Rhode Island Early Intervention Policies and Procedures
Referral and Intake

Certified Early Intervention providers must develop policies and procedures to ensure all families who have an infant or toddler suspected of having a disability receive a timely response to referral and the completion of an Intake with the family to gather comprehensive information in order to plan the evaluation/assessment.

Referral

Referral procedures include:

- EI Providers must select a catchment area of the cities and towns they serve. Each city and town must have at least 2 EI providers. Catchment areas are updated by providers twice yearly and must be approved by the lead agency.

- Referrals to EI providers must be accepted by telephone, fax, letter, or in person by families, state and community agencies, health insurers, and health care providers. Confirmation of the receipt of the referral may be provided to the referral source.

- Referrals to the EI provider by primary referral sources are made as soon as possible but in no case more than seven days after the child is identified as being in need of EI evaluation and assessment.

- Providers must accept all referrals in their catchment area. If there are circumstances that prevent a provider from a timely response to a referral the provider will inform the lead agency and assist the family to access another program.

- Referrals will be accepted by EI providers for children up to 34.5 months. Children referred older than 34.5 months are referred directly to the LEA and SEA with parental consent.

- Information from a primary referral source is considered confidential under the Family Educational Rights and Privacy Act (FERPA). With parental consent the primary referral source will receive timely feedback from the EI provider regarding whether or not the child was found eligible for EI. Feedback must be provided in a written format to the primary referral source within 45 days of referral and must be documented in each child's record. If a family is unable to be located the EI provider must contact the primary referral source for updated contact information.

- The EI provider must appoint a service coordinator as soon as possible for each referral.

- All information related to a referral must be recorded on the most recent version of the Rhode Island Early Intervention Referral and Demographics form and entered into the Welligent data system

Referral *(continued)*

- A complete referral is defined as information received by a referral source which includes enough demographic information to enable the EI program to contact the family. The referral date is the date of the receipt of a complete referral.

- All infants and toddlers referred must have a multidisciplinary evaluation/assessment and initial IFSP meeting conducted within 45 days of referral. The only exceptions to the 45-day time line are:
    - exceptional family circumstances which caused a delay that are documented in the child's EI records; or
    - the parent has not provided consent despite documented, attempts by the EI provider.

- Procedures related to children referred to Early Intervention for a second time are found in the latest version of the IFSP Guidance Document is available at http://www.ric.edu/sherlockcenter/ei.html).

CAPTA Referrals

303.27 Parent

Section 303.27 of IDEA defines parent as
(A) a biological, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent);
(B) a guardian authorized to act as the child's parent(but not the State if the child is a ward of the State);
(C) an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
(D) an individual who has been appointed under303.422 or section 639(a)(5) to be a surrogate parent.

The EI provider receives referrals for children from the Department of Children Youth and Families (DCYF) who have:

- a substantiated case of abuse and neglect or
- have been directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or
- any child under three years of age potentially eligible for Early Intervention

- **If the biological parent is available and retains rights as primary decision maker:**
    - The EI provider contacts the biological parent and the parent makes all decisions regarding EI services and signs all EI paperwork, including consents, releases, the IFSP and transition. Initial intake conversations should be done with the parent. If the child is in foster placement the EI provider should also visit the foster parent to gather information, but not necessarily with the parent at the same time/location. The confidentiality of the foster parent is protected, when appropriate.
    - If the biological parent is unable to be reached prior to the initial multidisciplinary evaluation/assessment, the DCYF case worker must be immediately informed, and events clearly documented on an SRF. DCYF will locate the biological parent so they can receive prior written notice. Early Intervention proceeds with the evaluation to determine eligibility with the foster parent.
    - If the child is found eligible for EI, IFSP development should be done with both the biological and foster families.
    - If at any time, attempts to contact the biological parent are

Referral *(continued)*

unsuccessful and will result in a delay of the IFSP process; the foster family may act in the role of parent and make decisions regarding Early Intervention such as signing the IFSP and required consents. The DCYF case worker and DCYF EI liaison must be immediately informed, and events clearly documented on an SRF. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.

- **If the biological parent is available but the foster parent has been named as temporary decision maker:**
    - Until DCYF indicates otherwise, the foster parent may sign EI documents including Services Rendered Forms, IFSPs and consent forms. Intake conversations should be done with the biological parent and foster parent, but not necessarily at the same time/location. The biological parents should be updated regularly and be included in visits whenever possible. At any time, the biological parent may assume the role as primary decision maker with regard to EI services. The EI provider is notified of any change in the parent's status as decision maker by the DCYF EI liaison.
    - The EI provider proceeds with prior written notice and evaluation/assessment to determine eligibility. If eligible, the IFSP is developed and signed by the foster parent. All information gathered via evaluation and IFSP should be shared with biological parent by whatever means makes sense (mail, phone, visit, etc.).
    - When the child is 28 months old if the foster parent is still designated as the decision maker, the EI provider must contact the DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate. If the biological parent has assumed the role of decision maker then he/she will participate in the transition process.

- **If the biological parent's whereabouts is unknown or their parental rights have been terminated and the foster parent is been named as decision maker :**
    - The EI provider contacts the foster parent who signs all EI documents including Services Rendered Forms, IFSPs and consent forms. A DCYF representative must sign all medical releases.
    - On or before the 6 month IFSP Progress Review, or an Annual Review of the IFSP, the EI provider must obtain an update regarding the status of the availability of the biological parent by speaking with the DCYF case worker. If appropriate the EI provider contacts the biological parent and is notified of any

Referral *(continued)*

change in the parent's status as decision maker by the DCYF EI liaison.

- When the child is 28 months old, EI Service Coordinator contacts the child's DCYF worker as a reminder to complete the DCYF Form 061 and submit it to the DCYF Educational Advocate Liaison to begin the process of designating an Educational Advocate.

Intake

Policies and procedures related to Intake include:

- The EI provider, upon receipt of a referral, must contact the referred family within five business days.

- All contact with the family must be in the family's chosen language and/or method of communication unless not feasible to do so.

- The intake process must include:
  - providing the parent with an overview of Early Intervention and the service delivery model based on the Rhode Island Early Intervention Principles and Practices Policy;
  - gathering information from the family (parent concerns, developmental history, etc.) to assist with planning and individualizing the evaluation/assessment;
  - obtaining information from other sources as appropriate (biological/foster parent; custodial/non-custodial parent, child care provider);
  - explaining steps in the Intake and Evaluation/Assessment process;
  - explaining *Rhode Island Early Intervention Procedural Safeguards and Funding*
  - informing the parent of the Central Directory and providing the parent a copy if requested;
  - explaining the role of RIPIN Family Support Staff (Parent Consultant);
  - completing all intake forms and obtaining signatures, including agency releases to obtain information from the referral source and other sources relevant to Early Intervention.

- The most recent versions of paperwork required to be completed at Intake include:
  - Rhode Island Early Intervention Referral and Demographics form
  - Intake Services Rendered Form
  - Income Attestation
  - Consent to Evaluation/Assessment
  - Health Insurance Consent to Release Information

Intake *(continued)*

- KIDSNET Consent to Release Information
- Prior Written Notice for Evaluation/Assessment
- Prior Written Notice for Eligibility/IFSP Meeting
- Pages 1-3 of the Individualized Family Service Plan