

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

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
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 a physician, a hospital discharge document with the diagnosis and physician's/health professional's name, an email with an electronic signature or other authorization from the health professional, a</i>

Component	Verification document	Source of information	Requirement	
			<p><i>diagnostic report that includes the diagnosing physician's/health professional's name, etc. Documentation can be obtained via hard copy, photocopy, or digital image.</i></p>	
	<p>If the diagnosis is an elevated blood lead level (EBLL), neonatal abstinence syndrome (NAS), or hearing loss and the referral was made by ODH (State Health Department), alternative documentation may be submitted</p>	<p>IFSP</p> <p>Contact page of the child record in EIDS</p>	<p>Section 3A</p> <p>Diagnosed Physical or Mental Conditions box OR Consolidated Referral Information box OR Referral Notes</p>	<p>Second box checked Diagnosis listed as EBLL, NAS, or hearing loss Date EISC received documentation confirming diagnosis reflects date EI referral received</p> <p>Print a copy of the applicable contact page which indicates a referral from ODH for EBLL, NAS, or hearing loss</p>
	<p>If the diagnosed condition is on the list and the referral came from HBCF and the diagnosis was confirmed by CI&R on the slider on the Contact page, alternative documentation may be submitted</p>	<p>IFSP</p> <p>Contact page of the child record in EIDS</p>	<p>Section 3A</p> <p>Diagnosed Physical or Mental Conditions box OR Signed HBCF Referral Form with dx on the list checked</p>	<p>Second box checked Diagnosis listed Date EISC received documentation confirming diagnosis reflects date EI referral received</p> <p>Print a copy of the applicable contact page or referral form which indicates a referral from HBCF with a diagnosed condition on the list confirmed by CI&R</p> <p>*Note: In some cases, the HBCF may have submitted medical records that can confirm a diagnosis independent of what is on the contact log in EIDS. EISCs should always carefully review any materials submitted with a referral.</p>

Component		Verification document	Source of information	Requirement
	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
Family Assessment Date		Form EI-03 In addition, if consent given: 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

Component	Verification document	Source of information	Requirement
			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

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 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 (physical or electronic signature) or name entered into role-based system (e.g., Gatekeeper, Brittco, etc.) that identifies and authenticates the author of the note.
	Service provider form	Any written service provider form	

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 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

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 Section 5	“Outcome addresses transition” checked Transition outcome written Strategies section completed Parent signature and date EI Service Coordinator signature and date Date is within required timeline
Transition Planning Conference (TPC)	Form EI-07 In addition, if consent given: IFSP	TPC section Header Section 1 Section 5	Consent choice checked Parent signature and date IFSP type and date “TPC” written next to IFSP date or a case note documenting TPC date Date of birth 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.