# **EIDS Changes Implemented June 27, 2019**

## **Referrals to Home Visiting**

A new "HV Referrals" tab was added to the left menu for Service Coordinators to document when they make a referral to an ODH-administered home visiting program (Help Me Grow Home Visiting, MIECHV, or Moms and Babies First). When making a referral to Home Visiting, Service Coordinators should document the date the referral was made along with the reason for referral. Multiple referrals for the same child can be documented, if applicable.

HV Referrals	
Early Intervention +	Home Visit Referral List Home Visit Referral Detail
Exit Child	
Manage Documents	
Case Notes	HV Referral Date: / / /
Transfer Child	HV Referral Comment:
History	
	Cause 1
	Save

#### **HV Referrals Report**

A new report that includes a list of children for whom referrals were made to Home Visiting was added to the Report page of EIDS. See Appendix A for a list of fields available on this report.

HV Referrals		
		Ge
County	BEIS Test County	
Contract:	Early Intervention (BEIS Test County Early 🔻	
Agency:	ALL	
Worker:	•	
* Start Date:		_
* End Date:		

### **Screenings**

Hearing, Vision, and Nutrition screenings are no longer required as separate components for the 45 day timeline. Instead, assessing hearing, vision, and nutrition will be completed as part of the overall child assessment. Many of the screenings remain in the dropdown as options to document if they occur. The following dropdown options were removed from the screening dropdown:

- Diagnosis related to Hearing
- Diagnosis related to Nutrition
- Diagnosis related to Vision

**Note:** The Hearing, Vision, and Nutrition screenings also no longer show in the 45-Day reminder message as required components and are no longer included on the 45-Day Compliance Monitoring Report.



# Eligibility

#### **Evaluation**

Dropdown options for an evaluator's profession/discipline were updated to match Appendix B of 5123-10-02. Options are now as follows:

- Counselors
- Developmental specialists, as certified by the department
- Family therapists
- Hearing impairment interventionists including audiologists and teachers of the deaf
- Marriage and family therapists
- Nurses
- Occupational therapists
- Pediatricians, psychiatrists, and other physicians for diagnostic and evaluation purposes
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators including early childhood educators, when licensed for ages three through eight, grades kindergarten through third, or special education
- Speech and language pathologists
- Vision specialists, including ophthalmologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists

Eligibility Assessment Summary Diagnosis Detail Evaluation Detail Out of State Eligibility		
Evaluations determine Part C eligibility		
*Evaluation Tool Name:		
Evaluation Date: / / /		
**Non-Compliance Reason:		
Child's age in months at time of Evaluation Tool: Get Age		
* Administered By #1:		
Profession/Discipline 1 for Administered by #1:		
Counselors		
Developmental specialists, as certified by the Department Family therapists		
Hearing impairment interventionists including audiologists and teachers of the deaf		
Marriage and family therapists		
Nurses		
Occupational therapists Save		
Pediatricians, psychiatrists, and other physicians for diagnostic and evaluation purposes		
Physical therapists		
Psychologists		
wi Registered dietitians Social workers		
Social educators including early childhood educators, when licensed for ages three through eight, grades kindergarten through third, or special education		
Speech and language pathologists		
Vision specialists, including ophthalmologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists		

See Appendix B for a crosswalk of Professions/Disciplines previously available and those now available.



#### Diagnosis on the List

Dropdown options for diagnosis list were updated to match Appendix C of 5123-10-02. Options are as follows:

- Acquired immune deficiency syndrome
- 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
- Cyanotic congenital heart disease
- Deafness, including hearing impairments
- Epilepsy/seizure disorder
- Fetal alcohol syndrome
- Hydrocephalus
- Hypoxic ischemic encephalopathy
- Inborn errors of metabolism
- Infant of untreated mother of phenylketonuria
- Infection, fetal/neonatal (herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- Intraventricular hemorrhage (grade III)\*
- Intraventricular hemorrhage (Grade IV)
- Microcephaly
- Muscular dystrophy
- Neonatal abstinence syndrome
- Severe retinopathy of prematurity\*
- Sickle cell anemia
- Spina bifida
- Spinal muscular atrophy
- Traumatic brain injury
- Very Low Birth Weight\*



Eligibility Assessment Summary Diagnosis Deta	ail Evaluation Detail Out of State Eligibility
Diagnosis Type: Diagnosis on List	
*Based on the diagnosis, in which domains are delays expected?:	(At least one of the following domains needs to be answered "yes")
Communication:	
Social and Emotional:	
Adaptive:	
Cognitive: Physical:	
*Diagnosed Physical or Mental Condition: *Documentation Obtained Date:	•
	Acquired Immune Deficiency Syndrome
**Non-Compliance Reason:	Autachinent Disorder
* Indicates required field.	Autism Spectrum Disorders Blindness, including visual impairments
** Indicates required field	Blood lead level of five micrograms per deciliter or greater
	Cerebral Palsy
	Chromosomal conditions Chronic lung disease (bronchopulmonary dysplasia)
Environment Version 4.0.30319.42000 Build Number: # 0.0.0.0 Site Last updated at ::	Cranio-facial anomalies
	Cyanotic congenital heart disease
	Deafness, including hearing impairments Epilepsy/ Seizure disorder
	Fetal Alcohol Syndrome
	Hydrocephalus
	Hypoxic ischemic encephalopathy Inborn errors of metabolism
	Infant of untreated mother of phenylketonuria
	Infection, fetal/neonatal (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
I	Intraventricular hemorrhage (grade III)
	Intraventricular hemorrhage (Grade IV) Microcephaly
	Microcephary Muscular dystrophy
	Neonatal abstinence syndrome
	Severe retinopathy of prematurity Sickle cell anemia
	Sickie cell anemia Spina bifida
	Spinal muscular atrophy
	Traumatic brain injury
	Very Low Birth Weight (VLBW; less than 1,500 grams)

**Note:** Very Low Birth Weight will continue to be a valid diagnosis on the list when present with Intraventricular hemorrhage (grade III), Chronic lung disease (bronchopulmonary dysplasia), and/or Severe retinopathy of prematurity.

#### Out of State Eligibility

Out of State Eligibility has been removed as a standalone eligibility reason. These data will be visible for any child who was previously made eligible via an out of state IFSP, but this option will no longer be available going forward. Eligibility for children served in another state is detailed in 5123-10-02(C)(1)(d).



### **Child Assessment**

The evaluator profession/discipline dropdowns were updated to match Appendix B of 5123-10-02. Options are now as follows:

- Counselors
- Developmental specialists, as certified by the department
- Family therapists
- Hearing impairment interventionists including audiologists and teachers of the deaf
- Marriage and family therapists
- Nurses
- Occupational therapists
- Pediatricians, psychiatrists, and other physicians for diagnostic and evaluation purposes
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators including early childhood educators, when licensed for ages three through eight, grades kindergarten through third, or special education
- Speech and language pathologists
- Vision specialists, including ophthalmologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists

Assessment List Assessment Detail	
*Assessment Tool/Method Name:	
Assessment Tool/Method Date: / / / m	
**Non-Compliance Reason:	
Child's age in months at time of Assessment Tool/Method: Get Age  * Administered By #1:	
Profession/Discipline 1 for Administered by #1:	1
Counselors	4
Developmental specialists, as certified by the Department	
Family therapists	
Hearing impairment interventionists including audiologists and teachers of the deaf Marriage and family therapists	
Nurses	
Occupational therapists	ave
* India Pediatricians, psychiatrists, and other physicians for diagnostic and evaluation purposes	
** Inde Physical therapists Psychologists	
Environment Registered dietitians	
Social workers	
Special educators including early childhood educators, when licensed for ages three through eight, grades kindergarten through third, or special education	n
Speech and language pathologists Vision specialists, including ophthalmologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists	
vision specialists, including opinitialitologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists	

See Appendix B for a crosswalk of Professions/Disciplines previously available and those now available.



## **Evaluation and Assessment Summary**

The "E&A Summary" tab replaces what was previously "Need for Services." The following fields replace the previous NFS fields:

- *Eligibility and Assessment Process Complete Date:* The date eligibility has been established and all needed assessments have been completed for the child
- Eligibility and Assessment process result: This field has the following dropdown options:
  - The IFSP team, including the family, have decided to develop IFSP outcomes
  - The IFSP team, including the family, have determined there are no outcomes to address at this time
  - The IFSP team has recommended developing IFSP outcomes, but the family has declined

Early Intervention	
Service Coordinators	s <u>Eligibility and Assessment List</u> Eligibility and Assessment Summary
Screenings	
Eligibility	
Assessments	* Eligibility and Assessment process
E&A Summary	* Eligibility and Assessment process // / //
SOP	* Eligibility and Assessment process
IFSP	result:
Archived COSF	Diagnosis on List: The IFSP team, including the family, have decided to develop IFSP outcomes
Transition	The IFSP team, including the family, have determined there are no outcomes to address at this time No Diagnosis on List added to this child.
Exit Child	The insert earling recommended developing inservoticomes, but the family has decimed
Manage Docume	DO have a need for Early Intervention services at this time Diagnosis on Form: DO NOT have a need for Early Intervention services at this time
Case Notes	Diagnosis on Form: DO NOT have a need for Early Intervention services at this time

**Note:** The initial E&A summary will not be accessible until all prerequisites of the IFSP have been completed. After that, the E&A summary page will always be accessible, but will not be able to be saved if the entered date is past the redetermination due date and all of the prerequisites have not been completed.

Note: The E&A summary is not included on the 45-Day Compliance Monitoring Report.

#### SOP

A new left menu option was added to document information from form EI-15 (Determination of Parent Ability to Pay for EI Services) in EIDS. The following fields were added to this new page and data should be documented each time an EI-15 form is completed for a family (minimally within 45 days of the referral and annually):

- Documentation [check box] select all that apply; required field
  - o Ohio Medicaid Card
  - o Ohio WIC Card
  - Parent income
  - o Parent has chosen not to share financial information
- Family income less than or equal to Healthy Start Eligibility for uninsured children (206% FPL) [Yes/No dropdown] - only required if "Parent income" is selected for the Documentation field
- I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is [Dropdown] required field
  - unable to pay for Early Intervention services
  - o able to pay for Early Intervention services
- Date of Parent Signature [date field] required field



Early Intervention – Service Coordinators	SOP List System of Payments
Screenings	
Eligibility	
Assessments	Documentation: Ohio Medicaid Card
E&A Summary	Ohio WIC Card
SOP	Parent Income
IFSP	Parent has chosen not to share financial information
Archived COSF	Family income less than or equal to Healthy Start Eligibility for uninsured children (206% FPL) :
Transition	I have seen and reviewed the documentation provided by the
Exit Child	parent per OAC 5123:2-10-03 (D) and have determined the
Manage Documents	parent is :
Case Notes	Date of Parent Signature : / / m
Transfer Child	
History	Save Cancel

#### **SOP Extract**

A new report that includes a list of EI-15 forms completed was added to the Report page of EIDS. See Appendix A for a list of fields available on this report.

SOP Extract		
County:	BEIS Test County	۲
Contract:	Early Intervention (BEIS Test County Early	•
Agency:	ALL	•
Worker:		•
* Start Date:		
* End Date:		

#### **IFSP**

The field *Service is needed to meet the following outcome* to *Service is needed to meet the following outcome(s)* and a reminder message indicating that all outcomes for the service should be entered was added. To reflect adjustments made to the IFSP form, when documenting services on the grid of the new IFSP form, <u>all outcomes addressed by the selected service</u> should be added in the *Service is needed to meet the following outcome(s)* box exactly as they are written or typed on the grid on section 4 of the IFSP Form (EI-04). When documenting services listed on the gird of the previous version of the IFSP form, each outcome should continue to be documented in EIDS separately to match how they are listed on the grid.

Add IFSP Detail	
*IFSP date:	
*IFSP Type:	T
** Developing Positive Social-emotional relationships - Relative to same age peers:	•
** Acquiring and using Knowledge and Skills - Relative to same age peers:	T
** Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:	<b>v</b>
IFSP Service:	
*EI Service Type:	۲
*Location/Setting:	•
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	
**Justification is provided on the IFSP:	T
Method:	Ŧ
*How Often:	Times/
*Session Length:	Hours     Minutes
*Provider Agency:	Υ
*Funding Source:	<b>T</b>



# **Transition**

#### TPC

The following fields were removed from the TPC page:

- Family Income Bracket
- Immunization Status On Entrance
- Healthcare Provider On Entrance
- Did parent(s) give consent for LEA to attend the Transition Planning Conference?
- Was the LEA invited to the Transition Planning Conference?"

The following options were added under the TPC participant list

- Provider
- Other this field is an open text box where users can document any other participants

The following dropdown option was added to the *What destination was identified on the IFSP for transition at age 3?* Field:

• Community program

د	* Transition Planning Conference	Participants:	Service Coordinator	Yes	O No
			Private Preschool	Yes	O No
			Family Members	Yes	O No
			LEA Representative	Yes	O No
			Public Preschool	Yes	O No
			Head Start	Yes	O No
			Child Care	Yes	O No
			Parent	Yes	O No
			EI Service Provider	Yes	○ No
			Other		
	* Child is potentially eligible	e for Part B?	🔍 Yes 🔍 No		
* What destinat	* What destination was identified on the IFSP for transition at age 3?				

#### **Transition Extract**

A new report that includes comprehensive data regarding Transition, including that related to TPC, Steps and Services, and LEA notification, was added to the Report page of EIDS. See Appendix A for a list of fields available on this report.

Transition Extract			
			Get Report
	County:	ALL T	]
	Contract:	▼	]
	Agency:		]
	Worker:	<b>•</b>	]
	* TPC and Steps & Services due on/after:		
	* TPC and Steps & Services due on/before:		



## Exit

The following exit reasons are now available.

Exit Reason: Child screened and not suspected of having a disability

- **Exit Destination** options for this exit reason:
  - Child Care Center
  - Community Program(s)
  - County Board of DD
  - o Family Care Center
  - Head Start
  - o Home
  - o No Destination Identified
  - Private Preschool
  - Public Preschool

Exit Reason: Child transitioned to part B services with an IEP prior to three years of age

• Exit Destination option for this exit reason: Part B

Exit List Exit Detail	
Child's Third Birthday:	10/31/2021
Days Until Child's Third Birthday:	
*Exit Date:	
*Exit Reason:	
Did the child have an IEP in place on his/her 3rd B-day?	
*Exit Destination:	Child is deceased Child/Family not eligible
* Developing Positive Social-emotional relationships - Relative to same age peers:	Child/Family not in need of services Child screened and not suspected of having a disability
* Has the child shown any NEW SKILLS or BEHAVIORS related to developing positive social-emotional relationships since the last Child Outcomes Summary	
rating?	
* Acquiring and using Knowledge and Skills - Relative to same age peers:	Family no longer interested Family refused program requirements
* Has the child shown any NEW SKILLS or BEHAVIORS related to acquiring and using knowledge and skills since the last Child Outcomes Summary rating?	
<ul> <li>* Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to</li> </ul>	Reached Age 3, Part B eligibility not determined
same age peers: * Has the child shown any NEW SKILLS or BEHAVIORS	Redetermined no longer eligible Referred to Help Me Grow less than 45 days prior to 3rd birthday
related to Taking appropriate action to meet needs, actting from place to place, taking care of basic needs	



# **Appendix A – Fields Included on New Reports**

### **Referrals to Home Visiting**

This report includes all referrals made by an EI program to Home Visiting in the user-specified timeframe, as documented in EIDS. Each row is a unique referral date for a unique child.

- County
- Last Name
- First Name
- ETID
- Birthdate
- Sex
- Race(s)
- Ethnicity
- MR SC
- MR SC Agency
- Parent Last Name

- Parent First Name
- Parent Relationship
- Parent Primary Language
- Parent Phone Number
- Parent Address 1
- Parent Address 2
- Parent City
- Parent State
- Parent Zip
- Date HV Referral Made
- Reason for HV Referral

#### SOP

This report includes all information from all EI-15 forms completed in the user-specified timeframe, as documented in EIDS. Each row is a unique parent signature date on a form for a unique child.

- County
- Last Name
- First Name
- ETID
- Birthdate
- Sex
- Race(s)
- Ethnicity
- MR SC
- MR SC Agency
- Parent Last Name
- Parent First Name
- Parent Relationship
- Parent Primary Language
- Parent Phone Number

- Parent Address 1
- Parent Address 2
- Parent City
- Parent State
- Parent Zip
- Documentation
- Family income less than or equal to Healthy Start Eligibility for uninsured children (206% FPL)
- I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is
- Date of Parent Signature



# **Transition**

This report includes all children with a TPC due during the user-specified timeframe.

- County
- Last Name
- First Name
- ETID
- Birthdate
- Sex
- Race(s)
- Ethnicity
- MR SC
- MR SC Agency
- Parent Last Name
- Parent First Name
- Parent Relationship
- Parent Primary Language
- Parent Phone Number
- Parent Address 1
- Parent Address 2
- Parent City
- Parent State
- Parent Zip
- El Referral Date
- Initial IFSP Date
- School District
- Transition Contact Info Shared Date
- Transition Contact Info Shared

- Did Parent Consent to TPC?
- Date Declined Consent to TPC
- Third Birthday
- TPC Due
- TPC Date
- Days from TPC to Third Birthday
- TPC NCR
- SC Participant
- Private Preschool Participant
- Family Members Participant
- Lea Representative Participant
- Public Preschool Participant
- Head Start Participant
- Child Care Participant
- Parent Participant
- Other Participant
- Is child potentially eligible for Part B?
- What destination was identified on the IFSP for transition at age 3?
- Transition Steps and Services Date
- Transition Steps and Services NCR
- Transition Steps and Services
- Exit Date
- Exit Reason
- Exit Destination

# Appendix B – Discipline List Crosswalk

Previous Profession/Discipline List	Current Profession/Discipline List
Counseling	Counselors
Early childhood education (licensed for ages 3-8)	Special educators including early childhood educators, when licensed for ages three through eight, grades kindergarten through third, or special education
Early childhood education (licensed for grades kindergarten through third)	
Early childhood education (licensed for special education)	
Early intervention	Developmental specialists, as certified by the Department
Hearing impairment intervention	Hearing impairment interventionists including audiologists and teachers of the deaf
Medicine	Pediatricians, psychiatrists, and other physicians for diagnostic and evaluation purposes
Psychiatry	
Mental health	
Nursing	Nurses
Occupational therapy	Occupational therapists
Physical therapy	Physical therapists
Psychology	Psychologists
Social work	Social workers
Speech-language pathology	Speech and language pathologists
Visual impairment intervention	Vision specialists, including ophthalmologists, optometrists, teachers of the visually impaired, and orientation and mobility specialists
	Family therapists
	Marriage and family therapists
	Registered dietitians