

To: All Early Intervention contract managers and FCFC coordinators  
From: Nathan DeDino  
Date: January 3, 2020  
Subject: Early Intervention Program Updates, #2001

## ***MESSAGE FROM THE PART C COORDINATOR***

Welcome to a new year! We are off to an exciting start with this first Program Updates. We would call your attention to two important pieces in this communication. First, we are releasing guidance on documenting eligibility for children with elevated blood lead levels who are referred by the Ohio Department of Health (ODH). Second, we are also releasing a guidance document about how EI and Early Head Start might collaborate to support families. Please be sure to check out both. Best wishes for a happy and healthy new year!

I always invite your feedback. Do not hesitate to contact me at [nathan.dedino@dodd.ohio.gov](mailto:nathan.dedino@dodd.ohio.gov). I look forward to hearing from you.

## ***PROGRAM UPDATES***

### **February 1 LEA Notification**

The February 1 Quarterly LEA Reports are used for our annual compliance analysis, and DODD is responsible for issuing findings of noncompliance in this area where appropriate. The February 1 Quarterly LEA Report may be run no earlier than January 22, 2020 and must be sent to the appropriate LEAs no later than February 1, 2020. *You must also submit a copy of the report to DODD no later than Monday, February 3.* You are strongly encouraged to maintain a copy of the report in the event that it is needed at a later date for monitoring purposes.

If you are not sure which LEA should be selected for a specific child, we encourage you to contact the relevant Educational Service Center (ESC) for clarification. Contact information for all of the ESCs and Public School Districts, along with a map of districts, is available here:

<https://education.ohio.gov/Topics/Data/Ohio-Educational-Directory-System-OEDS>

Please remember that parent rights apply to any shared information if personally identifying details are disclosed.

If you have any questions about the LEA reports, please contact Melissa Courts at [melissa.courts@dodd.ohio.gov](mailto:melissa.courts@dodd.ohio.gov).

## Documentation of Elevated Blood Lead Level Diagnosis and Referral Follow-up

DODD began receiving referrals from ODH for any child with a confirmed blood lead level of at least five micrograms per deciliter in November. Testing entities are required to report this information to ODH, and ODH is then making referrals to Central Intake, as appropriate. Documentation of an EI referral from ODH for a child with elevated blood lead levels will be sufficient documentation of a “diagnosis on the list” for EI eligibility for any referral from ODH made after November 1, 2019. No further documentation of the diagnosis of elevated blood lead levels from a health professional is needed.

In order for documentation of the diagnosis to be compliant with the requirements of 5123-10-2(C)(1)(a), the referral must be from ODH and the contact in the EI Data System (EIDS) from ODH must indicate the diagnosis of elevated blood lead levels. This may be displayed in any or all of the following areas on the contact page of the child record in EIDS: *Diagnosed Physical or Mental Conditions box*; *Consolidated Referral Information box*; or *Referral Notes* (see screenshots below). Print a copy of the applicable contact page to keep in the child’s physical record and use the date you received the EI referral as the date “EI Service Coordinator confirmed diagnosed condition” on Section 3A of the IFSP and the “Documentation Obtained Date” field in EIDS.

A child referred by ODH for elevated blood lead levels is automatically eligible for EI and an evaluation does not need to be completed to determine eligibility. The EISC may request additional diagnosis information from the child’s health care providers, with parent consent, but the eligibility process should not be delayed while awaiting this information if the child was referred by ODH because of an elevated blood lead level.

ODH has requested that EI service coordinators *not* complete and send form EI-14 (Professional Referral Follow-up) for these referrals for children with elevated blood lead levels. Therefore, if ODH would be the intended recipient of EI-14 under 5123-10-02(N)(13) for a child, DODD will *not require* the referral follow-up in this situation.

The screenshot shows a web form titled "Contact Information" with a blue header. Below the header, there are several fields with red asterisks indicating required information:

- \* Contact Direction:** Radio buttons for "Contact In" (selected), "Contact Out", "Correction", and "Transfer".
- \* Contact Date:** A date picker showing "11 / 27 / 2019".
- \* Contact Method:** A dropdown menu with "Email" selected.
- \* Contact from Category:** A dropdown menu with "State Health Department" selected.
- \* Contact from Agency Name:** A text input field containing "Ohio Department of Health".
- \* Contact from Name:** A text input field containing "Ohio Department of Health".

A red rectangular box highlights the "Contact from Category", "Contact from Agency Name", and "Contact from Name" fields.

**Referral Information**

Is there concern about the child's development?:  Yes  No

**Diagnosed Physical or Mental Conditions:**

Available	Selected
Acquired Immune Deficiency Syndrome	Elevated blood lead level of five micrograms per deciliter or greater
Attachment Disorder	
Autism Spectrum Disorders	
Blindness, including visual impairments	
Blood lead level of five micrograms per deciliter or greater	
Cerebral Palsy	
Chromosomal conditions	
Chronic lung disease (bronchopulmonary dysplasia)	
Cranio-facial anomalies	

**Referral Notes:**

Child referred with confirmed elevated blood lead levels. -MMT

Consolidated Referral Information as of: 2019-12-30 11:20 AM

Diagnosed Medical Conditions	Development Delays
Blood lead level of five micrograms per deciliter or greater	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Contact Date: 2019-11-19 03:37 PM - Contact Name: The Ohio Department of Health - Diagnosed Medical Conditions: Blood lead level of five micrograms per deciliter or greater,

## ***RESOURCES AND TRAINING OPPORTUNITIES***

### **Principles of Service Coordination (POSC) Cohort Starts January 14, 2020: Registration Is Available**

Based on feedback from the pilot and first cohort, we have made improvements to the POSC course. Please review this information if you plan to participate in the next cohort, which begins January 14.

A virtual meeting, facilitated by Program Consultant, Steve Guyton, will be held January 14 from 9:00-11:30 am on GoToWebinar. This meeting is *mandatory* to participate in the cohort. It will include an introduction to navigating MyLearning; an overview of the course; and an interactive activity, “Building your Early Intervention Service Coordinator toolbox.”

- Registration is available on MyLearning. If you do not have a MyLearning account, you will need to create one in order to register.
- A calendar with dates for all eight modules will be posted on MyLearning.

- Assignments for each module must be completed within 30 days of the start date for the module.
- A completion certificate will be provided upon successful completion of all eight modules.
- Seasoned EI service coordinators with a transitional five-year EI service coordinator credential may test out of any module by passing the associated assessment. To access the test out option, you must submit a copy of your transitional credential to the instructor. You will then be given a code to access the assessment. CPDUs will not be provided for any modules for which the EI service coordinator tests out.

## **Collaboration between Early Intervention and Early Head Start**

### *Introduction*

Early Intervention (EI) and Early Head Start (EHS) are two distinct early childhood programs. EI serves families with infants and toddlers with developmental delays and disabilities. EHS programs provide family-centered services to low-income families with children under the age of three. These services are designed to promote child development and to empower parents to fulfill their roles as parents and move toward self-sufficiency. By working together, at-risk children and families can benefit from the more intensive services they receive in combination. EI and EHS programs work to connect families to services and resources that might be provided by other programs. To ensure the coordination of both EI and non-EI services that a family is receiving, or could receive, local EI programs should consider ways to partner with EHS providers in their communities. This document details considerations for collaboration between EI and EHS.

### *How can EHS programs support EI programs?*

EHS programs can be valuable partners to local EI programs. Head Start standards require that at least 10% of an EHS program's enrollment should be children with an Individualized Family Service Plan (IFSP). An EHS program might engage in some of the following activities that would benefit local EI programs:

- Assist in the early identification of children potentially eligible for EI
- Conduct developmental screening and ongoing monitoring of children
- Provide weekly home visits and regular socializations
- Support parents' understanding of the importance of intervening early when a child has a developmental delay or disability
- Make referrals to EI for potentially eligible children
- With parent consent, share screening, assessment, and observations with the IFSP team and participate in IFSP meetings
- Serve as a potential funding source for EI services (e.g., nursing or social work services) or provide interpreter services
- Support families in being advocates for their child
- Bring expertise in working and supporting families in poverty and families who are experiencing homelessness.

### *How can EI programs support EHS programs?*

EI programs can also be an important resource to local EHS programs. Some of the activities that an EI program might engage in are the following:

- Assist in the identification of pregnant women and children eligible for EHS who would benefit from parenting education provided by EHS
- Refer families whose children might have some developmental concerns, but the child has been determined not to be eligible for EI
- Collaborate with the EHS Home Visitor on identifying modifications and/or adaptations to the EHS curriculum to address individualized needs of each infant and toddler with a developmental delay or disability.
- With parent consent, invite the EHS provider to participate in IFSP meetings to assist with the identification and development of family and child level goals and school readiness.

- Identify resources that support families with children with disabilities, such as Parent Education and Information Centers, find local and national organizations devoted to a particular disability, or put them in touch with other parents of children with disabilities.

*How should EHS services be documented on a child's IFSP?*

The home visits, curriculum, referrals, and screenings provided by the EHS home visitor are unique to EHS and are not considered EI services. If an IFSP team determines that an EHS service could help support an outcome, the EHS service would be listed in Section 4 of the IFSP under the “supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI)” part of the outcome page.

When a family is dually enrolled in both programs, the programs should, with parent consent, collaborate to share and exchange information about screening, assessment, and observations to ensure that families receive the support that they need.

If the IFSP team, including the EHS provider, identifies a needed EI service and EHS is able and willing to provide and fund the EI service, it would be listed on EI services grid of Section 4 of the IFSP. The funding source would be EHS. Any EI service on the grid is subject to timely receipt of services and other related federal requirements, such as prior written notice and the system of payments. It is important for the EI service coordinator to ensure that the EHS provider, like any other EI service provider, is aware of these requirements and willing to follow them.

Given the many benefits to both EI and EHS programs and the need to ensure the coordination of all the services a family may be receiving, local EI and EHS programs are encouraged to enter into a memorandum of understanding (MOU) to clearly delineate roles and responsibilities. The MOU provides an opportunity for both programs to make explicit federal requirements regarding privacy, procedural safeguards and other protections, and program requirements. The MOU is especially important if an EHS program is providing a service that will be listed on the EI services grid of the IFSP.

<https://eclkc.ohs.acf.hhs.gov/children-disabilities/home-visitors-handbook/working-children-disabilities>

*Conclusion*

Both EI and EHS programs provide important services to many of the same families. Local programs should collaborate to ensure that families are able to access the full array of services potentially available to them while also ensuring that these services are provided in a coordinated fashion to best meet families' needs.

*Resources*

- Head Start Performance Standards <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/ehs-infant-toddler-hspps-chart.pdf> (1302.60;1302.61 and 1302.70)
- Articles:
- Early Head Start and Access to Early Intervention Services: A Qualitative Investigation (Wall, Taylor, Lebow) <https://journals.sagepub.com/doi/pdf/10.1177/02711214050250040301>
- Experiences, Perceptions of EHS Staff with the IFSP process: Practice to Policy (Zhang, Fowler, Bennet)-describes the differences and similarities of EHS and EI:
- <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-61-additional-services-children>
- Early Head Start website: <https://eclkc.ohs.acf.hhs.gov/>