

**Help Me Grow Overview for Public Children Service Agencies**  
**March 10, 2021**  
**Frequently Asked Questions**

**Q: If an infant/child is in the temporary custody of Children Services, and is referred to HMG, does the biological parent need to give permission for services or can Children Services (temporary custodian) give permission for services?**

A: ODH: The temporary custodian would be considered the current primary caregiver and would sign the consent form for home visiting services.

DODD: For Early Intervention, follow the guidance here: [https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Guidance-Document-Parents-and-Parental-Consent-in-EI\\_022019.pdf](https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/Guidance-Document-Parents-and-Parental-Consent-in-EI_022019.pdf)

**Q: Please clarify whose parent consent is needed for communication among caseworkers, service coordinators, and home visitors - PCSA, HMG, or either?**

A: ODH: Consent forms and release of information would be completed with the current primary caregiver of the child(ren) referred.

DODD: The caregiver with custody should complete the EI-06 release of information.  
<https://ohioearlyintervention.org/storage/ocali-ims-sites/ocali-ims-oei/documents/06-Consent-for-Release-of-Records-and-Consent-for-Release-Exchange-of-Information-06122019.pdf>

**Q: Could you please clarify for me who is eligible to receive Home Visiting services? I understand that foster parents are not eligible, but are kinship placements eligible?**

A: ODH: Yes, kinship caregivers are eligible to participate in services when they are the primary caregiver of the child(ren) referred. The definition of caregiver in OAC states "Caregiver" means a parent or relative who has assumed an active role in the health and welfare of a child eligible for home visiting services. Another relative definition in OAC is "Parent" meaning the adult caregiver responsible for a child's health and well-being. These definitions intentional do not indicate bio-parent to allow for the eligible adult that is assuming responsibility for the referred child to participate in the home visiting services.

**Q: Can a foster child receive early intervention services in the Children Services Agency during a visit with the bio parent?**

A: DODD: The location of all EI services is determined by the IFSP team. The IFSP team should consider how any location supports the parent or caregiver with meeting the IFSP outcomes, whether the strategies can be

implemented and taught at the location, and how the activity setting supports the priorities of the family as reflected in the IFSP outcomes.

**Q: When can Home Visiting services be provided to a child in foster care?**

A: ODH: Home Visiting services are permitted when a child is in foster care when family reunification is the goal. A parent or caregiver who is actively working with CPS to regain or obtain custody must be present for the service to be allowable.

**Q: If there is a case plan and a court order from juvenile court that states there must be a developmental assessment, if the family does not want to participate, you will not do the assessment?**

A: DODD: That is correct. EI is voluntary but any consequences from declining the assessment would be from juvenile court.

**Q: Can you repeat the information for the delay for Early Intervention?**

A: DODD: For developmental delay, a child needs to exhibit 1.5 Standard Deviation or more in one or more developmental domain (cognition, communication, adaptive, social-emotional and adaptive). The Bayley or the Battelle are the two approved evaluation tools in Ohio.

**Q: How/to whom can we request IFSPs from Early Intervention for kids in our custody?**

A: DODD: You can request a copy from the parent or request a copy of the IFSP from the EI Service Coordinator and the EISC will obtain parent consent to share the IFSP with you.

**Q: Will you address what an agency is to do when the child is over 2.5 years old, but not yet 3 years old. Sometimes, county agencies are told by Help Me Grow they won't do the assessment, but the agency should "wait" until the child is 3 and then make a referral for Preschool Special Needs program assessment.**

A: DODD: Children are eligible for Early Intervention up to age three. Any child referred more than 45 days prior to their third birthday who is eligible and can be served in EI. If a child is referred to EI less than 45 days before their third birthday, central intake and referral will assist the family in connecting to their local school district.

**Q: Can HV please repeat services that can be provided when child is in foster care with a care giver who is not a relative.**

A: ODH: Home Visiting services are permitted when a child is in foster care when family reunification is the goal. A parent or caregiver who is actively working with CPS to regain or obtain custody must be present for the service to be allowable.

**Q: When Central Intake makes a phone call to the family about HV services, do they let them know that someone from local EI will also be contacting the family when it is a CAPTA referral also?**

A: ODH: If the referral indicates the reason for referral is applicable to both the Early Intervention and Home Visiting programs, Central Intake will explain and offer both services. If the parent agrees and is referred to both or either services Central Intake does inform them that their next contact will be from either their local Early Intervention Service Coordination provider and/or their local Home Visiting provider.

**Q: Could you please provide a complete list of qualifying medical diagnosis for EI referral?**

A: DODD: Here is the link to the dx conditions <https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/resources/5123-10-02+appendix+c>

**Q: If a child is enrolled in both HMG HV and HMG EI, does HMG HV continue to use the ASQ and ASQ-SE even though EI has identified a delay and is providing on-going assessment of development?**

A: ODH: No, home visiting programs have received guidance that is not appropriate to complete ASQs while the child is enrolled in Early Intervention. The parent can request ASQ's to be completed and ASQ's can start to be completed if the child is exited from Early Intervention.

**Q: Have the services changed at all due to COVID or are home visiting services still in the home regularly?**

A: ODH: As of March 2020, ODH has required the Home Visiting program to serve families virtually and have created additional opportunities for providers to support families during virtual visits. ODH continues to share guidance with the field regarding face-to-face visits as state guidelines are updated.

DODD: The vast majority of EI services are currently occurring virtually. However, through the IFSP process, some counties do complete some services in-person when necessary and when they can be completed safely.

**Q: How specifically are caseworkers informed of declined services?**

A: ODH: If the family declines services for home visiting, Central Intake will complete a referral follow-up to the professional referral source that submitted the referral on behalf of the family. If the family is referred from Central Intake to a home visiting provider and then declines services, the home visiting provider will obtain a parent consent form to complete a referral follow-up to the professional referral source.

DODD: For children referred to EI, referral follow up only occurs with parent consent. If a parent does not give consent to share this information, the EI service coordinator will not provide referral follow up.

**Q: Will you go over the definition for "affected" when referring to CARA? "Child affected by drug/alcohol exposure." Does an infant with a positive tox for THC at birth but with no withdrawal or diagnoses believed to be from THC exposure still mean "affected by" the substance?**

A: ODJFS: Definitions for these terms have been added to Ohio Administrated Code 5101:2-1 Children Services Definition of Terms.

Substance affected infant is defined as a child under the age of 12 months who has any detectable physical, developmental, cognitive, or emotional delay or harm which is associated with a parent, guardian, or custodians' abuse of a legal or illegal substance; excluding the use of a substance by the parent, guardian, or custodian as prescribed.

Substance Exposed Infant is defined as a child under the age of 12 months who has been subjected to legal or illegal substance abuse while in utero.

These definitions are specific to the CARA population.

To answer your question regarding THC. An infant who tests positive at birth for THC is an infant who has been exposed to an illegal substance while in utero, which categorizes this as an exposed infant, per CARA legislation. As a result of this, a referral is required to Child Welfare. The reporter calling the referral into Child Welfare is expected to provide Child Welfare with information obtained from mother and any collateral agency she is working with regarding her treatment, infant's safety, as well as information regarding any other parent, or caregiver residing in the home in which infant will be released from the hospital to. Dependent on the information received by Child Welfare and whether the Plan of Safe Care is adequate the referral will be screened in for an assessment investigation by Child Welfare or the referral will be screened out with no further Child Welfare involvement. If the referral is screened out, it is the expectation that any involved community agency will continue to monitor the Plan of Safe Care and safety of the infant. If concerns arise, another referral to Child Welfare should be made.

**Q: If a mother discloses substance abuse during the prenatal period and the child is now 2 years old; is a provider mandated to report that to CPS?**

A: ODJFS: A child who is two years old does not fit into the CARA population and requirement for a Plan of Safe Care. CARA is specific in only including infants 12 months or younger. If there are other safety or risk concerns outside of substance abuse during prenatal period, a referral should be made.

**Q: In SACWIS, the HMG referral occurs through the case services in the case plan. If a case is closing and a case plan is not being created, a referral would not be made through this route. Would a case worker then use the PDF referral form?**

A: ODJFS: Case services can be recorded in SACWIS with or without a case plan. If the case will be closed after assessment/investigation, the Help Me Grow case service and referral should still be recorded in SACWIS and the SACWIS generated report should be used to make the referral. This ensures all needed data is captured in SACWIS and saves time for the case worker by pulling much of information into the form automatically.

**Q: Will the new 8021 form be auto generated/filled out from the SACWIS system? OR will the caseworker need to fill it out themselves?**

A: ODJFS: The new form will be in SACWIS beginning Friday, March 19, 2021. Until then, the PCSAs should continue to use the current version of the form that is in SACWIS.

**Q: Outside of the Activity Log, is there a report in SACWIS or ROM that shows referrals made to HMG?**

A: ODJFS: There is not currently a report available. If you have a need for an administrative report with this data, a request, specifying the data that should be included, may be submitted via the SACWIS Help Desk.

**Q: Is this presentation required for PCSA caseworkers and sups?**

A: ODJFS: This presentation is not required, but an invitation was sent to all Ohio PCSAs, and the recording has been posted to the SACWIS Knowledge Base for those who were unable to participate live.

**Q: I would like to know how many PCSA agencies were invited to this webinar. And how many PCSA agencies are present today.**

A: PCSA case workers and EI and HV contract managers were invited to the webinar. This webinar is an exciting starting point to facilitate relationship building at the local level. We recommend that EI and HV leadership reach out to their local PCSAs to answer any additional questions they may have. If a staff at the PCSA were unable to attend, please send them the link to the webinar.