet will talk and pronounce words better when he wants something.



<ul style="list-style-type: none">• Dahlia will join the family on short hikes at Upper Creek Falls while riding comfortably in her infant carrier.• Lanesha will eat her favorite finger foods at least twice a day.• John will walk with support for at least 5 minutes every morning and every afternoon.	<ul style="list-style-type: none">• Dahlia will increase her ability to take hikes with her family.• Lanesha will gradually stop eating baby food and eat more solid foods.• I want my child to walk.
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Early Childhood Technical Assistance Center (ECTA Center): Enhancing Recognition of High Quality, Functional IFSP Outcomes: A Training Activity for Infant and Toddler Service Providers. (2014): <http://ectacenter.org/~pdfs/pubs/rating-ifsp.pdf>

See Appendix E Evidence based Practices

- Elements of a good progress note
- Home Activity Progress form
- Community Connections Ketchikan - Home visit note with Prior Written Notice (PWN)

Transition to Preschool, other Programs, or Exiting ILP

Functional Area:	Required Minimum Component
Policy:	IV. Transition to Preschool and Other Programs

Exit from the program happens for many reasons. For consistency in data collection please be certain to follow the guidelines in the data base. Common reasons children leave the program include:

- a) The child has reached age three. Typically the Exit date would be the same as the child’s third birthday.
- b) The child has successfully completed the IFSP and the IFSP team, including the family, agrees that the child no longer requires services; the Exit date is the date that the services actually discontinue.
- c) The family has withdrawn from the program (after an IFSP is in place and prior to the 3rd birthday) and has declined further services; Exit is the date the family provides written or verbal indication of withdrawal from services.
- d) The program is unable to contact the family after repeated attempts. In this case, the Exit date is the date that the IFSP expires. A child cannot be exited without family consent prior to that date.
- e) Family has moved out-of-state. In this case, you would provide exit data based on the date services were discontinued in Alaska.

Throughout an infant or toddler's participation in early intervention, the family and the child’s IFSP Team discuss the transition steps to be taken to ensure a smooth transition for the toddler when early intervention services end, by the toddler’s third birthday. Responsibility for implementing these procedures is delegated to the local Early Intervention Services Program (EIS Program) where the child is enrolled. It is critical to ensure all LEA transition activities are entered in the EI/ILP database so that families receive this support, and this important collaboration has in fact taken place.

The transition between early intervention and preschool services can be especially emotional for parents as they watch their toddlers grow. Emotions are magnified when a child has special needs. “Issues associated with the disability intertwined with the responsibility of making the right choices for their children’s future often results in a time of uncertainty that is exacerbated by an education process that can seem unwelcoming.” Johnson 2001

It is especially important for service providers to have a positive attitude about the child's move to school. Some recommendations for making this period of change smoother for parents are listed below:

1. Transition Visit

Families may want to visit preschools and meet with the preschool teachers and other staff prior to the transition conference. It is often helpful for parents to bring along another parent or family member or the family's early intervention specialist so that there is someone with whom they can discuss their visit. The preschool teacher may be willing to meet at the family's home.

2. Maintain consistent and effective communication

Families need to feel that their input is valued. Professionals (both early intervention and preschool) should listen carefully to what families are saying. Written information and follow-up phone calls can help maintain open communication. Parents should be encouraged to ask questions and seek clarification.

3. Establish roles and expectations together

It's important to assist parents in knowing what to expect from the school as well as what is expected of them. Promote opportunities for parents to discuss this relationship with their child's school so that there is clear understanding regarding respective roles and responsibilities.

Benefits of Transition Planning		
<p>For Children:</p> <ul style="list-style-type: none"> • Continuity with earlier education experiences. Increased motivation and openness to new experiences. • Enhanced self-confidence. • Improved relations with other children and adults. • A greater sense of trust between teachers and children. 	<p>For Parents:</p> <ul style="list-style-type: none"> • Increased confidence in their children’s ability to achieve in the new setting. • Confidence in their own ability to communicate with educational staff and to effectively influence the education system. • A sense of pride and commitment in their ongoing involvement in the education of their children. • A greater knowledge and appreciation of early childhood programs and staff. 	<p>For Professionals:</p> <ul style="list-style-type: none"> • Increased knowledge of the children and enhanced ability to meet individual needs. • Increased parental and community support. • More resources and a larger network of professional support. • Increased awareness of the preschool programs in the community.

Colorado Families for Hands and Voices. Johnson, Cheryl (2001)

See Appendix L: Transitions

See Appendix G: LEA Notification (transition to school district at age three)

Procedural Safeguards and Prior Written Notice

Functional Area:	Required Minimum Component
Policy:	XIV. Procedural Safeguards and Prior Written Notice

Procedural safeguards are more than a federal requirement; they represent a promise that we, as service providers, make to parents. They provide the checks and balances of the Part C early intervention system and ensures that there is an impartial system for addressing parents' priorities and concerns. *Prior Written Notice* is provided to parents a reasonable time before an action is proposed or refused per (303.421(b)(1), and describes any change in eligibility or services in conjunction with offering and explaining *Procedural Safeguards and Parent Rights*.

Each right and safeguard has implications for a family's experience with the early intervention system. Because Part C is family-centered legislation, the rights and safeguards convey the law's central principles of respect for families' privacy, diversity, and role as informed members of the early intervention team.

Use family friendly language when explaining parent rights.

While it is a requirement to provide parents with a copy of their rights in the full legal format, it is important for service providers to translate them into language that is readily understandable and provide clear examples of when each right applies. This requires providers to have a thorough understanding of each right themselves.

Present procedural safeguards in the context of the early intervention process.

While it will be important to review *all* of the parent rights at intake, and providers are required to offer parents a copy of their rights at other times as well, the *review* at other times can be more focused on the rights that apply to specific aspects of services. Use the chart found in the appendix to assist in determining when each right applies.

It is important to practice presenting the rights and examples with your team.

Early intervention can prepare families for a lifetime of productive interaction with service systems. For this reason, investing the time and resources to thoroughly explain rights and procedural safeguards is important for all involved.

Alaska DHSS has developed parent rights training videos that can be viewed at:

<http://dhss.alaska.gov/dsds/Pages/infantlearning/providers/default.aspx>

NECTAC. Assuring Family's Role on the Early Intervention Team: Explaining Rights and Safeguards (2002)

See Appendix D Administrative Functions

Procedural Safeguards and Prior Written Notice forms (and order form)

Surrogate Parent

Functional Area:	Required Minimum Component
Policy:	XVI. Surrogate Parents

Whenever a child who is living in an out-of-home placement is referred to EI/ILP, the possible need for a surrogate parent must be considered. The DHSS EI/ILP must ensure the rights of a child are protected by assigning a surrogate parent when no parent, as defined in 34 CFR 303.27, can be identified, or when the local EI/ILP provider cannot locate a parent after reasonable efforts, or the child is a ward of the state. The duty of DHSS EI/ILP or other public agency includes the assignment of an individual to act as a surrogate for the parent.

As defined in DHSS EI/ILP Policies, Section VII. (B, 33) Description of Part C Services and Other Definitions, a ward of the State means a child who, as determined by Alaska, is a foster child, a ward of Alaska, or in the custody of a public child welfare agency, with the following exception: A foster parent meets the definition of ‘parent’ in the State of Alaska and there is no need to assign a surrogate parent (34 CFR §303.37).

After determining the need for a surrogate parent, the local EI/ILP must assign a surrogate parent within thirty days. (34 CFR 303.422(g)). The local EI/ILP provider must document the surrogate parent assignment in the child contact record and in the EI/ILP database. The EI/ILP must ensure that a person selected as a surrogate parent:

- a. Is not an employee of any agency that provides early intervention services, education, care, or other services to the child or any family member of the child;
- b. Has no personal or professional interest that conflicts with the interests of the child;
- c. Has knowledge and skills that ensure adequate representation of the child.
- d. When possible, the following are considered in the selection of a surrogate parent:
 - i. Cultural similarities;
 - ii. Religious similarities;
 - iii. Age preferences of surrogate and child;
 - iv. Language compatibility; and
 - v. The availability of the child’s family, foster parents, or longtime family friend is preferable to individuals who have never met the child.

Assigning a surrogate who is a member of the child’s family or a longtime family friend is generally preferable to individuals who have never met the child. EI/ILP program staff with the Child’s Social Worker (or Child’s designated Representative) must complete the *Surrogate Parent Documentation form*, and the EI/ILP will complete an *Infant Learning Program Request for Assignment of Surrogate Parent form* if a surrogate parent is deemed as needed by the Family Service Coordinator, and the ILP Coordinator. This documentation must be kept in the child’s file, and entered into the ILP database on Child Demographic page, check Surrogate box.

Appendix O – Surrogate Parents - forms, and prior Guidance Memo for out-of-home placement.

Dispute Resolution

Functional Area:	Required Minimum Component
Policy:	XVII. Dispute Resolution

Ideally services are provided in a way that fosters a beneficial partnership between parents and professionals. Both can learn to appreciate each other's input, knowledge and creativity. Generally if services occur in this way the team can usually expect outcomes such as collaboration, innovative, and sustainable resources, and ultimately, increased satisfaction with early intervention services. Because of the family centered, relationship-based approach to services that prevails in early intervention, complaints are rarely a concern.

Regardless, it is critically important to remind parents of their right to mediation and due process.

If a parent chooses to make a formal complaint the following steps must occur:

The state Part C Coordinator must receive the complaint in writing within one year of the alleged violation. The elements required in this letter can be found in the EI/ILP policy under XVII. Dispute Resolution, State Complaint Procedures, (C, 8).

1. A copy of the complaint letter is forwarded to the local provider agency.
2. The state Part C Coordinator will verify with the family that they wish to make a formal complaint. If the answer is yes the Part C Coordinator will call a resolution meeting with the parents and members of the IFSP team to attempt to resolve the complaint within 15 working days of receiving notice of the complaint, unless the parent and public agency agree in writing to waive the meeting or the parties agree to use mediation.
3. If the meeting does not result in a remedy to the complaint that satisfies the parent, they will be offered an opportunity to access mediation services.
4. If the public agency does not resolve the complaint to the satisfaction of the parent within 30 days of receipt of the complaint, a due process hearing may occur.

Process Informed by Dear Colleague Letter; Swenson and Musgrove. April 15, 2015

Interagency Coordinating Council (ICC)

Functional Area:	Required Minimum Component
Policy:	XIX. State Interagency Coordinating Council

The lead agency has the ultimate responsibility for the development and implementation of the early intervention program in each state. Interagency Coordinating Councils (ICCs) play a key advisory role and are intended to be independent bodies that do not have a vested interest in “maintaining the status quo or protecting the ‘turf’ of any of the [state] agencies.” (Harbing & Van Horne 1990).

Federal law requires that the ICC have a specific composition as described in both federal regulations and state policy.

The Governor’s Council on Disabilities & Special Education serves as Alaska’s Interagency Coordinating Council (ICC) under Part C of IDEA and is responsible for ensuring that membership meets the requirements outlined in policy in order to support the success of the Infant Learning Program system. The ICC engages in activities such as facilitating stakeholder participation as a means of providing advice and assistance that represents the diversity of families and other stakeholders in the State of Alaska and supports the provision of quality intervention services. This requires a strong partnership with the Alaska’s Part C staff and the Alaska Infant Learning Program Association (AILPA).

The Early Intervention Committee (EIC) of the ICC is a standing committee of the council that meets monthly by teleconference and focuses on issues specific to early childhood and early intervention. To learn more about the Council visit their website at: <http://dhss.alaska.gov/gcdse/Pages/aboutus/default.aspx>

Interagency Coordinating Council Roles and Responsibilities. Harbin and Van Horne April, 1990

Natural Environments

Functional Area:	Required Minimum Component
Policy:	II. General Requirements

Federal law requires that to the greatest extent possible, services are provided in the natural environment. Natural environment has been defined as settings where typical infants and toddlers would be. This would include home and community settings such as parks, beaches, recreation centers, libraries, and of course, the family's home. The spirit of this requirement relates not just to the "where" of services, but also the "how".

Natural environments do not involve asking the parent to embed therapy activities into their daily routines and activities. It involves conversations with families to identify their typical activities as opportunities that have the potential to enhance the child's development. These activities should not be limited to a single skill or developmental domain, but support the child and family's participation in activities and interactions that support multiple skills as well as increased ability to participate in the family's chosen home and community activities.

Natural environments are important when considering working with groups of children. The federal requirement makes it clear that groups that are offered 'just for enrolled children' are unacceptable. Including a few 'token' typically developing children is also inappropriate. The ideal group setting would be one that exists for *all* infants and toddlers in the community such as a community playgroup that happens at a school gym or community center.

It is especially important for providers to identify the settings and play materials the family already uses. This is a primary purpose of the family assessment. It takes a skilled provider to support the child's developmental progress without the use of a toy bag, but this is a critical piece of the intent of natural environments. If you bring your own materials to the family's home, you are possibly creating an artificial environment that the family may not be able to, or cannot recreate when you leave. The following question from *Coaching in Early Childhood* is worthy of reflection for individual providers and teams.

How do we embed natural environment therapy practices into our therapy when children live in homes with virtually no toys or books? Where does the child go? What are the parents/caregivers doing during the child's day? This is the beginning of the assessment process to identify the child's existing (and desired) activity settings. Once this occurs, and the practitioner discovers the family has no toys or books, then it is the responsibility of the practitioner to identify what the child is currently using as play objects (i.e., pots, pans, empty containers, rocks, sticks, sand, etc.). The practitioner then can support the caregivers in maximizing the child's enjoyment of what play objects do exist. If the family is interested in obtaining other objects for the child to play with, then the practitioner is responsible for assisting the family in identifying resources to obtain them (i.e., toy lending resources, public libraries, garage sales, Goodwill, budgeting to purchase toys, etc.). Most often a family's lack of

resources that match what we feel is important for a child to have becomes the issue. Our responsibility is to support the family with what they have, where they are, and sharing information that matches their priorities.

What if parents are looking for toy recommendations? If parents ask for suggestions for specific toys, practitioners may provide suggestions; however, suggestions should be made based on child/family interests and keeping in mind how the toy will promote the child's participation in play opportunities versus working directly on a targeted skill. Discuss the multiple learning opportunities that toys can provide.

What exactly do I do with a child who watches TV all day and maybe has a few broken toys and the parent does not see lack of play skills as a concern? Watching television and playing with his/her toys (broken or not) are activity settings that provide multiple learning opportunities. They may not be consistent with your values and beliefs regarding what young children do during the day, but if these are the interests of the child and parent, our responsibility is to talk with the parent about how to use what they have and support the parent in identifying multiple learning opportunities that could come from using what is present in their environment. It is easy to take in a bag of toys, but more challenging to explore real life options for many families. We must remember that learning takes place when we are not there, too, so we have to use what they have available and accessible to them to give the child more practice in using existing skills and developing new abilities. Toy bag treatment sessions are decontextualized interventions that do not promote functional skill use and learning in natural settings.

What's wrong with bringing (or giving) toys for families to use to enhance skills? This is all about enhancing parent capacity, which includes accessing resources. Also, would the child typically play with a therapy ball? If no, it's not contextualized. The purpose of your visit is not to "perform," but rather to engage the parent about what's happening or could be happening when you are not there that has development-enhancing possibilities.

What about the houses we go into, where the houses are dirty and not conducive to therapy? More often than not, this is an issue of our values versus the family's values. In order to be truly family-centered, we have to acknowledge that different families have different lifestyles and different standards of tidiness. If it is an abusive or neglectful situation, we are mandated reporters. If it's not abuse or neglect, we need to look closely at our own values. The fact is that is where that child lives. We need to support the family in promoting the child's developing in their natural environment, www.coachinginearlychildhood.org. The Early Childhood Coaching Handbook. D. Rush and M. Shelden. 2011

The IFSP must contain a statement of the natural environment in which early intervention services shall be provided, including justification of the extent, if any, that the services will not be provided in a natural environment. If early intervention services are not in a natural environment, then the IFSP should include strategies to move toward providing services during everyday routines, activities, and places.

See Appendix I: Family Assessment and Natural Environments - Seven Key Principles: Looks Like/Doesn't Look Like

Monitoring and Support

Functional Area:	Required Minimum Component
Policy:	II. General Requirements

Alaska’s Department of Health & Social Services as the designated lead agency for the State of Alaska under Part C of IDEA is required to have a system of general supervision that monitors the implementation of required programmatic elements. The state is also subject to federal monitoring.

The primary focus of state and federal monitoring activities is to:

1. Improve early intervention results and functional outcomes for all children with disabilities; and
2. Ensure that states meet the program requirements under Part C with a particular emphasis on requirements that “are most closely related to improving early intervention results for infants & toddlers with disabilities.”

The Infant Learning Program has developed a monitoring handbook that can be found in the appendix and outlines Alaska’s Part C monitoring process.

A diagram outlining the ILP’s system for monitoring and support can be found in the appendix and describes an ongoing cycle of support that is designed to ensure regional programs remain in compliance with state and federal laws. To that end, the following timelines have been put in place.

- New program coordinators will receive on-site orientation from their state ILP Technical Assistant as early as possible, ideally no later than three months from the time of hire.
- Monthly technical assistance and support calls will be provided by ILP Technical Assistance staff as a means of reviewing data and addressing programmatic questions and concerns before they grow into significant problems.
- Quarterly Narrative and Financial Reports will be completed in the ILP database by programs to highlight achievements and challenges, and desired technical assistance.
- All programs will receive on-site monitoring at least every three to five years.

Open and regular communication between regional programs and the State ILP office will not only ensure that programs remain in compliance, but that they have access to resources, training and technical assistance that supports high quality services for infants, toddlers, and their families.

See Appendix F: Monitoring and Support - Alaska Early Intervention/Infant Learning Program Monitoring Procedures Manual, revised November 2013

Comprehensive System of Personnel Development: Overview

Functional Area:	Required Minimum Component
Policy:	II. General Requirements

The purpose of the Comprehensive System of Personnel Development (CSPD) is to assist the Alaska Department of Health & Social Services in the development, implementation and maintenance of a comprehensive system of personnel development for early intervention practitioners, addressing both in-service and pre-service training, personnel qualifications, recruitment and retention.

The CSPD committee, sometimes referred to as the professional development committee, acts as an advisory group to ensure the State of Alaska has a system in place to meet the federal requirements under Part C for personnel development. This committee works closely with the service delivery committee to ensure that Alaska’s ILP has training to address the following:

1. *In-service Training* to address the ongoing training needs for both service providers and families in the dynamic field of early intervention. This training may be offered through state and national conferences, webinars, teleconferences and training-of-trainers who can disseminate training to providers within their own agencies and to others across the state.
2. *Pre-service Training* to ensure that provider agencies have a pool of qualified providers to draw from and that there are academic programs and endorsements that are appropriate to meet the specialized needs for early intervention providers.

Other important activities of Alaska’s CSPD include developing personnel standards, systems for mentoring new staff, and addressing concerns regarding recruitment and retention of qualified service providers.

Comprehensive System of Personnel Development: Part C Modules

Functional Area:	Required Minimum Component
Policy:	II. General Requirements

The State of Alaska Early Intervention/Infant Learning Program has developed and implemented a comprehensive system of personnel development as a program requirement under Part C of IDEA [Part C Sec. 635(a)(8)(A)] and 34 CFR sub section 118. The comprehensive system includes the implementation of the Part C Credential and Alaska System for Early Education Development (SEED) Registry process to train Early Intervention Service Providers in the basic program requirements and ensure they are fully and appropriately qualified to provide early intervention services in the Part C Program.

All Early Intervention Service providers, who work 20 hours or more per week in an Early Intervention Service Program in Alaska, are required to complete the Alaska Part C Credential Modules that apply to their specific job responsibilities within 6 months of their start date (See Roles and Responsibilities).

The credential process is a multi-step process and includes online learning modules, a study guide and demonstration of competencies. There are three salient aspects of the Part C Credential: knowledge, understanding and skills. To address the knowledge component, the nine online modules contain general information about early intervention practices in Alaska, approaches to working with families, and a detailed explanation of the Early Intervention process. The first four modules cover general topics in the field, modules five through nine address procedures and processes while working with family. Requests for Part C Module accounts can be sent to the Professional Development Coordinator at the State ILP Office.

The reflection questions in the ILP study guide are meant to be completed with supervisory guidance and are designed to guide EIS employees to thoughtfully consider various aspects of their work. The study guide is designed to be used in conjunction with the Part C Modules. A list of competencies appears in the ILP Study Guide, which are aligned with the online modules. The ‘demonstration of competencies’ provides a platform for each EIS employee and their supervisor to engage in conversations about aspects of Early Intervention work that are best taught through a mentorship model to ensure understanding. The EIS supervisor will observe the EIS provider’s demonstration of skills and abilities appropriate to their role and provide mentorship throughout the Part C Credential process.

Requirements for completion of The Part C Credential:

1. Achieves a score of 80% on the quiz for each module appropriate to their role
2. Successfully completes the sections of the ILP Study Guide appropriate to their role with at least 90% accuracy, as determined by their supervisor
3. Completes the demonstration of competency checklists in the ILP Study Guide as appropriate to their role
4. Completes the demonstration of skill appropriate to their role outlined in this procedure. Proof of completion must be submitted in the Part C Credential Application Packet to the State ILP Office. The EIS Supervisor is also responsible to electronically confirm the employee's demonstration of competencies in the designated section of the Part C Credential administrative site prior to submitting the credential application packet to the State ILP Office.

Part C Credential Types (as of 07/01/2017):

Developmental Associate I or II

- Credential specific to the roles of Developmental Associates I and II (SEED levels 7 & 8):
 - Requirements: Successful Completion of Part C Modules 1-5 with quizzes and study guide and the Supervisory Checklist
- If the associate has completed 3-6 child development credits, they are able to submit a request to the Part C office to accept those credits in place of Module 4: Child Development.
- This credential type cannot be used to meet the credential requirement for any other role in EI/ILP.

Developmental Specialist

- Developmental Specialists I (SEED level 9)
 - Requirements for Credential: Successful completion of all Part C Modules with Quizzes, Study Guide along with Supervisory Checklist and letter from the supervisor confirming the employee's demonstration of required competencies through their work in the program. This credential type can be used for all EI/ILP roles except for the Developmental Specialist II-IV roles.
- Developmental Specialists II-IV (SEED Levels 10-12)
 - Requirements for Credential: Completion of all Part C Modules with Quizzes, Study Guide and Supervisory Checklist, supervisory review of IFSP and 2 progress notes/home visits. This credential type can be used to the credential requirement for any role in EI/ILP.

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- If the specialist has completed 3-6 child development credits, they are able to submit a request to the Part C office to accept those credits in place of Module 4: Child Development. The request must contain transcripts for verification.

EIS Contractor

- Credential Specific to EIS Providers who are contractors and work in an Infant Learning Program 20 hours or more per week
 - Requirements: Successful completion of, at minimum, the Part C Modules 1-3 and quizzes and any additional modules applicable to their role in the Infant Learning Program. The local ILP Coordinator is responsible to provide the State ILP Office with a statement of the role of the contractor and reasoning for the modules completed by the contractor before a credential will be issued.
 - Completed modules will be documented on the credential for reference
 - This credential cannot be used to meet the credential requirement for any other EI/ILP role.

Administrator:

- Credential specific to those who administer the Part C Program but who do not provide direct EI/ILP Services to children and families. They must successfully complete all Part C Modules and quizzes.
- This credential type cannot be used to meet the credential requirement for a Developmental Specialist role.

Resources:

The Online Part C Modules: <http://www.akpartccredential.org/>

Administrative access to Part C Modules:

<http://www.akpartccredential.org/administrator/index.php>

See Appendix M Part C Credential

- EI/ILP Part C Credential Checklist
- SEED and Credential Flow Chart Process
- EI/ILP SEED Roles and Responsibilities
- Developmental Specialist Individual Professional Development Plan (IPDP) – optional

Comprehensive System of Personnel Development: SEED Registry

Functional Area:	Required Minimum Component
Policy:	II. General Requirements

The Alaska System for Early Education Development, or SEED, is Alaska's early childhood and school-age professional development system. SEED is housed and managed at threadAlaska.org, Alaska's statewide Child Care Resource & Referral (CCR&R) network. Thread's network of professionals work individually with families and early educators to ensure that they are knowledgeable and supported in guiding children to lifelong success.

SEED is collaborative of a cross sector of early childhood and school-age stakeholders. SEED integrates and recognizes the needs of a diverse workforce, which includes early care and education professionals, certified teachers, early interventionists, administrators, and others working in related positions that serve children pre-natal through age 8 and their families.

The State of Alaska's Early Intervention/Infant Learning Program has partnered with SEED as one of our activities to ensure comprehensive system for personnel development. We have collaborated with SEED to create an Infant Learning Program track on the SEED Career Ladder, which is a path articulating advancement in the early care and learning progression. The career ladder recognizes credit-based education and training. As an Early Intervention Service (EIS) Provider advances their education on the SEED ladder, they can progress in their permitted responsibilities as outlined on the EI/ILP Roles and Responsibilities. The career ladder provides a list of accepted education and credentials for each level which then maps to the EI/ILP Roles and Responsibilities. For example: A practitioner with a Bachelor's degree in Early Childhood Special Education with a current, in state teaching credential would be considered a SEED Level 10 which maps to a Developmental Specialist II on the EI/ILP Roles and Responsibilities.

An EIS Provider who works in the Infant Learning Program 20 hours or more per week must submit an initial SEED Registry application within 30 days of hire or start of contract to obtain a "provisional" registry status. Once the EIS Provider completes the Part C Credential process, they must provide a copy of that credential to SEED to move their "provisional" registry status to "professional." A provisional registry is valid for the first 6 months while the provider completes the process to obtain their credential and will expire at the end of 6 months, unless the provider submits evidence of that completed credential. Due to the potential impact to SEED Levels, an EIS Provider's SEED Registry will be set to expire the same date as their accepted professional licensure or credential. If the provider does not have a professional license or credential, their SEED registry will be set to expire five (5) years from registration. The provider is responsible to ensure they keep SEED updated with any changes to professional qualifications, contact information and personal information.

Resources:

SEED website: <http://www.seedalaska.org/index.cfm/About/>

Thread website: <http://threadalaska.org/>

SEED Career Ladder:

http://dhss.alaska.gov/dsds/Documents/InfantLearning/reports/partC/Final_Career_Ladder_EI-ILP_6-19-17.pdf

SEED Registry Application: <https://akportal.naccrraware.net/alaska/>

See Appendix N SEED Registry

- EI/ILP SEED Levels
- EI/ILP SEED Roles and Responsibilities
- SEED Level Exemption Guidelines
- SEED Level Exemption Checklist for EI/ILP

Data System

Functional Area:	Required Minimum Component
Policy:	XXI. Data Requirements

High quality data ensures the accuracy, timeliness, completeness and consistency of data used throughout the ILP system to evaluate outcomes and identify gaps.

While data quality may once have been considered a ‘nice-to-have’, it has become an absolute necessity, especially for mission-critical applications or those that are required to meet federal reporting and state requirements.

Data quality is important because we need:

- accurate and timely information to support quality service and accountability
- accurate information to manage service effectiveness
- to prioritize and ensure the best use of resources
- report to the governor, state legislature and the federal government about our performance and governance

High quality data is achieved through ensuring that the data reported is accurate, complete, consistent and timely. Because data accuracy is so closely linked to effective training and oversight, state ILP technical assistance staff review program data quarterly to identify gaps, outliers and needs for training and coaching for program coordinators and other ILP staff who utilize Alaska’s ILP database system.

Additionally, Quarterly Narrative and Quarterly Financial Reports are entered into the EI/ILP database, and are required reporting for all EI/ILP grantees. Data cleaning and review should happen at minimum monthly so that Quarterly Reports are efficiently completed. Under Reports, running database Reminders Report, Data Cleaning, and DCR2 Reports monthly will assist in timely data cleaning. And make Quarter Narrative Reporting a simpler task.

An online ILP database training video is available at:

<https://ilp.dhss.alaska.gov/DOCS/WebDbTraining/Video/welcome/welcome.html>

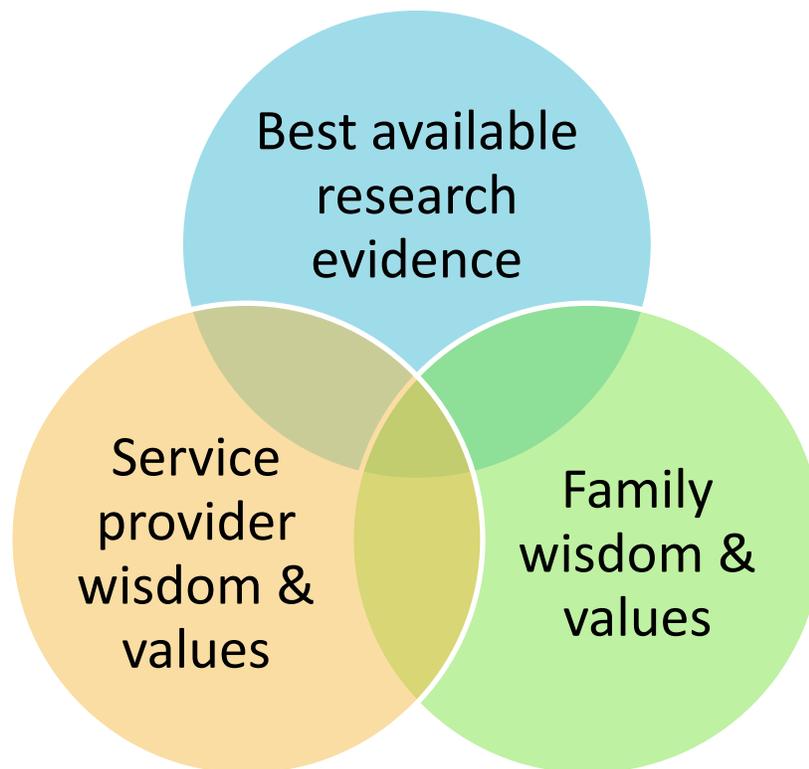
Service Delivery and Quality Outcomes



Evidence Based Practice

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

Early intervention is a dynamic field that requires service providers who are committed to staying abreast of research in the field, translating research into practice all while consider the strengths, needs and preferences of families. Evidence based practice which may also be referred to as clinical practice standards, clinical practice guidelines, or recommended practices, are best approached through a decision-making model that integrates the best available research with family and practitioner wisdom and values as illustrated in the diagram below.



While evidence based early intervention is desired, ‘eminence’ based intervention, or an intervention based on status or superiority is a practice to both be aware of, and avoid.

Evidence Based Early Intervention	Eminence Based Early Intervention
<ul style="list-style-type: none"> • Decision-making process that integrates the best-available research evidence with family & practitioner wisdom & values • Considers characteristics, preferences, strengths, and needs of child and family <p>Buyse & Wesley (2006) Snyder (2006)</p>	<ul style="list-style-type: none"> • Using tradition, folklore, and loose bodies of knowledge to inform practice decisions. • Making the same mistakes [decisions] with increasing confidence over an impressive number of years <p>O'Donnell, 1997, A Skeptic's Medical Dictionary</p>

Patricia Snyder, Ph.D. David Lawrence Jr. Endowed Chair in Early Childhood Studies University of Florida (2006)
 patriciasnyder@coe.ufl.edu

Examples of recommended or evidence based practices in early intervention can be found by following the links below.

DEC (Division for Early Childhood) Recommended Practices www.dec-sped.org

National Association for the Education of Young Children (NAEYC) Developmentally Appropriate Practices www.naeyc.org

See Appendix E: Evidence Based Practice

Tele-Practice

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

Tele-practice, tele-intervention, or virtual home visiting, involves the use of technology, typically videoconferencing, to deliver services from a distance.

Potential Advantages:

- Families can access experts in their own home that may not otherwise be available
- Flexible scheduling is supported
- Increased access for families in remote areas
- Individualized coaching required by this approach, promotes parent skills and confidence
- Services can take place more frequently and within the home environment
- Expanded opportunities for participation by other caregivers

Potential Disadvantages:

- Use of tele-practice requires equipment, bandwidth and understanding of how to and troubleshoot and fully utilize available technology.
- It may interfere with the development of a therapeutic relationship with some parents
- Providers have less control over the learning/intervention environment
- It limits the provider's knowledge of environmental impacts that are observable during face to face visits.

A Practical Guide to the Use of Tele-Intervention in Providing Early Intervention Services to Infants and Toddlers Who Are Deaf or Hard of Hearing can be found at the link below:

<http://www.infanthearing.org/ti-guide/index.html>

See Appendix K: Tele-Practice

Reflective Practice

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

Reflective practice is foundational in supporting the ability to reflect on one's work and in turn engage in a process of continuous learning. It involves *"paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively. This leads to developmental insight"*. Bolton, Gillie (2010) [2001].

Reflective thinking has been defined as *"an active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends."* Dewey (1933)

The goal of the reflective process in the field of early intervention is to enhance providers' capacity for *reflective practice*. According to Brandt (2009), reflective facilitation or reflective supervision is a group or individual experience that supports the providers' *reflective process* as they:

1. Clarify the key beliefs and assumptions that guide their practice and articulate their vision of professional practice;
2. Enhance their appreciation for relationships as the central component of professional practices in the infant-parent and early childhood field;
3. Take stock of the core methods, tools, and practices that characterize their work.
4. Deepen their understanding of the ways in which their personal profile, including their life experiences and culture, shapes their approach to practice;
5. Increase the alignment among their vision, beliefs, assumptions, methods/tools, and other elements of their personal profile within their professional practice;
6. Thoughtfully incorporates new knowledge into practice and examine the elements of this experience;
7. Strengthen their ability to reflect in action with a deepened awareness of the origins of their own reactions, responses, assumptions, and beliefs, and an appreciation for the parallel experience of the other;
8. Construct a professional development process for incorporating new knowledge, skills, and understandings into their work throughout their professional career;
9. Become a more Reflective Practitioner; and,
10. Support young children and their parents, families, and other caregivers in their optimal development.

Alaska Association of Infant Mental Health’s (AK-AIMH) statement regarding the primary objectives of reflective supervision/consultation:

Reflective supervision/consultation is distinct due to the shared exploration of the parallel process. That is, attention to all of the relationships is important, including the ones between practitioner and supervisor, between practitioner and parent, and between parent and infant/toddler. It is critical to understand how each of these relationships affects the others. Of additional importance, reflective supervision/consultation related to professional and personal development within one’s discipline by attending to the emotional content of the work and how reactions to the content affect the work. Finally, there is often greater emphasis on the supervisor/consultant’s ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor/consultant.

Reflective supervision/consultation includes the following primary objectives:

- Form a trusting relationship between supervisor and practitioner
- Establish consistent and predictable meetings and times
- Ask questions that encourage detail about the infant, parent and emerging relationship
- Listen
- Remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to the content affect the process

Reflective supervision/consultation may be carried out individually or within a group. For the purposes of this document, reflective supervision/consultation refers specifically to work done in the infant/family field on behalf of the infant/toddler’s primary care giving relationships.

Reflective supervision/consultation may mean different things depending on the program in which it occurs. A reflective supervisor consultant may be hired/contracted from outside the agency or program, and may be offered to an individual or group/team in order to examine and respond to case material. If the supervisor or consultant is contracted from an outside agency or program, he or she will engage in reflective and clinical discussion, but administrative objectives only when it is clearly indicated in the contract.

If the reflective supervisor/consultant operates within the agency or program, then he/she will most likely need to address reflective, clinical and administrative objectives. When discussions related to disciplinary action need to occur, it is the direct supervisor who addresses them. When the direct supervisor is also the one who provides reflective supervision, some schedule a meeting separate from the reflective supervision time. Others choose to address disciplinary concerns during the regular reflective supervision meeting. Disciplinary action should never occur within a group supervisory/consultation session. In all instances, the reflective supervisor/consultant is expected to set limits that are clear, firm and fair, to work collaboratively, and to interact and respond respectfully.

In sum, it is important to remember that the relationship is the foundation for reflective supervision and consultation. All growth and discovery about the work and oneself takes place within the context of this trusting relationship. To the extent that the supervisor or consultant and supervisee(s) or consultee(s) are able to establish a secure relationship, the capacity to be reflective will flourish.

For more information about reflective supervision requirements and competencies in Alaska visit AKAIMH's website at <http://www.akaimh.org/>

Bolton, Gillie (2010) [2001]. *Reflective Practice: Writing and Professional Development* (3rd ed.).

Brandt, Kristie (2009) *Facilitating the Reflective Process: An Introductory Workbook for the Infant-Parent & early Childhood Mental Health Field*

Appendix H: Reflective Practice

Supervision

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements and XX. Federal & State Monitoring

Merriam-Webster defines supervision as “the action or process of watching and directing what someone does or how something is done. Effective supervision is a key component of quality early intervention services. Three important types of supervision in early intervention include administrative, clinical, and reflective.

Administrative Supervision is focused on oversight and primarily relates to provider agencies management responsibilities regarding compliance with policies, procedures and regulations. Examples of this type of supervision include:

- Hiring and training new staff
- Completing chart reviews for quality and compliance
- Monitoring staff productivity
- Providing ongoing performance feedback and conducting staff performance reviews

Clinical Supervision supports instruction and guidance as it applies to service delivery and includes interactivity between supervisor and supervisee. Examples of this type of supervision include:

- Teaching new skills based on evidence based practices during a team meeting
- Reviewing cases and teaching/recommending specific strategies to improve service delivery.
- Observing home visits and providing constructive feedback.

Reflective Supervision consists of a shared exploration of the parallel process. It provides an opportunity for staff to think about the development of their already existing skills related to their work in helping families develop their already existing skills. Reflective interactions with service providers’ model the interpersonally supportive ‘educational’ interactions service provider should have with parents and parents in turn should have with their children.

The following resources will provide further information for supervisors.

COACHING

Coaching in Early Childhood

<http://www.coachinginearlychildhood.org/ccoaching.php>

Dathan Rush and M’Lisa Shelden describe Coaching and the steps to implementing this evidence based practice.

Virginia’s Coaching Facilitation Guide

http://www.veipd.org/main/pdf/coaching_fac_guide_7.28.15.pdf

This guide provides an overview of Coaching along with strategies and tips for facilitators to use in group settings to further develop staff in Coaching strategies.

Family Guided Routines Based intervention

<http://fgrbi.fsu.edu/approach/approach5.html>

Florida State University describes Coaching and provides resources to further explain strategies for implementation.

REFLECTIVE SUPERVISION

A collection of Tips on Becoming a Reflective Supervisor

https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/program-design/tips-reflective-supervisor-supervisee.html?utm_source=Twitter&utm_medium=Twitter&utm_campaign=EHSNRC%20Reflective%20Supervision%20Guide

Early Head Start provides tips on how to become a reflective supervisor and a reflective supervisee.

Guidelines for Becoming a Reflective Supervisor

<http://first3yearstx.org/guidelines-for-reflective-supervision>

First3Years provides the “Best Practice Guidelines for the Reflective Supervisor” developed by the Leagues of States. Additionally, there are links to training and events.

Texas Department of Assistive and Rehabilitative Services ECI training and Technical Assistance; [Keys to Successful Supervision \(2015\)](#)

<https://hhs.texas.gov/doing-business-hhs/provider-portals/assistive-services-providers/keys-successful-supervision>

Scope of Practice

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

Scope of practice describes the procedures and activities that a service provider is permitted to undertake based on their level of experience and professional licensure. There are three elements that are required to be met to ensure that a provider is functioning appropriately within their scope of practice:

1. Education and training; Does the provider have the academic or on-the-job training and documentation supporting either or both?
2. Governing body; Does the state of Alaska, or federal government that oversees the skill or profession allow (or not explicitly disallow) the item in question?
3. Institution; Does the institution (e.g. State ILP office, OT licensing board, ASHA) allow a person or their profession to do the item in question?

The scope of practice for infant mental health can be used as an example in early intervention of how to approach scope of practice.

Administrative Support Functions



Required vs. Recommended Forms

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

The following table outlines a list of ILP forms that are either required or recommended for use by all statewide Infant Learning Programs. A complete order form listing of available forms and resources can be found in the appendix.

Required	Recommended
Parent Rights and Procedural Safeguards	Step Ahead at Age Three
Prior Written Notice Form	Activity Progress Note Form
State IFSP Form	
LEA Notification (State form is optional, programs may modify form)	
Consent for Evaluation	

Appendix D: Administrative Functions

Required or recommended forms; EI/ILP Order Form

Committee Process

Functional Area:	Service Delivery and Quality Outcomes
Policy:	II. General Requirements

The following guidelines were developed in partnership with statewide Infant Learning Program Coordinators and represent agreed upon elements for ILP committee work. ILP state and program staff and outside agencies participate in ILP committees to support ILP work.

Guidelines for Committees

1. **Clear Purpose:** The primary purpose of each committee is unambiguous and in writing.
2. **Representation:** Attempts are made to include representation of different sized programs, geographic locations and tenure in the state EI/ILP system (i.e. perspectives from both new and experienced staff). At the same time committees are kept to a size that supports meaningful progress (5-7 members). Committee membership is not limited to coordinators only.
3. **Roles:** The roles of committee lead, state staff and committee members are clearly defined.
4. **Membership selection:** Coordinators or other key staff shall submit a letter of interest outlining their unique strengths and experience to the state ILP office. The State ILP office will review letters of interest and evaluate committee representative needs and balance of geographical area representation. Membership on committees will align with the strategic plan.

Committee Lead	State Staff	Committee Members
Meet ahead of time to establish the agenda at least one week prior to meetings		Fully engaged and actively participates in committee meetings
Facilitate meetings <ul style="list-style-type: none"> • Respects time • Promotes full participation 	Sends agenda to committee members	Follows through on tasks assigned or volunteered for

Represents committee focus area at annual EI/ILP Leadership meeting	Makes sure that minutes are taken, filed and distributed to committee members	Come to meetings prepared <ul style="list-style-type: none"> • Reviews agenda, minutes of previous meeting and any other materials provided ahead of time
Follows up with members who have missed a meeting	Reports on progress at State Team meetings	If 3 meetings are missed may be invited to step down
Review goals, celebrate achievement and adjust as needed		

Committee Membership should be reviewed annually with the goal to avoid work overload, to extend the opportunity to serve to all who are interested, including new members. The Committee Lead member should be reviewed by each committee every two years for the same reasons.

System of Payments and Sample Forms

Functional Area:	System of Payments
Policy:	XVIII. Systems of Payment

Most people in our Early Intervention/Infant Learning Program field go into our work to deliver service, but a big part of what a local program has to do is manage the System of Payments. While the Lead office offers some direct training, the following are resources to help you understand an ILP’s role in providing billing policies and procedures to parents and how the use of their insurance or public insurance helps to fund ILP services. All Part C programs are required to provide parents with a system of payment policy, and help them understand how ILP services are funded.

Fiscal monitoring and guidance is a critical component of the lead agency’s overall general supervision responsibilities for EI/ILP accountability. State, Federal IDEA Part C, public and private insurance, and private pay funds are used for EI/ILP operations. The Alaska State policy for Part C System of Payments outlines general requirements concerning the use of private pay and private/ public insurance. State general and Part C funds are awarded through and monitored by the grant award agreements, authorized by AAC 78 Grant Programs.

All ILP Part C programs as a condition of grant awards are required to have in place billing policies and practices that meet requirements of the State System of Payments policy. This will include implementation of rates set by Medicaid; a method of billing for all third party payers; identification of all services for which fees will be assessed; and procedures in place for family cost participation according to state EI/ILP System of Payment Policies –see Section XVIII, EI/ILP Policies and Procedures.

For detailed State policy and fiscal guidance please refer to [Alaska Early Intervention/Infant Learning Program Policies, Methods, and Descriptions to Implement Part C of the Individuals with Disabilities Education Improvement Act](#), XVIII. System of Payments policy. 34 CFR §303.510, 303.520, and 303.521.

EI/ILPs will be required to enroll in the Alaska Medicaid Assistance Program as vendors of ILP targeted case management (TCM) services. EI/ILPs must seek third party reimbursement for case management and other Medicaid reimbursable services listed on the IFSP whenever possible including Outpatient Therapies (OT, PT, SLP, audiology), and other Medicaid services as appropriate and as prescribed. Training on ILP TCM service provision and billing requirements including audit guidance will be provided for all ILP grantees through the [Medicaid Alaska Training Portal for enrolled EI/ILP providers](#).

Federal Part C funds may only be used for Child Find, eligibility determination, and services to children who meet Alaska Part C Eligibility guidelines. Part C funds are the payer of last resort; in accordance with the requirements of 34 CFR, Part C funds may be spent only for Part C activities after other federal, State, local and/or third party funding has been accessed and applied at the child level. Part C will supplement, not replace, existing resources including program income.

System of Payments guidance from the State ILP office, January 4, 2017, “Tools for setting up your program practices and billing policies,” and “Family Consent and Billing packet,” was developed in collaboration with the EI/ILP finance committee and implemented by ILP programs, July 2017.

The forms address Consent to Bill Insurance for the initial provision of service in the IFSP, an Annual Participation Fee Agreement, Chart of Participation Fees, Family Fee Reduction Calculation Worksheet, and the Alaska EI/ILP Fee Policy Summary which must be given any time a new service is added to the IFSP, or there is a change in the frequency, length and duration, or intensity in the provision of existing services in the child’s IFSP. Consent for services is required due to an increase or decrease in frequency, length, duration, or intensity in the provision of existing services in the child’s IFSP. Prior Written Notice and Parent Rights and Procedural Safeguards documentation shall also be provided to families with Consent to Bill and at each change of cost in IFSP services, and at annual IFSP review updates. See appendix for these guidance forms.

See Appendix D: Administrative Functions

- System of Payments guidance from State EI/ILP, January 4, 2017
- Family Consent and Billing packet

Appendix

