

902 KAR 30:110. Point of Entry and service coordination.

RELATES TO: KRS 200.662, 200.664, 200.668, 200.670, 34 C.F.R. 303.34, 303.164, 303.165, 303.167, 303.303, 303.342, 303.344, 303.403, 303.421, 20 U.S.C. 1400, 1435, 42 U.S.C. 280g-1, 701, 1381, 1396, 1397, 5106, 9801, 10401, 15001-15009

STATUTORY AUTHORITY: KRS 194A.050, 200.660(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 200.660 requires the Cabinet for Health and Family Services to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations necessary to implement KRS 200.650 to 200.676. This administrative regulation establishes the point of entry and service coordination provisions pertaining to First Steps, Kentucky's Early Intervention Program.

Section 1. Point of Entry. (1)(a) The point of entry (POE) staff shall serve as the local lead agency and shall coordinate child find efforts with:

1. Programs authorized under part B of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C 1400; and

2. Other state and federal programs serving this population.

(b) The primary referral sources described in paragraph (a) of this subsection may include:

1. Maternal and child health programs, including the Maternal, Infant and Early Childhood Home Visiting Program, under Title V of the Social Security Act (42 U.S.C 701(a));

2. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C 1396(a)(43) and 1396(a)(4)(B));

3. Head Start, including Early Head Start programs under section 645A of the Head Start Act (42 U.S.C. 9801);

4. Supplemental Security Income (SSI) programs under Title XVI of the Social Security Act (42 U.S.C 1381);

5. Child protection and child welfare programs, including programs administered by and services provided through the foster care agency and the state agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a)) and 922 KAR 1:330, Section 3(10)-(11);

6. Programs authorized through 42 U.S.C 15001 to 15009, the Developmental Disabilities Assistance and Bill of Rights Act;

7. Child care programs and early learning programs;

8. Programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 10401);

9. Early Hearing Detection and Intervention (EDHI) systems (42 U.S.C. 280g-1) administered by the Centers for Disease Control (CDC);

10. The Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa);

11. Hospitals, including prenatal and postnatal care facilities, and physicians;

12. Parents, including parents of infants and toddlers; and

13. Homeless shelters.

(c) Primary referral sources are required to refer a child as soon as possible, but in no case more than seven (7) days after the child has been identified as potentially eligible.

(2) Each POE shall have procedures in place that provide for accepting the referrals of a child under the age of three (3) who:

(a) Is the subject of a substantiated case of child abuse or neglect;

(b) Who has a suspected developmental delay; or

(c) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

(3) Each POE staff shall maintain accessibility and provide public awareness activities in each of their districts.

(4) The POE staff shall maintain communication with the District Early Intervention Committee (DEIC) and the state lead agency on matters of child find, service options, and other issues relevant to the First Steps Program.

(5) The POE staff shall accept all referrals for First Steps services to determine eligibility for programs.

(a) Upon receiving a telephone or written referral, POE staff shall determine if:

1. The family is aware that a referral is being made; and
2. The referral is appropriate based on:
 - a. The child's age, which shall be between birth and three (3) years old;
 - b. The family's residence within the assigned district or the family being homeless; and
 - c. An established risk diagnosis or a developmental concern.

(b) A child who is referred due to a developmental concern, and not screened by the primary referral source, shall have a cabinet approved screening protocol completed prior to the initial evaluation.

(c) If the point of entry finds the child does not meet the criteria established in paragraph (a)2. of this subsection, the POE shall provide to the referral source appropriate resources for the child and family for services that meet that child's needs. These resources may include:

1. Public schools;
2. The Department for Community Based Services;
3. Medical services;
4. Other appropriate community services; or
5. Another POE if residency alone is the reason for an inappropriate referral.

(d) If it is determined that the child meets the criteria established in paragraph (a)2. of this subsection, POE staff shall contact the family by telephone or letter within five (5) working days of receipt of the referral to provide information about the program and obtain consent for intake.

(e) For a child referred due to an established risk condition, if the family is interested in early intervention services, the POE staff shall assign a service coordinator and continue with the intake process.

(f) For a child referred due to a developmental concern that has been confirmed by administration of the cabinet approved screening protocol, if the family is interested in early intervention services, the POE staff shall assign a service coordinator and continue with the intake process.

(g) The parent or guardian of a child referred due to a developmental concern shall:

1. Be provided with prior written notice of the POE's intent to administer the cabinet approved screening protocol. The notice shall include the option to request an evaluation at any time during the screening procedure; and
2. Give written consent prior to the administration of the cabinet approved screening protocol by signing the Notice of Action and Consent for Screening, Evaluation and Assessment (FS-8).

(h) If the family is not interested in participating, the family shall be provided contact information for the POE and other community resources. The POE staff shall document in the child's record the refusal of services.

(i) If the POE staff is unable to contact the family within five (5) working days from the date of the referral, a follow-up letter shall be sent to the family and the case closed.

(j) If the POE is able to contact the family initially, but the family fails to return the screening protocol or consent, the POE shall send a First Steps Notice of Action (FS-9) and close the case five (5) working days from the date of notice.

(6) All children who are two (2) years and ten and one-half (10 1/2) months old to age three (3) years when first referred to First Steps shall not be eligible for First Steps. The POE shall notify the parent or guardian in writing that due to the child's age at the time of referral, the First Steps Program shall not provide an evaluation to determine eligibility for First Steps, but with written consent shall refer the child to the state and local education agency or other community resource.

(7) The POE staff shall maintain a complete record on all children referred through the POE and provide data to the state lead agency as requested. A complete record shall include:

- (a) A hard copy of all documents that include a parent signature;
 - (b) Any correspondence generated by the POE; and
 - (c) The data entered into the child's electronic early intervention record in the First Steps data management system.
- (8) The POE staff shall provide data as requested by the DEIC.

Section 2. Service Coordination. (1) The service coordinator shall serve as the main point of contact in helping families obtain the services and assistance they need.

- (2) During the intake process, the service coordinator shall:
- (a) Identify the purpose of the visit;
 - (b) Discuss the role of the service coordinator;
 - (c) Explain the First Steps service delivery system, including:
 - 1. The consultative model and primary service provider; and
 - 2. The First Steps system of payment, which includes:
 - a. The family share participation fee; and
 - b. The billing of public and private insurance for early intervention services;
 - (d) Interview the family and document findings related to:
 - 1. The parent or guardian's developmental concern for the child; and
 - 2. The pregnancy, birth, and health information;
 - (e) Explain the family rights by reviewing the Family Rights Handbook;
 - (f) Discuss the forty-five (45) day timeline and determine the next action needed to determine eligibility for the child;
 - (g) Discuss evaluation and service options;
 - (h) Obtain parent or guardian signature on the First Steps Consent to Release/Obtain Information (FS-10) form for medical and developmental information;
 - (i) Collect insurance information and data necessary for billing and obtain parent or guardian signature on the Notice and Consent for Use of Private Insurance (FS-12A) form;
 - (j) Assess the family's ability to pay using the Financial Assessment Verification (FS-13) form; and
 - (k) Inform the family of the transition process by:
 - 1. Providing the Notice of Transition (FS-11); and
 - 2. Obtaining parental consent to the transition process.
 - (l) Inform the family of the right to decline, within thirty (30) days of consent, or to revoke consent at any time, for participation in the transition activities, which includes:
 - 1. The disclosure of personally identifiable information to the Kentucky Department of Education (KDE) and the local education authority (LEA); and
 - 2. Having a transition conference.
- (3) The service coordinator shall:

(a) Assist the parents of infants and toddlers with disabilities with obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

(b) Coordinate the provision of early intervention services and other services, including educational, social, or medical services that are not provided for diagnostic or evaluative purposes, that the child needs or is being provided;

(c) Coordinate evaluations and assessments;

(d) Facilitate and participate in the development, review, and evaluation of IFSPs;

(e) Conduct referral and other activities to assist families in identifying available early intervention service providers;

(f) Coordinate, facilitate, and monitor the delivery of early intervention services to ensure that the services are provided in a timely manner;

(g) Conduct follow-up activities to determine that appropriate early intervention services are being provided;

(h) Coordinate the funding sources for service;

(i) Facilitate the development of a transition plan to preschool, school, or, if appropriate, to other services;

(j) Provide written confirmation in accordance with 34 C.F.R. 303.342(d)(2) to the parent or guardian and all IFSP team members of the date, time, and location of the meetings for the initial and annual Individual Family Service Plan (IFSP), the six (6) month review, and any other IFSP team meeting or the transition conference at least seven (7) calendar days prior to the IFSP, review, or transition conference date;

(k) If there is a cancellation of an IFSP meeting, notify the IFSP members in writing of the rescheduling of the IFSP meeting within five (5) working days of the cancelled meeting date;

(l) Reassess the family's ability to pay at the six (6) month review and annual IFSP meeting, and at other times if requested by the family; and

(m) Following the IFSP meeting:

1. Enter all IFSP data into the First Steps data management system;

2. Finalize the plan within five (5) working days of the date of the meeting;

3. Provide a written copy to the parent or guardian within five (5) working days of the meeting and provide copies to persons identified and consented to by the family; and

4. Refer the family to appropriate agencies for service identified on the IFSP in accordance with 902 KAR 30:130, Section 2(5)(i).

(4) The service coordinator shall inform the family of the family's rights and procedural safeguards by:

(a) Summarizing the Family Rights Handbook at the initial IFSP, at each subsequent IFSP, and at any time the family requests;

(b) Familiarizing the family with the procedural safeguards at every IFSP meeting;

(c) Ensuring that all materials are given to the family in a format the family can understand in the family's native language; and

(d) Assisting the family, at the family's request, with resolving conflicts among service providers.

(5) The service coordinator shall assist the family in identifying available service providers by:

(a) Keeping current on all available services in the district; and

(b) Having available to the families a list of all eligible First Steps services providers in each district. If the family chooses a service provider outside the First Steps approved provider list, the service coordinator shall inform the family that the provider is not approved through First

Steps and may result in a cost to the family.

(6) The service coordinator shall ensure that service coordination is available to families, at their request, during normal business hours.

(7) The service coordinator shall contact the child's family at a minimum of one (1) time per plan to discuss service coordination needs, unless otherwise stipulated in the IFSP.

(8) If a family desires a change in the family's service coordinator, the family shall contact the POE, and the POE shall seek to resolve the situation.

(9) The service coordinator shall inform the family of the transition process by:

(a) Reviewing the Notice of Transition (FS-11) and obtaining parental consent for the transition procedures. With parental consent, the service coordinator shall:

1. Ensure that all potential agencies and programs that could provide service to a particular child after the age of three (3) are included when introducing the parents to future program possibilities;

2. Hold a transition conference at least ninety (90) calendar days and, at the discretion of all parties, not more than nine (9) months prior to the child's third birthday. The transition conference shall involve the family, IFSP team, the special education local school district representative, and staff from potential next placement options; and

3. Include at least one (1) transition outcome as a part of every IFSP that is consistent with 34 C.F.R. 303.344(h); and

(b) Confirming child find information was transmitted to the LEA and, with parental consent, releasing additional information needed by the LEA to ensure the continuity of services from the part C program to the part B program. This additional information may include:

1. The most recent evaluation and assessment of the child;

2. The most recent assessment of the family; and

3. The most recent IFSP.

(10) The service coordinator shall ensure that all contacts with the family or other service providers are documented in the child's record in the First Steps data management system. This documentation shall occur within ten (10) calendar days of the date of service and shall include:

(a) The date of contact;

(b) Amount of time spent;

(c) Reason for contact;

(d) Type of contact whether by telephone or face-to-face;

(e) Result of contact; and

(f) Plan for further action.

(11) The service coordinator shall document in the First Steps data management system all contacts attempted but not made.

(12) The service coordinator shall encourage the family to access all services identified on the individualized family service plan.

(13) If the family wants to voluntarily terminate a service or all services, the service coordinator shall:

(a) Document in the child's record which services are ending and the date of termination; and

(b) Send a follow-up letter that meets the requirements for prior written notice as specified in 34 C.F.R. 303.421 to the family which includes what services are terminating, and the date services will terminate, within five (5) working days after notice from the family of the family's choice to end services.

(14) If the family is absent from a scheduled service with no prior notice for two (2) consecutive visits, the service provider shall notify the service coordinator after the last absence. If the

service coordinator receives notice of no show from a provider, the service coordinator shall:

(a) Document the service provider's contact and try to make contact with the family to discuss the circumstances. The service coordinator shall:

1. If contact is made, notify each provider of the result of the discussion; or
2. If unable to contact the family within five (5) working days, send the family a notice of action without consent to indicate service will be terminated within five (5) working days of the date of the notice; and

(b) Notify the service provider, in writing, if services are terminated and the date of termination.

Section 3. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) "Family Rights Handbook", April 2014;
- (b) "First Steps Notice of Action (FS-9)", September 2012;
- (c) "First Steps Consent to Release/Obtain Information (FS-10)", April 2014;
- (d) "Financial Assessment Verification (FS-13)", May 2012;
- (e) "Notice and Consent for Use of Private Insurance (FS-12A)", May 2012;
- (f) "Notice of Action and Consent for Screening, Evaluation and Assessment (FS-8)", March 2014; and
- (g) "Notice of Transition (FS-11)", March 2013.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (23 Ky.R. 3129; Am. 3847; 4168; eff. 6-16-1997; recodified from 908 KAR 2:110, 10-25-2001; 31 Ky.R. 482; 1267; eff. 1-19-2005; Recodified from 911 KAR 2:110, 5-17-2010; 37 Ky.R. 512; 1253; 1661; eff. 2-4-2011; 39 Ky.R. 2410; 40 Ky.R. 602; eff. 10-16-2013; 2872; 41 Ky.R. 786; eff. 10-15-2014.)