

Verification Compliance Standards (effective 7/1/19)



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	Comments
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	IFSP Document from health professional	Section 3A Document from health professional confirming diagnosis	Second box checked Diagnosis listed Date SC received documentation confirming diagnosis Child's name Child's diagnosis	

Component		Verification document	Source of information	Requirement	Comments
		confirming diagnosis		Professional's signature (a professional licensed to diagnose and treat mental or physical conditions) (Hospital discharge documents with the required information and an electronic signature or authorization from a qualified health professional are acceptable – submit a copy to your EI Program Consultant if you are not sure if a form is acceptable)	
	Diagnosis on the form	IFSP Form EI-12	Section 3A Entire form	Second box checked Diagnosis listed Date SC 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 SC	
	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	

Component	Verification document	Source of information	Requirement	Comments
			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 SC 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	

*Pending guidance

TRS Verification

Component	Verification document	Source of information	Requirement	Comments
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 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		

Component	Verification document	Source of information	Requirement	Comments
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	

Transition Verification

Component	Verification document	Source of information	Requirement	Comments
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 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 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	