## **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**

	Verification document	Source of information	Requirement
ld record	Every document	Upper right corner of each page, if not already on page	Must be on all pages
Eval (including ICO)	IFSP	Section 3A	First box checked with date
		Section 3B	I - IV complete, as applicable
		Section 3E	Team member information
			Evaluator(s) represent two disciplines/licenses
Diagnosed condition on the list	IFSP	Section 3A	Second box checked Diagnosis listed Date EISC received documentation confirming diagnosis
	Documentation	Document from health	Child's name
	confirming the	professional confirming	Child's diagnosis
	qualifying diagnosed condition	diagnosis	Professional's signature <i>or</i> authorization (a professional licensed to diagnose and treat mental or physical conditions)
			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.
	Eval (including ICO)  Diagnosed condition on	Diagnosed condition on the list   Documentation confirming the qualifying diagnosed	Condition on the list   Document

Component		Verification document	Source of information	Requirement
	Diagnosis on the form	IFSP	Section 3A	Second box checked Diagnosis listed Date EISC received completed EI-12 confirming diagnosis
		Form EI-12	Entire form	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 Assessm	ent	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
Family Assessment Date		Form EI-03  In addition, if consent	Entire form	Child's name, DOB Consent choice checked Parent signature and date Date FDA offered
		given: IFSP	Section 3C	FDA summary completed Date Approved tool
IFSP - consent	for services	IFSP	Header	IFSP type and date
			Section 5	Parent signature and date EISC signature and date Eval and Assessment team

Component	Verification document	Source of information	Requirement
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

<sup>\*</sup>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**

Component	Verification document	Source of information	Requirement
EIDS # on child record	Every document	Upper right corner of each page, if not already on page	Must be on all pages
IFSP date	IFSP	Header	IFSP type and date
		Section 5	Parent signature and date El Service Coordinator signature and date
New service added	IFSP	Section 4	Outcome identified All new El services listed on the grid (El 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 provider form	Any written service provider form	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
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

Component	Verification	Source of information	Requirement
	document		
	Other sources, such	Dated document with details of	Documentation with details of event
	as a newspaper	event (weather emergency,	
	article, email, etc.	closure, etc.)	

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

## **Transition Verification**

Component	Verification document	Source of information	Requirement
EIDS # on child record	Every document	Upper right corner of each page, if not already on page	Must be on all pages
Steps and Services	IFSP	Section 4	"Outcome addresses transition" checked Transition outcome written Strategies section completed
		Section 5	Parent signature and date El Service Coordinator signature and date Date is within required timeline
Transition Planning Conference (TPC)	Form EI-07  In addition, if consent given:	TPC section	Consent choice checked Parent signature and date
	IFSP	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 El 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

<sup>\*</sup>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.