

## Ohio Early Intervention Compliance Indicator Verification Standards

This guidance document is intended to serve as an additional checklist for compliance documentation. It is not an exhaustive list of requirements and does not address related requirements. If you have questions about documentation and/or compliance, please contact your EI program consultant.

### 45-Day Verification

*The child's EIDS# should be on the upper right corner of every page of every verification document (unless already present on the page).*

Component		Verification document	Source of information	Requirement
Eligibility	Eval (including ICO)	IFSP	Section 3A  Section 3B  Section 3E	First box checked with date  I - IV complete, as applicable  Team member information Evaluator(s) represent two disciplines/licenses
	Diagnosed condition on the list (any)	IFSP  Documentation confirming the qualifying diagnosed condition	Section 3A  Document from health professional confirming diagnosis	Second box checked Diagnosis listed Date EISC received documentation confirming diagnosis  Child's name Child's diagnosis Professional's signature <i>or</i> authorization (a professional licensed to diagnose and treat mental or physical conditions) <i>Examples include a signed note from the physician, a hospital discharge document with the diagnosis and physician's name, an email with an electronic signature from the health professional, a diagnostic report that includes the diagnosing physician's name, etc. Documentation can be obtained via hard copy, photocopy, or digital image.</i>

Component		Verification document	Source of information	Requirement
	If the diagnosis is <b>elevated blood lead levels (EBLLs)</b> or <b>neonatal abstinence syndrome (NAS)</b> , and the referral was made by ODH, alternative documentation may be submitted	IFSP  Contact page of the child record in EIDS	Section 3A  Diagnosed Physical or Mental Conditions box OR Consolidated Referral Information box OR Referral Notes	Second box checked Diagnosis listed as elevated blood lead levels or NAS Date EISC received documentation confirming diagnosis reflects date EI referral received  Print a copy of the applicable contact page which indicates a referral from ODH for elevated blood lead levels or NAS
	Diagnosis on the form	IFSP  Form EI-12	Section 3A  Entire form	Second box checked Diagnosis listed Date EISC received completed EI-12 confirming diagnosis  Child's name and DOB Specific diagnosis At least one box checked for potential area of delay Health professional information, including signature Date form received by EISC
	Children who move to Ohio from out of state	See appropriate category above		Within 180 days prior to EI program referral
Child Assessment		IFSP	Section 3E	Strengths and needs complete Completion date documented next to team information or in case note Team member information Assessor(s) represent two disciplines/ licenses

<b>Component</b>	<b>Verification document</b>	<b>Source of information</b>	<b>Requirement</b>
Family Assessment Date	Form EI-03  <b>In addition, if consent given:</b> IFSP	Entire form  Section 3C	Child's name, DOB Consent choice checked Parent signature and date Date FDA offered  FDA summary completed Date Approved tool
IFSP - consent for services	IFSP	Header  Section 5	IFSP type and date  Parent signature and date EISC signature and date Eval and Assessment team
NCR	Case note	Case note with date/s (Case notes may be documented on paper or electronically)	Must support reason and reflect date within 45-day window* Date of case note Signature or initials
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event

\*Note that the federal regulations require that any late activities be completed as soon as possible after the documented exceptional family circumstances no longer exist.

## TRS Verification

*The child's EIDS# should be on the upper right corner of every page of every verification document (unless already present on the page).*

<b>Component</b>	<b>Verification document</b>	<b>Source of information</b>	<b>Requirement</b>
IFSP date	IFSP	Header  Section 5	IFSP type and date  Parent signature and date EI Service Coordinator signature and date
New service added	IFSP	Section 4	Outcome identified All new EI services listed on the grid (EI Services) Service type, Method, Location, How often, Session length, Provider agency, Funding source, and Projected end date complete Projected end date not past third birthday
Service start date	Service provider note	Any written service provider note	Documentation of the early intervention services provided, including: date, length, duration, frequency, intensity, method of delivery, location, and all activities related to Individualized Family Service Plan outcomes Provider name and discipline Provider within his/her licensure (provider and service type must match) Information was provided to, or intervention occurred with, the family Provider signature
	Service provider form	Any written service provider form	
NCR	Case note	Case note with date/s (Case notes may be documented on paper or electronically)	Must support reason and reflect date within 30-day window* Date of case note Signature or initials of service provider
	Other sources, such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event

\*Note that the federal regulations require that services start as soon as possible after the parent consents to the service.

## Transition Verification

*The child's EIDS# should be on the upper right corner of every page of every verification document (unless already present on the page).*

<b>Component</b>	<b>Verification document</b>	<b>Source of information</b>	<b>Requirement</b>
Steps and Services	IFSP	Section 4	“Outcome addresses transition” checked Transition outcome written Strategies section completed
		Section 5	Parent signature and date EI Service Coordinator signature and date Date is within required timeline
Transition Planning Conference (TPC)	Form EI-07  <b>In addition, if consent given:</b> IFSP	TPC section	Consent choice checked Parent signature and date
		Header	IFSP type and date “TPC” written next to IFSP date or a case note documenting TPC date
		Section 1	Date of birth
		Section 5	Parent signature and date EI Service Coordinator signature and date
NCR	Case note	Case note with date/s (Case notes may be documented on paper or electronically)	Must support reason and reflect date prior to due date* Date of case note Signature or initials
	Other sources such as a newspaper article, email, etc.	Dated document with details of event (weather emergency, closure, etc.)	Documentation with details of event

\*Note that the federal regulations require that any late activities be completed as soon as possible after the documented exceptional family circumstances no longer exist.