Birth to 3 Program Operations Guide

WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-03138 (12/2024)

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Introduction

The Wisconsin Birth to 3 Program serves children under the age of 3 with developmental delays or disabilities and their families. The program values the family's primary relationship with their child, and program staff work in partnership with the family to enhance the child's development and support the family's knowledge, skills, and abilities as they raise their child.

Policy and procedure for the Wisconsin Birth to 3 Program exist in federal and state statutes and regulations; in U.S. Department of Education, Office of Special Education Programs (OSEP)-issued memos; Wisconsin Department of Health Services (DHS)-issued memos, forms, and publications; and within technical assistance communications. The Birth to 3 Program Operations Guide clarifies the program's purpose and requirements and captures the relevant policies and procedures needed for local agencies to operationalize the program.

0.1 Legal Framework

Wisconsin's Birth to 3 Program is authorized under the federal Individuals with Disabilities Education Act (IDEA), which calls for the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families.[1] This section of IDEA is referred to as "Part C." Federal law and Wisconsin Administrative Code set forth further program regulations.[2]

The U.S. Department of Education, Office of Special Education Programs is the federal agency responsible for administering the Birth to 3 Program, and DHS (through the Division of Medicaid Services, Bureau of Children's Services) is the state agency responsible for program oversight. DHS contracts with county agencies to operationalize Wisconsin's Birth to 3 Program at the local level. Counties may, in turn, subcontract with local agencies to implement the program. Local agencies are responsible for implementing the Birth to 3 Program within federal and state requirements and may not make the Birth to 3 Program more or less restrictive than the policies in this guide.

The Governor's Birth to 3 Program Interagency Coordinating Council (ICC) advises the state on implementing Wisconsin's Birth to 3 Program.[3] The mission of the ICC is to advise, review, analyze, and monitor the implementation of the state's early intervention system; maintain a forum for communication relative to early intervention; and make policy recommendations and responses regarding Birth to 3 Program service delivery.

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[1] 20 USC § 1431(b)(1)

[2] 34 CFR § 303, Wisconsin Administrative Code ch. DHS 90

[3] 34 CFR § 303.600

0.2 Program Principles and Purpose

The Birth to 3 Program aims to meet the developmental needs of all eligible children and the needs of their families to support their child's individual development.[4] Children from birth to age 3 who exhibit delays, are diagnosed as having a condition which is likely to result in delayed development, or who exhibit atypical development are eligible for the program.

The purpose of the Birth to 3 Program is to coordinate comprehensive early intervention services to enhance child development and minimize delays. Early intervention maximizes the opportunity for positive child outcomes by taking advantage of the significant brain development that occurs during a child's first three years of life.[5] The Birth to 3 Program accomplishes its purpose by working in partnership with parents and primary caregivers and using evidence-based practices.[6] The program focuses on building each family's capacity to meet their child's needs and support their child's development in everyday settings where families spend time. The program builds on the importance of everyday experiences and interactions with familiar people in typical surroundings as meaningful sites of child development.

0.2.1 Inclusivity and Equitable Access

IDEA, the legislation that authorizes the Birth to 3 Program, begins with the declaration that "disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society."[7] IDEA and the Birth to 3 Program strive to ensure that children with delays or disabilities have opportunities to participate actively and fully in family and community life.

The policies governing the Birth to 3 Program are explicit about serving all children who may be eligible for the program. According to federal requirements, Birth to 3 must identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural children; infants and toddlers in foster care; Native American children; and children who are homeless.[8] The state must ensure equitable access to and participation in the program, and families must be given access to culturally competent services in their local area.[9]

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[4] Wis. Admin. Code § DHS 90.03(5)
[5] 20 USC § 1431(a)(1)
[6] 34 CFR § 303.112
[7] 20 USC § 1400(c)(1)
[8] 20 USC § 1431(a)(1), 20 USC § 1431(a)(1), 20 USC § 1434(1), 34 CFR § 303.1(d), 34 CFR § 303.101(a)(1)
[9] GEPA Sec. 427 (cited at 34 CFR § 303.212 and included in the application assurances), 34 CFR § 303.227(b)

To receive federal funds for the program, the state must also ensure that "traditionally underserved groups (including minority, low-income, homeless, and rural families) are meaningfully involved in the planning and implementation of the program."[10]

0.2.2 Wisconsin's Birth to 3 Program Guiding Principles

The ICC developed the following guiding principles as a framework for Wisconsin's Birth to 3 Program:

- Children's optimal development depends on being viewed first as children and second as children with a disability.
- Children's greatest resource is their family. Children are best served within the context of family.
- Parents are partners in any activity that serves their children.
- Just as children are best supported within the context of the family, the family is best supported within the context of the community.
- Professionals are most effective when they work as a team member with parents and others.
- Collaboration is the best way to provide comprehensive services.
- Early intervention enhances the development of children.

0.3 Eligibility Overview

Children who experience at least one of the following are eligible for the Birth to 3 Program:

- A delay of at least 25% in one area of development (i.e., cognitive, physical, communicative, social/emotional, or adaptive).
- A diagnosed condition with a high probability of developmental delay.
- Atypical development that adversely affects child development.

The Wisconsin Birth to 3 Program's Eligibility Criteria are considered Eligibility Category A as defined by the IDEA Infant and Toddlers Coordinators Association.

(See Chapter 4 for details on program eligibility.)

0.4 Early Intervention Program Overview

Part C early intervention programs are required to provide certain services, each of which is discussed in greater detail in later chapters of this guide. As a brief overview, the Birth to 3 Program consists of:

- Public awareness activities that focus on the early identification of disabilities and delays and provide information to parents about the program.

[10] 34 CFR § 303.227(a)

- A comprehensive "child find" system to identify children who may be eligible for the program.
- A system for making referrals to the Birth to 3 Program.
- The provision of timely, comprehensive, multidisciplinary evaluations and assessments.
- Working in partnership with the family, including providing opportunities for families to identify their needs with respect to supporting their child's development.
- A central directory with information about available early intervention services, resources, and experts. To meet this requirement, DHS maintains a Birth to 3 Program webpage with information and resources as well as contact information for the primary point of referral, Program Coordinator, and Administrative Contact for each local Birth to 3 Program on the Birth to 3 Program: Contact Us webpage.
- An individualized family service plan (IFSP) for each infant and toddler enrolled in the program.
- Evidence-based services and interventions provided in everyday settings, to the extent practicable.
- Service coordination.
- The protection of children's and families' rights through procedural safeguards.[11]

Birth to 3 Program staff work collaboratively with families who enroll in the program to identify the unique set of services that will meet each child's specific developmental needs, and supports for the parent(s) to assist in their child's development.[12] All of the services are identified in the child's IFSP and are provided at no or minimal cost to the family.[13] Early intervention services are provided, to the greatest extent possible, in the home and in community settings, including settings that are natural for the child's peers who do not have disabilities.[14] Services must meet the child and family's cultural and language needs.[15]

0.5 A Note about Language

Throughout the guide, the statewide program that is authorized under Part C is interchangeably referred to as the Birth to 3 Program or the early intervention program. Local implementation of Part C is identified as the:

- County Birth to 3 Program
- Local Birth to 3 Program
- Local programs

For convenience of writing and expression, the adult or adults who are generally authorized to make early intervention, educational, health, or developmental decisions for the infant or

[11] 20 USC § 1435, Wis. Admin. Code § DHS 90.03(9)
[12] 34 CFR § 303.13(a)(2), 34 CFR § 303.13(a)(4)
[13] 34 CFR § 303.13(a)(9), 34 CFR § 303.13(a)(3), 20 USC § 1432(4)
[14] 34 CFR § 303.13(a)(8)
[15] 34 CFR § 303.227(b), 34 CFR §§ 303.321(a)(5-6), 34 CFR § 303.342(d)(1)(i)

toddler are referred to as “parent.” (See Chapter 12: Procedural Safeguards for more information on which adult(s) in a child’s life can make Birth to 3 Program decisions for them.)

0.6 For More Information

Agencies that operationalize the Birth to 3 Program at the local level may contact the BCS Technical Assistance Center with questions about the program and implementing these policies.

Chapter 1: Program Administration

The Department of Health Services is Wisconsin's lead agency for implementing a statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and their families under the federal Part C regulations.[16]

The Birth to 3 Program must be available to all of the state's infants and toddlers with delays or disabilities; offer certain core program features; and meet quality standards and fiscal requirements. DHS contracts with county agencies to implement and operationalize the Birth to 3 Program at the local level. However, DHS retains responsibility for program oversight, monitoring, and reporting on statewide program performance to OSEP.

This chapter describes the following program requirements:

- Equitable access and participation
- Essential program features
- Federal and state program monitoring
- Wisconsin's statewide ICC

1.1 Making Services Available to All Eligible Children

The Birth to 3 Program must be made available to all of Wisconsin's infants and toddlers with disabilities and delays and their families. The Part C Regulations specifically require states to ensure access for historically underrepresented populations, particularly minority, low-income, inner-city, and rural children; infants and toddlers who are wards of the state (e.g., in foster care); and children who are homeless.[17]

Encountering a lack of response from a family is not sufficient to satisfy the responsibility of having attempted to ensure access. For example, if a local Birth to 3 Program is having difficulty contacting a family currently enrolled with an IFSP, it is essential that the local program continue communication. See section 8.1.4 for more information.

Early intervention programs are required to make sure every eligible child has equal access to and participation in the program.[18] Further, early intervention programs must implement strategies to overcome barriers to equitable participation, regardless of whether that barrier is due to gender, race, color, national origin, disability, or age.[19] Programs are additionally required to ensure that services are culturally competent.[20]

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[16] Wis. Stat. § 51.44(1m)

[17] 20 USC § 1431(a)(5), 20 USC § 1434(1), 34 CFR § 303.1(d) 34 CFR § 303.101(a)(1)

[18] GEPA Sec. 427 (cited at 34 CFR § 303.212 and included in the application assurances)

[19] 20 USC § 1434(1), 34 CFR § 303.101(a)(1), 34 CFR § 303.112, 34 CFR § 303.212(a), GEPA Sec. 427

[20] 34 CFR § 303.227(b)

Ensuring equitable access and participation is fundamental to the Birth to 3 Program and its philosophy. Program staff work in partnership with parents to identify their and their child's needs, and the development of service plans is a family-guided process. Providing culturally meaningful services meets the aim of addressing each family's unique needs, increases the effectiveness of working with families, and contributes toward ensuring access and participation for each eligible child and family. Families are more likely to remain engaged in services that reflect and are responsive to their social, cultural, and linguistic needs. Therefore, providing culturally competent services is one step toward ensuring program access and participation.

There are other factors that contribute to making services culturally relevant for non-native and native English speakers alike in addition to providing services in the child and family's primary language. One strategy for developing culturally responsive programs is to provide opportunities for families from traditionally underserved groups to have meaningful involvement in program planning and implementation.[21] This includes creating pathways for families of color, families with low-income, and families living in rural settings to have genuine input into the structure and functioning of their local Birth to 3 Program.

1.2 Essential Program Features

Agencies that operate the Birth to 3 Program at the local level are responsible for:

- Ensuring that parents and service providers who work with young children have input into program design and implementation.
- Conducting public awareness activities about early intervention.
- Implementing a comprehensive system to identify children who may be eligible for the program.
- Creating and maintaining a system for making referrals to the program.
- Conducting timely, comprehensive, multidisciplinary evaluations and assessments of children, including their functioning in the five areas of development (i.e., cognitive, physical, communicative, social or emotional, and adaptive), and their strengths and needs.
- Working in partnership with families to assess their and their children's needs.
- Collaborating with families to develop an IFSP that is tailored to each family's unique circumstances.
- Providing coordination of evidence-based services and interventions that are provided in everyday settings, to the extent practicable, and are culturally competent.
- Providing core services at no cost to the families (evaluation, service coordination, development of an IFSP, protection of rights), and determining each family's cost share, if any, for other early intervention services.

[21] 34 CFR § 303.227(a)

Ensuring the protection of children's and families' rights through procedural safeguards, including providing families information about the program, obtaining parental consent or program activities and services, and protecting confidential information.

- Maintaining appropriate program records and supplying program data to DHS, upon request.[22]
- Entering data for the Birth to 3 Program into the Program Participation System (PPS).

Later chapters provide more information about these key program features.

1.3 Program Monitoring

The Office of Special Education Programs monitors and evaluates each state's early intervention program. The Department of Health Services, in turn, is responsible for monitoring all of the local Birth to 3 Programs around the state. The purpose of monitoring is to assess how well local Birth to 3 Programs are functioning, with the ultimate goal of providing high-quality services that improve results and functional outcomes for infants and toddlers. Monitoring efforts simultaneously focus on assessing children's outcomes and how well the program meets the Part C requirements (i.e., compliance).

1.3.1Federal Oversight

1.3.1.a Federal Individuals with Disabilities Education Act Part C Grant

The Office of Special Education Programs supports states with funding for early intervention services for infants and toddlers birth through age 2 and their families through the IDEA Part C formula grant program. The formula grants are awarded to assist states in implementing coordinated, comprehensive, multidisciplinary, early intervention programs. Allocations are based on the number of children in the general population aged birth through 2 years in each state. The Office of Special Education Programs uses data provided by the United States Census Bureau in making this calculation. The Annual State Application Under Part C of the Individuals with Disabilities Education Act requires states to provide statements of assurance that the state's policies and procedures meet all the requirements of the act. Each state's grant application must also include a description of how the state proposes to use its allotment of federal funds. Prior to submitting the IDEA Part C Grant to OSEP, the application is posted on the DHS website for 60 days with a 30-day public comment period.

1.3.1.b Annual Performance Report

Each year, DHS submits a state performance plan/annual performance report (APR) to OSEP. The APR evaluates the state's efforts to implement the requirements and purposes of IDEA Part C. In the APR, Wisconsin must report on its progress in meeting the measurable and rigorous targets

[22] Wis. Admin. Code § DHS 90.06, 20 USC § 1435, Wis. Admin. Code § DHS 90.03(9)

it established for each of 10 federal indicators. The federal indicators measure the following essential elements necessary for the implementation of a high-quality early intervention program:

- Indicator 1: Timely provision of services — The Wisconsin Birth to 3 Program defines timely service as a service beginning within 30 days of a parent's written consent and added to the IFSP.
- Indicator 2: Services in natural environments — The percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.
- Indicator 3: Early childhood outcomes — The percent of infants and toddlers with IFSPs who demonstrate improved:
  A. Positive social-emotional skills (including social relationships)

     A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program

     A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program

  B. Acquisition and use of knowledge and skills (including early language/communication)

     B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program

     B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program

  C. Use of appropriate behaviors to meet their needs

     C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program

     C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program
- Indicator 4: Family involvement — The percent of families participating in the Birth to 3 Program who report that early intervention services have helped the family:
  - Know their rights
  - Effectively communicate their children's needs
  - Help their children develop and learn
- Indicator 5: Child find (Birth to One) — The percent of infants and toddlers birth to 1 with IFSPs compared to national data.
- Indicator 6: Child find (Birth to Three) — The percent of infants and toddlers birth to 3 with IFSPs compared to national data.
- Indicator 7: 45-day timeline — The percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

- Indicator 8: Early childhood transition — The percent of all children exiting Birth to 3 who received timely transition planning including:
    - An IFSP with transition steps and services developed at least 90 days, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday.
    - Notification of the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday (consistent with any opt-out policy adopted by the State) for toddlers potentially eligible for Part B preschool services.
    - A transition conference held at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. The conference must be held with the approval of the family.
- Indicator 9: Resolution sessions — The percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. This is applicable if Part B due process procedures under section 615 of the IDEA are adopted and does not apply to the Wisconsin Birth to 3 Program.
- Indicator 10: Mediation — The percent of mediations held that resulted in mediation agreements. Maintaining accurate records at the local level is necessary for this annual statewide reporting and evaluation process. DHS uses information about children and families that local Birth to 3 Programs enter into an online system to complete the APR. This data includes demographic information, as well as details on referrals, services, and child outcomes.

OSEP examines the APR along with other available information to determine whether Wisconsin's Birth to 3 Program:

- Meets the requirements and purposes of Part C.
- Needs assistance in implementing program requirements.
- Needs intervention in implementing program requirements.
- Needs substantial intervention in implementing program requirements.[23]

OSEP sends DHS an annual letter of determination indicating one of these four results. These statewide determinations provide useful information as part of an ongoing process to improve early intervention services. Depending on the determination, there are a variety of actions OSEP must take if a state does not meet the Part C requirements. Examples of possible steps OSEP may take include:

- Providing technical assistance.
- Requiring a corrective action plan.
- Withholding funding.[24]

[23] 34 CFR § 303.703(b)

[24] 34 CFR § 303.704

Recent APRs and determination letters for Wisconsin's Birth to 3 Program are available online through OSEP.

1.3.2 State Oversight

DHS is responsible for ensuring quality program standards, which includes maintaining a list of required qualifications and professional standards for early intervention service providers, conducting professional development, providing technical assistance to local Birth to 3 Programs, and monitoring program implementation statewide.[25] The following subsections describe a variety of practices that are used to monitor and improve the Birth to 3 Program.

1.3.2.a Annual Determinations

In addition to reporting on overall program performance to OSEP, DHS is required to annually assess and report on the performance of each of Wisconsin's local Birth to 3 Programs.[26] This evaluation mirrors the federal process.

DHS assesses local program performance by comparing local participant data from the previous full fiscal year to state targets for:

- Conducting an initial evaluation and assessment and holding an initial IFSP meeting within 45 days of each eligible child's referral (Indicator 7).
- The timely provision of services (Indicator 1).
- The provision of services in natural environments, such as the child's home or community-based settings (Indicator 2).
- Improvements in outcomes related to children's use of appropriate behaviors to meet their needs (Indicator 3: Outcome C).

Transition planning (when applicable), as evidenced by:

- Developing an IFSP with transition steps and services at least 90 days but not more than nine months before a toddler's third birthday (Indicator 8A).
- Consistent with Wisconsin's opt out policy and the federal IDEA regulations, notifying the Wisconsin Department of Public Instruction (DPI) and the local educational agency where the toddler resides at least 90 days before a toddler's third birthday when they are potentially eligible for Part B services (Indicator 8B).
- Holding a Transition Planning Conference with the family and LEA at least 90 days but not more than nine months before a toddler's third birthday when they are potentially eligible for Part B services and the family agrees to meet (Indicator 8C).[27]

Mediation and mediation agreements (Indicator 10).[28]

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[25] 34 CFR § 303.119, 34 CFR § 303.118, 34 CFR § 303.120(a)(2), 34 CFR § 303.700

[26] 34 CFR § 303.700(a)

[27] Later chapters provide further details about these program requirements and timelines.

[28] Indicator 9 (resolution sessions) is also included in the annual determination process, although there is nothing substantive to review; Wisconsin uses Part C (not Part B) due process procedures, rendering the indicator not applicable.

DHS uses information from the online data system to review these indicators, further highlighting the importance for local programs to ensure that their program records are current and accurate.

DHS informs each local Birth to 3 Program whether their program:

- Meets the requirements and purposes of IDEA.
- Needs assistance in implementing the requirements of IDEA.
- Needs intervention in implementing the requirements of IDEA.
- Needs substantial intervention in implementing the requirements of IDEA.

DHS is required to take appropriate action when a local program does not meet requirements. Any local Birth to 3 Program not in the "meets requirements" status category requires technical assistance from BCS Technical Assistance Center. Local Birth to 3 Programs in the "needs assistance" status category for three consecutive years, as well as programs in the "needs intervention" and "needs substantial intervention" status categories are required to undertake additional remedial actions. Additional remedial actions may include conducting a review of data quality, participation in individual and/or group discussions, implementation of improvement strategies, and imposing conditions on or withholding funding[29].

Each local Birth to 3 Program receives its determination status via a communication from the Wisconsin Part C Coordinator. Local Birth to 3 Programs will be informed of their required follow-up actions in the communication and must then implement the correction process with assistance from the BCS Technical Assistance Center.

Local Birth to 3 Programs should direct any questions regarding process, determinations data, or program requirements to the BCS Technical Assistance Center.

County performance data is made available to the public on the DHS website.

Findings of Noncompliance 1.3.2.b

DHS also annually examines three months' worth of data to verify that every eligible infant and toddler received the following services in a timely manner:

- An initial evaluation, assessment, and IFSP meeting (Indicator 7).
- Early intervention services, as listed on their IFSP (Indicator 1).
- Transition planning (when applicable), as evidenced by:
  - Adding transition steps to the IFSP (Indicator 8A).
  - Notifying DPI and the local educational agency where the child resides when they are potentially eligible for Part B preschool services, consistent with Wisconsin's opt out policy and the IDEA regulations (Indicator 8B).

[29] 34 CFR § 303.700(a)(3)

- Holding a transition meeting with the family and LEA, when the family agrees (known as a Transition Planning Conference or TPC)[30] (Indicator 8C).

Programs that meet each of these deadlines for all of their participants within the three-month window will receive a written notice that they are found to be "in compliance."

Alternately, when the three-month data set shows that a participant should have but did not receive one of these services within its required timeframe, DHS contacts the local program. The agency is given progressive opportunities to remedy the issue and come into compliance with the Part C Regulations.

As the first step in this process, DHS gives the program a deadline by which to either 1) correct any dates that were inaccurately entered into the online system or 2) indicate when a deadline was missed due to a family reason. In other words, the local agency has the opportunity to check when the service was provided and, if possible, correct the date or the late reason. This opportunity to correct any errors is called the "data clarification period."

If the original data was accurate and the local program is unable to make corrections that bring the three months' worth of records into alignment with the timelines required by Part C, the program is next given the opportunity to identify a different set of 60 consecutive days during which all of their Birth to 3 Program participants received the service(s) in a timely fashion.

If the program is still not able to resolve the issue (i.e., either by correcting records or identifying 60 days' worth of fully compliant data), then DHS sends a written notification to inform the agency that they are not meeting the requirements of the Part C program. In other words, the program's practices are out of compliance and the agency receives a "finding of noncompliance."

All findings of noncompliance must be corrected no later than 12 months after the failure to meet the program requirement was discovered.[31] In the written finding of noncompliance, DHS provides the local program a specific date by which the agency must correct the issue. This date could be earlier than 12 months after the issue was discovered.

Correcting every finding of noncompliance requires the local program to identify 60 consecutive days during which all of their Birth to 3 Program participants received the service(s) within the required timeline (i.e., the program must show 60 consecutive days with 100% compliant data for the indicator(s)). This data may be subject to file-level review by DHS.

Additionally, when a program is found to be out of compliance with timely completion of an IFSP or starting a service, the agency must submit documentation to DHS showing that the issue was corrected for the particular child (e.g., the date an IFSP was developed or the service started).

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[30] Later chapters provide further details about these program requirements and timelines.

[31] 34 CFR § 303.120(a)(2)(iv)

DHS reviews corrections to verify that the program has come into compliance with meeting the Part C requirements for providing timely services and sends the local Birth to 3 Program written notification about the outcome of the review.

Failure to correct findings of noncompliance by the established deadline will result in the issuance of a corrective action plan.

Program Review Protocol 1.3.2.c

The Birth to 3 Program Review Protocol provides an independent measure of the quality and impact of Birth to 3 Program practices as evidenced by information included in program participant files. The process consists of an external, independent reviewer using an objective, standardized measurement tool to assess each local program. Appendix A.

1.4 Statewide Interagency Coordinating Council (ICC)

DHS convenes and supports the Governor's Birth to 3 Interagency Coordinating Council, which advises the state on implementing Wisconsin's early intervention program.[32] The ICC advises and assists with program planning and reporting requirements, and develops policy recommendations and responses regarding Birth to 3 service delivery. ICC meetings are held quarterly; are publicly announced; are open and accessible to the general public, as appropriate; and have interpreters available.[33]

1.4.1 ICC Mission and Functions

The mission of the ICC is to:

- Advise, review, analyze, and monitor the implementation of the Birth to 3 Program.
- Maintain a forum for communication regarding early intervention.
- Make recommendations to DHS on the effective implementation of the program.

In addition, the ICC is charged with:

- Developing resources for the Birth to 3 Program.
- Promoting interagency coordination.
- Increasing the knowledge and understanding of the Wisconsin Birth to 3 Program among the general public, parents of young children, legislators, professionals, service providers, and other stakeholders.
- Seeking and exchanging information from parents, early intervention providers, and other stakeholders about any federal, state, or local policies that impede timely service delivery.
- Assuring that steps are taken to resolve identified policy or implementation problems.
- To the extent appropriate, resolving disputes.

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[32] 34 CFR § 303.604

[33] 34 CFR § 303.602

- Advising and assisting DHS with respect to unmet needs, including the existence of adequate numbers of highly qualified personnel.

1.4.2 ICC Membership

ICC members are appointed by the governor. The ICC must at least be comprised of members representing each of the following:

- At least 20 percent parents of children with disabilities aged 12 years or younger with knowledge of or experience with programs for infants and toddlers with disabilities, including:
  - Minority parents.
  - At least one parent of a child with a disability 6 years old or younger.
- At least 20 percent public or private early intervention service providers.
- At least one person who is involved in personnel development or preparation.
- At least one person from:
  - The state legislature.
  - The state agency involved in the provision of the Birth to 3 Program (DHS).
  - The state agency responsible for preschool services to children with disabilities (The Wisconsin Department of Public Instruction or DPI)
  - The agency responsible for the state Medicaid and Children's Health Insurance Program (CHIP) programs (DHS).
  - A Head Start or Early Head Start agency.
  - The state agency responsible for child care (Department of Children and Families, or DCF).
  - The agency responsible for the state regulation of private health insurance (Office of the Commissioner of Insurance).
  - The Office of the Coordination of Education of Homeless Children and Youth (DPI).
  - The state child welfare agency responsible for foster care (DCF).
  - The state agency responsible for children's mental health (DHS).

One member may represent more than one program or agency listed above. No member may vote on any matter where there would be or give the appearance of a conflict of interest.[34]

Wisconsin's Birth to 3 ICC membership list is available online.

[34] 34 CFR § 303.601

Chapter 2: Fiscal

Funding of the Birth to 3 Program includes a combination of federal, state, and local sources. Birth to 3 Program funding sources are accessed in the following order with federal funding as the payer of last resort: private insurance, Medicaid, parental cost share, local, state, and federal tax dollars.[35] The Wisconsin Department of Health Services is responsible for assigning financial responsibility among appropriate agencies and funding sources to ensure the state complies with the IDEA Part C requirements.

This chapter includes information about:

- Birth to 3 Program funding
- The prohibition against supplanting and maintenance of effort requirements
- Reconciliation
- Accessing private insurance and Medicaid
- The annual parental cost share

2.1 Program Funding Summary

2.1.1 Federal Funding

The Office of Special Education Programs supports states with funding for early intervention services for infants and toddlers birth to 3 and their families through the IDEA Part C formula grant program. Wisconsin's grant allocation is based on the number of children in the general population aged birth to 3 in the state. The Office of Special Education Programs uses data provided by the United States Census Bureau in making this calculation. IDEA Part C grant funds become available on July 1 of the fiscal year in which they are appropriated and remain available through September 30 of the following year. Wisconsin's IDEA Part C Grant Application is available on the DHS website .

2.1.2 State Funding

Birth to 3 Program funding is considered an allocation that is primarily distributed by DHS to local Birth to 3 Programs through the annual state-county contract. There are also contracts with local health departments (LHD) for the counties that operate their program through their LHD. The allocation consists of both federal IDEA Part C grant funding and state general purpose revenue.

Allocations to local Birth to 3 Programs are distributed via the following Grant Enrollment, Application and Reporting System (GEARS) (formerly CARS) profiles:

[35] 34 CFR 303.510, 34 CFR 303.521

- GEARS Profile 550 Birth to 3 Initiative Early Intervention Services, County-Administered Programs
- GEARS Profile 552Birth to 3 Initiative Early Intervention Services, Local Public Health Department (LPHD)-Administered Programs

Funds allocated to these profiles may be used for the development, administration, or provision of early intervention services to infants and toddlers with disabilities and their families. Although the covered services are identical between both profiles, they differ in that Profile 550 is utilized by Birth to 3 Programs administered by counties, while Profile 552 is utilized by Birth to 3 Programs administered by LHDs.

Final year-end reconciliation results are based on the information submitted on the County Birth to 3 Program Fiscal Reconciliation Report (F-00388). Any discrepancies between GEARS (formerly CARS) profile entries and the Fiscal Reconciliation Report will result in an adjustment on GEARS (formerly CARS).

2.1.3 Local Funding

At the local level, county agencies use the allocation in combination with community aids, county funds, Medicaid funding, private insurance funding, parental cost share, and other revenue to operationalize the Birth to 3 Program.

2.1.4 County Allocation Methodology

As part of federal IDEA Part C requirements[36], the Lead Agency (the Wisconsin Department of Health Services, or DHS) must have written policies and procedures establishing financial responsibility of each agency for paying for early intervention services.

DHS established a county allocation methodology to equitably distribute funds across local Birth to 3 Programs. The allocation to local Birth to 3 Programs is a combination of federal and state funds. The county allocation methodology uses three primary data elements:

- A base rate per county/consortium agency
- An agency-specific percent make-up rate that is calculated by combining:
    - The individualized family service plan (IFSP) rate (enrolled population)
    - The 0-3 population rate (census data)
- Historical minimum allocation (CY2019 threshold)

Final allocations are calculated by combining the base allocation and agency-specific allocation. The calendar year (CY) county allocations are distributed on January 1 via individual county GEARS accounts.

[36] 34 CFR 303.120(c), 34 CFR 303.500(a)

For additional information regarding the county allocation methodology, please review DMS Numbered Memo 2023-02: Wisconsin Birth to 3 Program County Allocation Methodology.

2.2 Prohibition Against Supplanting Funds

Federal funds from Part C of IDEA are to be used to supplement state and local funds expended for infants and toddlers with developmental delays or disabilities and their families. Funds cannot be used to supplant or replace those state and local funds. DHS must provide annual assurances that the federal funds awarded for early intervention services will not supplant state and local funds. To comply with this requirement, DHS must ensure that the total amount of state and local funds budgeted for early intervention services in the current fiscal year be at least equal to the total amount of state and local funds actually spent for early intervention services in the most recent preceding fiscal year for which the information is available.

The section in IDEA regarding the prohibition against supplanting is included below[37]:

> Prohibition against supplanting; indirect costs.
> (a) Each application must provide satisfactory assurance that the Federal funds made available under section 643 of the Act to the State:
>
> > (1) Will not be commingled with State funds; and
> > (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds.
>
> (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available.
>
> Allowance may be made for:
>
> > (1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and
> > (2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.

[37] 34 CFR § 303.225

2.3 Maintenance of Effort

The non-supplanting requirements of Part C of IDEA are commonly known as maintenance of effort (MOE). OSEP holds states accountable to the prohibition on supplanting Part C Funds. DHS, in turn, holds local Birth to 3 Programs accountable for MOE requirements and applies federal requirements for state agencies to the local level.

DHS requires counties operating the Birth to 3 Program to meet an MOE target. The MOE is the amount of funding local programs are required to contribute to the cost of the operation of the Birth to 3 Program. DMS Memo 2022-02: Maintenance of Efforts Requirements for the Birth to 3 Program established that the total comprehensive local funds from the revenue section of the calendar year 2013 county Birth to 3 Program reconciliation report (Lines A and B) establish the ongoing, consistent local Birth to 3 Program MOE amount for future years. The memo also provides a comprehensive definition of "local funds" that may be used to meet the established MOE requirement. According to the memo, the following categories of funding may be used to meet MOE:

- Line A: Community Aids — Community Aids is funding provided by DHS to counties for the provision of social services defined in Wis. Stats. Ch. 46 and 51.
- Line B: County Funds — County Funds include any county tax levy or non-base county allocation (BCA) funds provided for Birth to 3 Program Services.
- Line C: Revenues from Medicaid — Funds the county received from Medicaid for targeted case management services and direct early intervention services.
- Line D: Revenues from Private Insurance — Funds the county collected from third party payers and paid directly to local Birth to 3 Programs for services provided by the program.
- Line E: Parental Cost Share — Collections the county received from families based on the cost share guidelines established in Wis. Adm. Rule DHS 90.06
- Line F: Other funds — This category includes funds received by the county from other sources such as fundraisers, grants, or donations and paid directly to the local Birth to 3 Program

Any underspending of the county MOE requirement results in a dollar-for-dollar reduction to a county's Birth to 3 Program state-county allocation, unless the county meets one of the two exceptions outlined below from 34 CFR § 303.225(b)

> Allowance may be made for:
>
> > (1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and
> >
> > (2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.

2.4 Reconciliation

Reconciliation is an annual process in which local Birth to 3 Programs provide end of the year fiscal reporting for their program activity. The County Birth to 3 Program Fiscal Reconciliation Report (F-00388) details county-reported expenditures and revenues for the Birth to 3 Program. In the reconciliation report, the local Birth to 3 Program must include all revenues and expenditures in the provision of the Birth to 3 Program that are identified in state or federal regulations. Reported revenues are categorized by funding source, while reported expenditures are categorized by types of service or administrative cost.

The reconciliation process is used to determine allowable costs as well as to reconcile to GEARS (formerly CARS) activity and contract amounts for the Birth to 3 Program profiles. The reconciliation process is also used to determine whether a local Birth to 3 Program met its annual MOE requirement.

Additionally, Appendix C of the County Birth to 3 Program Fiscal Reconciliation Report (F-00388) requires local Birth to 3 Programs to gather and report on "Provider Report of Revenue," which assists DHS in meeting the federal requirement of assuring appropriate use of funds for provision of the Birth to 3 Program in Wisconsin. The form requires local programs to submit revenue information for contracted providers from sources including Medicaid, private insurance, and any parental cost share funds that are not otherwise accounted for on the County Birth to 3 Program Reconciliation Report.

2.5 Accessing Private Insurance and/or Medicaid

2.5.1 Private Insurance

The local Birth to 3 Program may not require parents to have or use their private health insurance to pay for IDEA Part C services, including the evaluation and assessment services. If parents do have private insurance and choose to allow the Birth to 3 Program to access it, signed, written parental consent must be obtained:

- When the private insurance is to be used for the initial provision of a Part C service in the IFSP, and
- Each time consent for Part C services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.[38]

Each time consent is required to use private insurance, the Birth to 3 Program System of Payments - Consent to Access Insurance and Authorization to Release Information F-00632 must be provided to and signed by the parent(s). Parents face no penalty for refusing consent for billing of private insurance. If a Birth to 3 Program member's parent does not give written consent to bill their commercial health insurance, Birth to 3 Program service providers should

[38] 34 CFR 303.520(b)

follow the claim submission instructions detailed in the Forward Health Online Handbook Topic #18797 for families that have Medicaid. If families do not have Medicaid or do not provide written consent to access Medicaid, then locally controlled funds are utilized for services.

2.5.2 Medicaid

The local Birth to 3 Program may encourage families with a child who is potentially eligible for Medicaid to apply; however, families cannot be compelled to enroll in Medicaid in order to receive Birth to 3 Program services. When a family indicates that their child is enrolled in Medicaid, Birth to 3 Program Service Coordinators must check that the child's Medicaid coverage is current and encourage families to re-apply for Medicaid if/when eligibility expires. Families whose child is enrolled in Medicaid must provide signed, written consent in order to bill Medicaid if that use would potentially:

- Result in paying for services that would otherwise be covered by Medicaid.
- Result in any increased premiums or out of pocket expenses such as deductibles and co-pays or result in discontinuation of public benefits for the child or the child's parents.
- Decrease available lifetime coverage for the child or parent under the Medicaid program.
- Risk loss of Medicaid eligibility for the child or the child's parents for home or community-based waivers based on aggregate health-related expenditures.[39]

Additionally, prior to using a child's Medicaid to pay for IDEA Part C services, the local Birth to 3 Program must provide written notification to the child's parents. The notification must include:

- A statement that parental consent must be obtained before the state lead agency or early intervention service provider discloses, for billing purposes, a child's personally identifiable information to the state public agency responsible for the administration of the state's public benefits or insurance program.
- A statement of the no-cost protection provisions and that if the parent does not provide the consent, the State agency must still make available those part C services on the IFSP for which the parent has provided consent. [40]

The signed Birth to 3 Program System of Payments - Consent to Access Insurance and Authorization to Release Information F-00632 fulfils the IDEA Part C requirements of written notification and consent to bill Medicaid. Parents face no penalty for refusing consent for billing of Medicaid.

2.5.3 Medicaid Policy

Wisconsin Medicaid Program Policies and Procedures define covered services under Wisconsin ForwardHealth for Medicaid enrollees. More information regarding Medicaid benefits and policies can be found on the ForwardHealth Portal. Below is an overview of some of the most frequently accessed Medicaid services within Birth to 3.

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[39] 34 CFR 303.520(a)(2)(ii)

[40] 34 CFR 303.520(a)(3)

2.5.3a Medicaid Policy – Physical, Occupational, Speech Therapy

ForwardHealth requires physical therapy, occupational therapy, and speech therapy providers to submit a prior authorization (PA) request only once per child, per therapy discipline, per billing provider for members who participate in the Birth to 3 Program, including joint service delivery (see 10.2.1). An approved PA is granted up to the member's third birthday, or when Birth to 3 Program participation ends. For additional information, see ForwardHealth Online Handbook Topic #2723.

BadgerCare Plus physical therapy, occupational therapy, and speech therapy providers receive an enhanced reimbursement for therapy services provided in the natural environment of a Birth to 3 Program participant. To receive the enhanced reimbursement, providers are required to indicate the "TL" modifier when submitting claims for services provided in the natural environment. For additional information, see ForwardHealth Online Handbook Topic #2755.

2.5.3b Medicaid Policy – Targeted Case Management

Activities of the service coordinator and other personnel who provide case management services are covered when the Birth to 3 Program is enrolled as a case management provider (or is part of a county department that is a Medicaid-enrolled program). Providers are required to comply with Medicaid requirements (Wis. Admin. Code chs. DHS 101 and 108) and Birth to 3 Program early intervention services rules (Wis. Admin. Code Ch. DHS 90) when billing for case management services provided under the Birth to 3 Program. For additional information, see ForwardHealth Online Handbook Topic #1690 and Targeted Case Management and the Wisconsin Birth to 3 Program (P-02017).

2.5.3c Medicaid Policy – Remote Service Delivery/Telehealth

Wisconsin Medicaid allows families of children enrolled in the Birth to 3 Program and in Medicaid to choose to receive services delivered via remote service delivery/telehealth. All services provided via remote service delivery/telehealth must be functionally equivalent to a face-to-face visit. Functionally equivalent means that a service provided via telehealth meets all the following criteria:

- The quality and effectiveness of the service provided must be clinically appropriate, based upon evidence-based medicine or best practices to be delivered via remote service delivery/telehealth.
- The service must be amenable to virtual delivery.
- The service must be of sufficient quality as to be the same level of service as an in-person visit. Transmission of voices, images, data, or video must be clear and understandable.

The IFSP team, including families, will determine if services delivered via remote service delivery/telehealth meet the definition of functional equivalence and can effectively meet the child and family's needs as documented in the IFSP, F-00989. The IFSP team will also discuss the

family's needs for accessing equipment and technology needed to participate in services via telehealth.

Wisconsin Medicaid allows use of the TL modifier to receive an enhanced reimbursement when the child is served in a natural environment via telehealth.

See ForwardHealth Topic #510 for additional information about Wisconsin Medicaid telehealth requirements.

2.6 Annual Parental Cost Share

The Wisconsin Birth to 3 Program Parental Cost Share System is a process to determine a parent's annual share in the cost of the early intervention services for their child. The Parental Cost Share System uses a sliding fee scale based upon a family's gross income and family size to determine their "ability to pay" for Birth to 3 Program services. Funding received through the Parental Cost Share System is applied towards remaining expenses for provision of Birth to 3 Program services provided after accessing private and public health insurance funds. Costs associated with evaluation and assessment, determination of eligibility, IFSP development, and service coordination are not included.

A family's "ability to pay" through the Wisconsin Parental Cost Share System is based upon the federal poverty guidelines. The local Birth to 3 Program applies the Wisconsin Parental Cost Share System Charts developed each year from the federal poverty guidelines to determine a family's "ability to pay" or inability to pay. Example below:

ASSIGNMENT OF PARENTAL COST SHARE	
Annual Income After Disability Deduction	Annual Parental Cost Share
At or below 250% of the Federal Poverty Guideline (FPG)	None
Over 250% of the FPG and at or below 300% of the FPG	$300
Over 300% and at or below 350% of the FPG	$420
Over 350% of the FPG and at or below 400% of the FPG	$600
Over 400% of the FPG and at or below 500% of the FPG	$900
Over 500% of the FPG and at or below 600% of the FPG	$1200
Over 600% of the FPG and at or below 700% of the FPG	$1500
Over 700% of the FPG	$1800

The local Birth to 3 Program maintains billing, revenue collection, and tracking responsibility for the annual parental cost share unless the local program delegates these responsibilities to a service provider by written agreement specifying the conditions of the delegation. The local Birth to 3 Program must assess the annual parental cost share for services to an eligible child in the following manner:

1. Determine the annual income of the parents. When the legally responsible parents live in separate households and the child eligible for the Birth to 3 Program resides in both households, the family size is determined for each household. There is a separate parental cost share determined for each household.
2. Determine the "annual income after disability deduction." The "annual income after disability deduction" is the annual parental income less a deduction of $3,300 for each member of the family participating in the Birth to 3 Program and each child under 19 years of age with a disability as defined in . Wis.Admin Code. DHS 65.05(5)Determine the federal poverty guidelines for the annual income after disability deduction and family size.
3. Determine the percent above or below the federal poverty guidelines and assign the parental cost share accordingly.
4. The maximum parental cost share is $1,800 per year without regard to the number of children in the Birth to 3 Program in the family. When the legally responsible parents live in separate households and the child eligible for the Birth to 3 Program resides in both households, combined cost shares may not exceed $1,800.

An "inability to pay," as determined by the Parental Cost Share System, will not result in a delay or denial of services. Refusal to provide income or family size information may result in a family being responsible for the maximum annual cost share amount.

A family's annual parental cost share amount is established at the initial IFSP meeting and annually thereafter. When determining a family's annual parental cost share, the Birth to 3 Program assures the following:

- Costs associated with evaluation and assessment, determination of eligibility, IFSP development, and service coordination are not included.
- The annual parental cost share amount does not exceed the actual cost of services provided to the child and family after factoring in other funding sources such as private and public insurance.
- An additional fee cannot be imposed if a parent denies access to insurance.

The parental cost share can be changed whenever there are major changes for a family such as more or less income, the addition of a child, or the enrollment of the child in additional DHS programs that require a parental cost share (such as the Children's Long-Term Support Program). A family may request a modification to their annual cost share amount by contacting the local Birth to 3 Program.[41]

[41] Wis. Admin Code § DHS 90.06(2)(i)(4)

Chapter 3: Identifying and Referring Children to the Birth to 3 Program

The aim of the Birth to 3 Program is to minimize developmental delays by providing services to all eligible children as early as possible. This requires a robust system for identifying and referring infants and toddlers who might benefit from early intervention services.

This chapter describes the requirements for local Birth to 3 Programs to:

- Conduct public awareness efforts.
- Implement a comprehensive child find system.
- Develop a network of informed referral sources.

3.1 Public Awareness

A key strategy for connecting eligible infants and toddlers with early intervention services is for the state and local Birth to 3 programs to engage in robust public awareness activities. Public awareness consists of ongoing efforts to inform parents, service providers, and the general public about the importance and effectiveness of early identification and intervention, the availability of services, and how to contact the local program.[42] DHS maintains contact information for the primary point of referral, Program Coordinator, and Administrative Contact for each local Birth to 3 Program on the Birth to 3 Program: Contact Us webpage. The Well Badger Resource Center (operated by DHS in partnership with the Wisconsin Women's Health Foundation) is also available to connect families with local Birth to 3 Programs.

Local Birth to 3 Programs are required to provide information about the availability of services to professionals who work with infants and toddlers (especially hospitals and physicians) so they can share the information with parents (including parents of premature infants and those with other risk factors for delays).[43] Local Birth to 3 Programs must also help primary referral sources develop strategies for sharing information about early intervention services with the parents of infants and toddlers with disabilities.[44]

Local Programs are encouraged to widely share information about the availability of services and how to make referrals. Local Birth to 3 Programs need to work with a variety of entities to distribute the information, including public agencies, private providers, professional associations, parent groups, advocacy organizations, and other groups with members who work with young children and can refer those with possible delays.

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[42] 34 CFR § 303.301(b)

[43] 34 CFR § 303.301(a)(1)(ii)

[44] 34 CFR § 303.301(a)(2)

Local Birth to 3 Programs can use an assortment of methods for raising awareness and informing their communities about early intervention services. Examples include:

- Pamphlets, leaflets, other printed materials
- PSAs (public service announcements), news releases
- Displays in public and private agencies and buildings
- Presentations to professional groups, parent groups, civic organizations, and advocates

In order to reach all families, information should be available in different formats and use culturally inclusive messages and language.

DHS has developed materials on the Birth to 3 Program that are available for local programs to use for their public awareness efforts, such as the Birth to 3 "Families are the Foundation — Wisconsin's Early Intervention Program" brochure and booklet.

3.2 Comprehensive Child Find

Each local Birth to 3 Program must develop a comprehensive child find system to ensure that all eligible children are identified and referred to the program.[45] DHS also provides funding to each tribe in Wisconsin to support the development of a tribal child find system that increases awareness, access, and use of early intervention services for American Indian children with developmental delays throughout the state. "Child find" consists of processes and methods that are used to identify and connect every infant and toddler in Wisconsin who could benefit from early intervention services with their local Birth to 3 Program. The child find system must be coordinated with other agencies. The Individuals with Disabilities Education Act at 34 CFR § 303.302 provides a list of agencies that programs must collaborate with in their child find efforts.

The Part C regulations require Birth to 3 Programs to identify and make services available to every eligible child, including children from historically underrepresented populations, particularly minority, low-income, inner-city, and rural children; infants and toddlers in foster care; Native American children; and children who are experiencing homelessness, highly mobile, or members of migrant families.[46] Ensuring equitable access to and participation in the program requires comprehensive outreach and referral strategies. [47] DHS created the "Child Find Outreach Resource: Comprehensive Child Find Checklist" to ensure each county establishes and implements local child find practices for equitable access and participation in the Birth to 3 Program.

In addition to coordinating efforts with local educational, health, child care, and social service agencies, Birth to 3 Programs should be intentional in their efforts to approach and engage traditionally underserved communities. One strategy is to identify who isn't being served, who is

[45] 34 CFR § 303.302(b)(1), Wis. Admin. Code § DHS 90.07(1)

[46] 34 CFR § 303.1(d), 34 CFR § 303.101(a)(1), 34 CFR § 303.302(b), 34 CFR § 303.302(a)(1)

[47] 34 CFR § 303.212

missing from the program, and which organizations or individuals are working closely with those families. Local programs can reach out to these groups to offer information about the Birth to 3 Program and request that they share it with the families they are working with. Building authentic relationships with nontraditional partners can help reach eligible children and families who otherwise may not know about or access the program.

To assist local programs in outreach efforts to underrepresented communities, DHS also created Child Find Outreach Resources for targeted populations to increase referrals for infants and toddlers directly affected by substance exposure, infants and toddlers experiencing homelessness, and infants and toddlers residing on and off reservations. The Child Find Outreach Resources include targeted strategies and guidance for local Birth to 3 Programs to effectively engage with traditionally underserved populations:

- Child Find Outreach Resource: For Children and Families Experiencing Homelessness
- Child Find Outreach Resource: For Children and Families Exposed to Substance Use
- Child Find Outreach Resource: For Children and Families Residing On and Off Reservations

Part C additionally requires early intervention programs to develop a child find system with rigorous standards and effective methods for appropriately identifying eligible children.[48] In other words, the goal of Part C is for referral sources to be able to accurately identify and refer children who might be eligible for early intervention services, not to simply refer all infants and toddlers to the program. Birth to 3 Programs need to work with the referral sources in their communities to help them identify which children to refer. The quality of referrals can be improved by enhancing referral sources' understanding of Birth to 3 Program eligibility requirements and when to refer an infant or toddler.

DHS facilitates local child find efforts through its statewide First 1,000 Days Wisconsin Child Find Campaign to increase knowledge on the Birth to 3 Program, understand how early intervention can help, and opportunities to access the program for eligible infants and toddlers. The First 1,000 Days Wisconsin Child Find Campaign media toolkit includes materials specific to families to help them learn about child development, early signs of delays and disabilities, and the benefits of the Birth to 3 Program. Materials include program brochures, "Act Early" postcards, "Service At A Glance" flyer, early intervention booklet and accompanying videos, and relevant articles. All materials for families are available in English, Spanish, and Hmong.

The First 1,000 Days Wisconsin Child Find Campaign also includes materials for health and child care professionals to help them in understanding their role in the Birth to 3 Program referral network and how the program works for families across Wisconsin. Materials include, Tips for Birth to 3 Program Referrals, Conversation Checklist for Health Care Providers, and Conversation Checklist for People Who Work With Children. Statewide dissemination of these materials amongst families and health and child care professionals is expected to result in more infants

[48] 34 CFR § 303.302(a)(3), 34 CFR § 303.302(b)(2)

and toddlers with developmental delays and disabilities participating in the Birth to 3 Program at an earlier age.

3.2.1 McKinney-Vento Homelessness Definition

The Part C regulations require Birth to 3 Programs to identify and make services available to every eligible child, including children who are experiencing homelessness.[49] The Part C regulations define homeless children based on the definition in section 725 of the McKinney-Vento Homeless Assistance Act[50]. Based on this definition, "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence, including:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
- Children and youth living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations.
- Children and youth living in emergency or transitional shelters.
- Children and youth abandoned in hospitals.
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children who qualify as homeless for the purposes of this part because the children are living in circumstances described above.

Any child eligible for Birth to 3 Program services that meets any of the above criteria should be indicated in the Program Participation System (PPS). Birth to 3 Programs should check the box marked "Family is homeless" under "Residential Address" in the "Child and Referral to Birth to 3 Information" section if any of the above criteria is true. Refer to the Program Participation System (PPS) User Guide for more detailed information.

3.3 Referrals

A referral consists of providing the local Birth to 3 Program the name of a child who is suspected of being eligible for early intervention services, or their parent or guardian's name and contact information (e.g., a phone number). Anyone can refer a child to the program by any method (e.g., through a formal or informal phone call, email, or through use of the Referral to the Wisconsin Birth to 3 Program form).

Parents are also a key part of the Birth to 3 Program's referral network as it is often parents who are the first to be concerned about their child's development. A parent contacting the Birth to 3

[49] 34 CFR § 303.302(b)

[50] 42 U.S.C. 11434a

Program to ask if their child might be eligible for services constitutes a referral. All referrals must be recorded in the online data system for the Birth to 3 Program.

In addition to anyone being able to make a referral, local Birth to 3 Programs are required to develop an informed referral network. This network must consist of professionals and organizations who serve or work with infants, toddlers, and their parents, and who can provide information about early intervention services to families and make referrals.[51] An informed referral network provides a formal system of communication and coordination for connecting eligible children with the Birth to 3 Program.[52]

3.3.1 Referral Sources

Local Birth to 3 Programs must conduct targeted outreach to include the following primary referral sources in their informed referral network:

- Parents
- Health care providers, such as:
  - Hospitals (including prenatal and postnatal care facilities, and neonatal intensive care units)
  - Physicians
  - Public health agencies and facilities
  - Health clinics
  - Rehabilitation agencies and facilities
  - Other health care providers and professionals
- Education and early education providers, such as:
  - Child care programs
  - Head Start and Early Head Start programs
  - Local education agencies (i.e., school districts)
  - Schools
  - Other early learning programs
- Social service agencies, including:
  - Child welfare, foster care, and child protective service agencies
  - Shelters for families who are experiencing homelessness
  - Domestic violence shelters and agencies[53]

These primary sources are not the only avenues for distributing information about early intervention services or receiving referrals. Local Birth to 3 Programs should also develop partnerships with other entities in their area such as:

- County waiver agencies
- County human services or social services agencies

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[51] Wis. Admin. Code § DHS 90.06(2)(b)

[52] Wis. Admin. Code § DHS 90.07(2)(a)

[53] 34 CFR § 303.303(c), Wis. Admin. Code § DHS 90.07(2)(b)

- Women, Infants and Children (WIC) programs
- Maternal and child health (MCH) programs (Title V)
- Children and youth with special health care needs (CYSHCN) programs
- Family Foundations Home Visiting (FFHV) programs
- Family resource centers
- Early hearing detection and intervention (EHDI) systems (CDC)
- Infant mental health care providers

Reaching all children who are eligible for services requires local Birth to 3 Programs to develop relationships with agencies, organizations, or individuals (such as neighborhood advocates and community leaders) who may not be traditional Birth to 3 Program partners. Local Birth to 3 Programs can approach community centers, churches, food pantries, YMCAs, etc., to inquire about working together to help families understand the benefits of early intervention services, including seeing if there are opportunities for the agency to share information, talk with families about the Birth to 3 Program, and/or make referrals for children who may be eligible for services. Working with a wide variety of partners is crucial for reaching all families, and local Birth to 3 Programs need to consider the best means of connecting with all of the families in their communities.

3.3.2 Relationships with the Informed Referral Network

There are multiple benefits from building strong working relationships with referral sources. Local Birth to 3 Programs can reach more eligible families in a timely manner by providing the referral network information about:

- The benefits and availability of early intervention services, including materials that they can pass along to parents of infants and toddlers.
- Birth to 3 Program eligibility criteria to help them determine when a referral may be appropriate.
- The referral process, including the expectation that when they identify a potentially eligible child, they will make a referral to the Birth to 3 Program within two working days.[54]

3.4 Automated Referrals

3.4.1 Child Abuse Prevention and Treatment Act Referrals

The Part C regulations and the Child Abuse Prevention and Treatment Act (CAPTA) require that specific at-risk infants and toddlers be referred to the Birth to 3 Program. Due to the increased risk of developmental delay among children in the child welfare system, the 2003 reauthorization of CAPTA included a requirement for states to refer children involved in

[54] Wis. Admin. Code § DHS 90.07(3)(b)

substantiated cases of abuse and neglect up to age 3 for developmental assessments under the State's Part C early intervention program.

The Wisconsin Department of Health Services has collaborated with the DCF to automate CAPTA referrals from Child Protective Services (CPS) to the Wisconsin Birth to 3 Program. The automated referral process developed by DHS and DCF is designed to ensure prompt referrals of children involved in substantiated cases of child abuse or neglect to the Wisconsin Birth to 3 Program. This enhancement to the system was prompted by recognition of the heightened vulnerability of children involved in the child welfare system. Children in the child welfare system are exposed to numerous risk factors for developmental delays including abuse and neglect, poverty, in utero drug exposure, and parental substance abuse. The automated referral process helps to ensure that these vulnerable children have the opportunity to participate in the Wisconsin Birth to 3 Program and receive needed services to foster their development and growth.

The automated CAPTA referral process is detailed in DMS Memo 2019-07: Automated Child Abuse Prevention and Treatment Act (CAPTA) Referrals. Under the automated process, all CAPTA referrals are required to be sent electronically from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) to the Birth to 3 Program's PPS inbox for access by local Birth to 3 Program staff. Additionally, it is recommended that all child welfare referrals (cases in which a child is identified by child welfare staff as having a potential delay or disability) also be sent electronically from eWiSACWIS to the Birth to 3 Program's PPS inbox. The Wisconsin Birth to 3 Program's Program Participation System (PPS) User Guide has been updated to outline the processes for Birth to 3 Programs to use when receiving automated referrals from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS).

3.4.2 Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination System

The Wisconsin Sound Beginnings Program and the DHS jointly developed the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination system (WE-TRAC) to ensure families of children who are deaf, hard of hearing or deafblind have timely access to early intervention services. As soon as a child has been diagnosed with a permanent hearing loss of any degree or configuration by a medical provider, WE-TRAC electronically submits a referral to the Birth to 3 Program's PPS inbox for access by local Birth to 3 Program staff. Every WE-TRAC referral sent to PPS contains a database flag, noting that the referral was sent electronically from WE-TRAC. The contact number for audiologist that referred the child through WE-TRAC is also provided in the referral.

Training materials for processing WE-TRAC referrals are available on the Birth to 3 Program webpage. The Wisconsin Birth to 3 Program's Program Participation System (PPS) User Guide also includes the processes for local Birth to 3 Programs to follow when receiving automated referrals from WE-TRAC.

Chapter 4: Eligibility Requirements

According to the Part C Regulations, an infant or toddler under the age of 3 who experiences one of the following is eligible for early intervention services:

- A diagnosed condition with a high probability of developmental delay
- A delay in at least one area of development[55]

Additionally, when a child does not definitively meet one of these criteria, the early intervention team can use their informed clinical opinion to determine that the child is eligible for services as a result of experiencing adverse effects from atypical development.[56]

The goal is to identify all infants and toddlers with potential developmental delays and provide them early intervention services as soon as possible. Birth to 3 Program eligibility criteria are not intended to assign children labels or diagnoses.

This chapter describes Birth to 3 Program policies regarding eligibility. Chapter 5: Optional Screening and Chapter 6: Evaluation explain the processes for determining eligibility.

4.1 Diagnosed Condition

An infant or toddler with a diagnosed physical or mental condition that is likely to result in a developmental delay is eligible for the Birth to 3 Program.[57] The Wisconsin Birth to 3 Program, in collaboration with a group of medical professionals at the Waisman Center, has developed a list of diagnosed conditions that deem a child eligible for the Birth to 3 Program. The conditions on the Birth to 3 Program's Diagnosed Conditions List were selected because medical research shows that these conditions have a high probability (defined as 50% or greater) of resulting in a developmental delay if not treated. DHS maintains this list of diagnosed conditions with a high probability of resulting in developmental delay. Children who have one of these diagnoses established in their medical (or other) records are eligible for the Birth to 3 Program regardless of their current developmental functioning.[58]

The list of diagnosed conditions is not exhaustive. Information regarding specific diagnosed conditions changes as medical advances and new information becomes available. There may be other conditions that also have a high probability (i.e., 50% or greater likelihood) of resulting in a delay and indicate that a child would be eligible for early intervention services. (See Chapter 6: Evaluations for details.)

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[55] 34 CFR § 303.21(a)

[56] Wis. Admin. Code § DHS 90.08(5)(b)

[57] 34 CFR § 303.21(a)(2), 34 CFR § 303.321(a)(3)(i)

[58] 34 CFR § 303.321(a)(3)(i)

4.2 Developmental Delay

Children do not need a diagnosed condition to be eligible for early intervention services. Children are also eligible for the Birth to 3 Program if they exhibit a delay of at least 25% or -1.3 standard deviations below the mean in one or more of the following areas of development [58] [59]

- Cognitive (how the child learns)
- Physical/Motor (how the child moves, sees, and hears)
- Communicative (speech, language, and communication development)
- Social or emotional (how the child responds to and develops relationships with other people)
- Adaptive and self-help development (including how the child eats, dresses, and cares for daily living needs)

Eligibility decisions regarding delay are to be based on a child's total domain-level functioning in the five identified areas of development indicated above. While subdomain results (e.g., fine/gross motor within the physical domain or expressive/receptive language within the communication domain) may provide more specific information regarding a child's developmental strengths and challenges, subdomain results are not be used individually to determine eligibility for the Birth to 3 Program.

If a child shows a 25% delay in a subdomain area, see section 4.3 For additional considerations.

4.3 Informed Clinical Opinion – Atypical Development

Informed clinical opinion may be used as an independent basis to establish a child's eligibility.[59] The early intervention team can use their expertise to determine that a child is eligible for the Birth to 3 Program, even if the child does not have a diagnosed condition with high probability of delay or a measurable delay of at least 25% or -1.3 standard deviations below the mean.

If the child's development is atypical and is adversely affecting the child's overall development, the early intervention team may conclude, based on their informed clinical opinion, that the child is eligible for the Birth to 3 Program.[60]

In no event may informed clinical opinion be used to negate the result of an evaluation instrument that indicates eligibility.[61] In other words, informed clinical opinion can be used to determine children are eligible for services but cannot be used to exclude any child who meets the eligibility criteria.

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[59] 34 CFR § 303.321(a)(3)(ii)

[60] Wis. Admin. Code § DHS 90.08(5)(b)

[61] 34 CFR § 303.321(a)(3)(ii)

4.4 Eligibility Category

The Wisconsin Birth to 3 Program's Eligibility Criteria are considered Eligibility Category A as defined by the IDEA Infant and Toddlers Coordinators Association.

Chapter 5: Optional Screening

The aim of the Birth to 3 Program is to minimize developmental delays by identifying all eligible children and connecting them with services as early as possible. The Individuals with Disabilities Education Act Part C Regulations allow programs the option to screen Birth to 3 Program referrals in order to:

- Quickly assess whether an infant or toddler is suspected of having a developmental delay or disability.[62]
- Promptly begin evaluations for those who are suspected of having a delay or disability.

The value of screening is to efficiently identify which children to evaluate for early intervention services when it is initially unclear whether they may have a delay. Screening is not appropriate for all children who are referred to the Birth to 3 Program (for example, those with a documented delay or diagnosed condition that indicates program eligibility). Local Birth to 3 Programs that opt to use screening must ensure it does not create an obstacle for families to enroll in the program or delay the start of services for eligible children.

This chapter:

- Explores considerations for local Birth to 3 Programs as they decide whether or when to conduct screenings.
- Outlines the requirements when the local program opts to screen children who have been referred to the Birth to 3 Program.
- Highlights the potential impact an informed referral network can have on screening.

5.1 Screening Options

Each local Birth to 3 Program must decide whether to use screening as part of the intake process. It is permissible for a program to never conduct screenings and immediately begin the evaluation process for every child referred to the Birth to 3 Program.

When a local Birth to 3 Program opts to use screenings, it is not appropriate to screen every child who is referred. Screening is useful to inform whether to conduct an evaluation when it is unclear if a child is suspected of having a delay or disability. Further, local Birth to 3 Programs must not screen children whose medical (or other) records indicate they have a developmental delay or a diagnosed condition with a high probability (i.e., 50% or greater) of resulting in a developmental delay. Children with a diagnosed condition that appears on the list maintained by DHS are eligible for early intervention services and are exempt from screening.[63]

[62] 34 CFR § 303.320(a)(1)

[63] 34 CFR § 303.321(a)(3)(i)

The following questions may help local programs identify when to conduct a screening:

- Is there evidence that the child has a developmental delay or disability? If so, what further information would be gained from screening, or is it more appropriate to begin with an evaluation?
- Did the referral source conduct a screening that suggests the child likely has a delay or disability? If the referral source screened the child and determined they likely have a delay or disability, the local Birth to 3 Program should not conduct another screening.
- Did the referral source indicate whether they are referring the child for a screening or an evaluation?

It is recommended that programs choosing to implement screenings develop guidelines to ensure screenings are administered equitably across referrals.[64]

5.2 Requirements

According to the IDEA Part C Regulations, the purpose of screening is to identify, at the earliest possible age, infants and toddlers in need of early intervention services, and must be carried out using appropriate screening instruments by personnel who are trained to use them.[65] The following subsections describe additional requirements.

5.2.1 Access

Every eligible child must have equal access to early intervention services.[66] As a result, local Birth to 3 Programs must make sure screening practices and processes are not discriminatory and do not disproportionately screen in or screen out children belonging to historically underrepresented populations, including "minority, low-income, inner-city, and rural children, and infants and toddlers in foster care" and children who are experiencing homelessness.[67]

In addition to developing guidelines that clearly define when to conduct screening, programs are to use culturally relevant screening tools and processes as another way of promoting equitable access to the Birth to 3 Program.

5.2.2 45-Day Timeline

Local Birth to 3 Programs are required to complete all activities necessary to determine eligibility for early intervention services, conduct assessments, and meet with eligible children and families to develop an initial IFSP within 45 days of receiving a referral. Programs that opt to screen Birth to 3 Program referrals must also complete them within this 45-day timeline.[68]

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[64] 34 CFR § 303.212

[65] 34 CFR § 303.320(b)

[66] GEPA Sec. 427 (cited at 34 CFR § 303.212 and included in the application assurances)

[67] 20 USC § 1431(a)(5), 20 USC § 1434(1) , 34 CFR § 303.1(d), 34 CFR § 303.101(a)(1)

[68] 34 CFR § 303.310(a)

There are two exceptions to the 45-day timeline requirement. The local Birth to 3 Program must document in the child's record if either:

- The child or parent is unavailable to complete the initial evaluation due to exceptional family circumstances such as family illness, extreme weather, and/or family cancellation of the appointment.
- The parent has not provided written consent for the evaluation, despite repeated attempts by the local Birth to 3 Program to obtain consent.

5.2.3 Parental Rights

Before conducting a Birth to 3 Program screening, the local program must provide prior written notice to the parent. The notice must include information about:

- The screening, including stating that its purpose is to identify whether their child is suspected of having a developmental delay or disability.
- The voluntary nature of the screening and that parents do not have to have their child screened.
- The parent's right to request an evaluation at any point in the screening process.[69]

The notice must meet the requirements for all notices, including being in language that is understandable to the general public, and being provided in the parent's native language or in the mode of communication that they use.[70] (See Chapter 12: Procedural Safeguards.)

In addition to providing prior written notice, the local Birth to 3 Program must have the parent's written consent to conduct a screening.[71] (See Chapter 12: Procedural Safeguards.) If a parent does not want their child to be screened, the parent still has the option to have their child evaluated for early intervention services.

Local programs should use the DHS sample Notice and Consent for Screening form (F-00633), or develop their own notice as long as it meets the requirements.

Parents have the right to request an evaluation at any point in the screening process. Even when a screening indicates the child is not suspected of having a delay or disability, upon the parent's request, the local Birth to 3 Program must conduct an evaluation.[72]

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[69] 34 CFR §303.320(a)(1), 34 CFR §303.421, 34 CFR §303.420

[70] 34 CFR §303.421(c)

[71] 34 CFR § 303.420(a)(1), 34 CFR § 303.7(b)

[72] 34 CFR § 303.320(a)(3)

5.2.4 Results

If a screening indicates that the child is suspected of having a developmental delay or a disability, the local Birth to 3 Program must proceed to the evaluation process.[73] (See Chapter 6: Evaluations.)

Alternately, if the screening or other available information indicates that the child is not suspected of having a delay or disability, the local Birth to 3 Program must notify the parent of the results. This notice must state that although the screening indicates their child is not suspected of having a delay or disability, the parent still has the right to request an evaluation for the Birth to 3 Program.[74] It must also meet all of the notice requirements described in Chapter 12: Procedural Safeguards.

5.3 Working with the Referral Network

Having a well-informed referral network that consistently refers children who are eligible for early intervention services can help local Birth to 3 Programs streamline their eligibility process. Improving the quality of referrals may result in more children proceeding directly to the evaluation process.

Local Birth to 3 Programs should work with their informed referral network to improve the quality of referrals. Topics for discussion should include:

- Enhancing referral sources' understanding of Birth to 3 Program eligibility requirements and when to refer an infant or toddler.
- Requesting that referral sources indicate whether they screened the child and provide any results along with the referral.
- Explaining the difference between Birth to 3 Program screenings and evaluations and requesting that referral sources indicate which process they recommend for each child.
- Training referral sources to conduct infant and toddler screenings.
- Reminding referral sources they are required to refer infants and toddlers to the Birth to 3 Program within two working days of suspecting a child has a delay or disability.[75]

Developing a well-informed referral network may reduce the need to screen and can help connect eligible children to early intervention services more quickly.

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[73] 34 CFR § 303.320(a)(2)(i)

[74] 34 CFR § 303.320(a)(2)(ii)

[75] Wis. Admin. Code § DHS 90.07(3)

Chapter 6: Evaluations

Evaluations are used to determine eligibility for the Birth to 3 Program.[76] An early intervention team conducts a child's evaluation by collecting and reviewing information from a variety of sources, including the infant's or toddler's parent(s). Parents are key partners who participate on the early intervention team and provide essential information about their child's day-to-day activities and abilities.

Not all children need a comprehensive evaluation to determine their eligibility for the Birth to 3 Program. Children who are referred with a documented developmental delay or diagnosed condition that is likely to result in a delay are eligible for early intervention services and do not require an evaluation to establish eligibility.[77] With parental written consent, all other children who are referred to the program and are suspected of having a delay or disability must receive a timely, comprehensive, multidisciplinary evaluation. The local Birth to 3 Program must also conduct an evaluation when a parent requests one, whether or not the child is suspected of having a delay or disability.[78]

The information gathered through the evaluation and assessment processes forms the foundation for each eligible child's service plan. Evaluations and assessments can be conducted at the same time and must be provided at no cost to the family.[79]

This chapter covers:

- An overview of eligibility and evaluations
- The early intervention team
- Children's and parents' rights during the evaluation process, including the local Birth to 3 Program's responsibility to
  - Provide prior written notice
  - Obtain consent
  - Ensure equitable access and nondiscriminatory processes
  - Conduct evaluations in the child's native language, as appropriate
  - Obtain releases of information for medical and other records
  - Inform parents when the program refuses to conduct an evaluation
- The evaluation process
- Results and next steps
- Timelines
- Late referrals

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[76] 34 CFR § 303.321(a)(2)(i)

[77] 34 CFR § 303.321(a)(3)(i)

[78] 34 CFR § 303.321(a)(1)(i), 34 CFR § 303.320(c)(1)

[79] 34 CFR § 303.321(a)(1)(ii)(B), 34 CFR § 303.521(b)(2)

6.1 Overview of Eligibility and Evaluations

Infants and toddlers are eligible for early intervention services without an evaluation when they are referred to the program with either:

- A documented delay of 25% or -1.3 standard deviations below the mean in at least one area of development (i.e., cognitive, physical, communicative, social/emotional, adaptive).
- A documented diagnosed condition that is likely to result in a developmental delay.[80]

Children without a documented delay or diagnosed condition must receive a comprehensive, multidisciplinary evaluation in order to determine their eligibility. An infant or toddler found to have a delay of at least 25% or -1.3 standard deviations in any one area of development is eligible for the Birth to 3 Program.[81] The multidisciplinary early intervention team cannot conclude, based on a single test, instrument, or procedure, that a child is not eligible for the program.

The IDEA Part C Regulations allow the early intervention team to use their informed clinical opinion to establish a child's eligibility when a child does not definitively meet the eligibility requirements. In other words, when an evaluation shows the child approaches but does not meet the threshold for a developmental delay, the early intervention team can establish eligibility based on the infant or toddler exhibiting atypical development that is adversely affecting their overall development. The early intervention team can use their informed clinical opinion to determine children are eligible for services, but the team can never exclude a child from the program who meets the eligibility criteria or negate the result of an evaluation instrument that indicates eligibility.[82]

6.2 Early Intervention Team

The Birth to 3 Program strives for parents to be actively engaged partners during every step of their child's involvement with the program. Parents make a crucial contribution to the evaluation by sharing information about their child's development, history, and functioning within the context of their daily routines and activities.

The local Birth to 3 Program assigns each child and family a service coordinator as soon as possible after they have been referred.[83] Service coordinators facilitate and support parents' involvement throughout the evaluation process, beginning with consulting with the parent(s) to assemble an early intervention team. The early intervention team conducts the evaluation

[80] 34 CFR § 303.321(a)(3)(i) Wis. Admin. Code § DHS 90.03(12)
[81] 34 CFR § 303.21(a)
[82] 34 CFR § 303.321(a)(3)(ii)
[83] Wis. Admin. Code § DHS 90.08(1)

and/or assessment of a child.[84] The early intervention team consists of the parent(s), the service coordinator, and at least two different disciplines or professions that are related to the child's suspected needs.[85] Having two or more professional perspectives contributes to developing a holistic understanding of the child's functioning and abilities.

The early intervention team:

- May have one person who is qualified in more than one discipline or profession. In other words, at least two disciplines must be represented on the team, but this requirement can be met through one individual.[86]
- Must include a service coordinator. When a service coordinator possesses the necessary qualifications, they may also represent a discipline.
- Must include at least one professional with expertise in assessing typical and atypical development along with expertise in child development and program planning. This does not require an additional team member as long as at least one of the professionals possesses the expertise.
- May include individuals from different agencies.[87]

Evaluations must be conducted by qualified personnel who have met state-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area(s) the individual is evaluating.[88] Individuals with one (or more) of the following qualifications may participate on an early intervention team:

- Audiologists with at least a master's degree in audiology from an accredited institution of higher education who are registered or licensed under Wis. Stat. ch. 459
- Nutritionists registered or eligible for registration as dietitians by the American Dietetic Association
- Occupational therapists licensed under Wis. Stat. ch. 448
- Physical therapists licensed under Wis. Stat. ch. 448
- Physicians licensed under Wis. Stat. ch. 448
- Psychologists licensed under Wis. Stat. ch. 455
- Rehabilitation counselors employed by the Division of Vocational Rehabilitation as coordinators of hearing-impaired services who have at least a master's degree in rehabilitation counseling or a related field
- Registered nurses with at least a bachelor's degree in nursing from an accredited institution of higher education and licensed under Wis. Stat. § 441.06
- School psychologists licensed under Wis. Stat. ch. 115 and Wis. Admin. Code ch. PI 34
- Social workers certified under Wis. Stat. ch. 457

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[84] Wis. Admin. Code § DHS 90.08(7)(a), Wis. Admin. Code § DHS 90.08(3)(a)

[85] 34 CFR § 303.24(a), Wis. Admin. Code § DHS 90.08(3)(a), Wis. Admin. Code § DHS 90.03(17)

[86] 34 CFR § 303.24(a)

[87] Wis. Admin. Code § DHS 90.08(3)(a)

[88] 34 CFR § 303.321(a)(2)(i), 34 CFR § 303.31

- Special education teachers licensed through the Department of Public Instruction, including early childhood special education needs teachers, vision teachers, and hearing teachers
- Speech and language pathologists with at least a master's degree in speech and language pathology from an accredited institution of higher education and who are registered under Wis. Stat. ch. 459, or licensed under Wis. Stat. ch. 115 and Wis. Admin. Code ch. PI 34
- Other persons qualified by professional training and experience to perform the evaluation and determine eligibility[89]

6.3 Families' Rights

Procedural safeguards are embedded throughout the Part C Regulations to protect children's and parents' rights. This section describes the requirements for local Birth to 3 Programs to:

- Explain the process to parents and obtain their written consent before conducting an evaluation.
- Ensure equitable program access and participation.
- Conduct evaluations in the child's native language, as appropriate.
- Obtain releases of information for medical and other records.
- Inform parents whenever the program will not conduct an evaluation.

6.3.1 Understanding and Consenting to Evaluation Procedures

A reasonable time before conducting an evaluation, the local Birth to 3 Program must provide prior written notice to the parent; ensure they understand the contents of the notice; and obtain their written consent.[90] The notice must explain:

- The evaluation process and that its purpose is to determine eligibility for the Birth to 3 Program.[91]
- That an evaluation is voluntary, and parents have the right to refuse having their child evaluated for the Birth to 3 Program.[92]
- The procedural safeguards that are available to the parent, including the right to file a complaint, participate in mediation, and/or request a hearing.[93]

The notice must meet the requirements for all notices, including being written in language that is understandable to the general public, and being in the parent's native language or in the mode

[89] Wis. Admin. Code § DHS 90.08(3)(b)

[90] 34 CFR §303.421(a), Wis. Admin. Code § DHS 90.12(1)(a)1, 34 CFR §303.420(a)(2)

[91] 34 CFR §§303.421(b)(1-2)

[92] Wis. Admin. Code § DHS 90.12(1)(b)4

[93] 34 CFR §303.421(b)(3)

of communication they use.[94] (See Chapter 12: Procedural Safeguards for more details about prior written notice requirements.)

In addition to providing prior written notice, the local Birth to 3 Program must have the parent's written consent before conducting an evaluation.[95] Consent means the parent has been fully informed about the evaluation, in the parent's native language or primary mode of communication, and they voluntarily agree to have the evaluation carried out.[96] As part of the process for obtaining consent, the local Birth to 3 Program must make sure the parent understands the evaluation, including:

- That its purpose is to determine eligibility for the Birth to 3 Program.
- The procedures that will be used.
- The types of professionals who will be involved.
- Any likely impact the evaluation could have on parents.
- That consent is voluntary and can be revoked at any time.[97]

If a parent does not want the program to use a specific evaluation tool, their child can still be evaluated for the Birth to 3 Program using instruments the parent consents to have used. The local program cannot use an evaluation procedure, tool, or instrument without parental consent, and the local Birth to 3 Program may not limit or deny the use of a particular method of evaluating the child because the parent refused to consent to a different one. If the local Birth to 3 Program believes that a particular evaluation procedure would provide important information to determine appropriate service needs, but the parent does not consent to its use, the program will develop a timeline and process with the parent for reviewing the decision at a later date. The county will keep written documentation of efforts to obtain consent as well as written documentation of the agreed upon timeline and process.[98]

If the parent does not consent (i.e., refuses) to have their child evaluated for the Birth to 3 Program, the service coordinator must make reasonable efforts to ensure the parent understands:

- The nature of the evaluation (e.g., what it is, why it is being done, the areas of development that will be evaluated, what information will be gained).
- Their right to refuse the evaluation.
- That they are not required to have their child evaluated, but an evaluation is necessary to receive early intervention services.

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[94] 34 CFR §303.421(c)
[95] 34 CFR §303.420(a)(2)
[96] 34 CFR §303.7
[97] 34 CFR §303.7(c)(1)
[98] Wis. Admin. Code § DHS 90.12(2)(a)3

Local Birth to 3 Programs may use the DHS Prior Notice and Consent for Evaluation and Assessment form (F-00315C), or develop their own notice and consent form(s) as long as all of the requirements are met.

See Chapter 12: Procedural Safeguards for additional information.

6.3.2 Access and Nondiscrimination

Local Birth to 3 Programs are required to ensure equal access for every child with a delay or disability.[99] One method of ensuring access is that, with parental consent, all children who are suspected of having a delay or disability must be provided an evaluation. Another is that programs must evaluate children when requested by the parent.

Programs must also ensure that evaluation tools and processes are not racially or culturally discriminatory, and that services are culturally competent.[100] Using culturally responsive tools and procedures to evaluate children within the context of their cultures and families helps ensure equal access to the program and that Birth to 3 Program eligibility is accurately determined for all of Wisconsin's children.

6.3.3 Native Language

If the qualified personnel conducting the evaluation find it developmentally appropriate, evaluations must be conducted in the language normally used by the child.[101]

6.3.4 Accessing Records and Releases of Information

The early intervention team gathers information from a variety of sources to conduct a comprehensive evaluation. The local Birth to 3 Program must make sure signed releases of information from the parents are in place before they can obtain medical or other records.

6.3.5 Notice when Refusing to Conduct an Evaluation

Local Birth to 3 Programs are not required to conduct an evaluation when both of the following are true:

- The child is not suspected of having a delay or disability and
- The parent has not requested an evaluation.[102]

The local program is responsible for sending notice to the parent when an evaluation will not be conducted.[103] The notice must state that the program will not conduct a Birth to 3 Program

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[99] GEPA Sec. 427 (cited at 34 CFR § 303.212 and included in the application assurances)
[100] 34 CFR § 303.321(a)(4), 34 CFR § 303.227(b)
[101] 34 CFR § 303.25(a)(2)
[102] 34 CFR § 303.301(c)(1)
[103] 34 CFR § 303.421(a)

evaluation for the child, the reason(s) for the decision, and the parent's right to appeal. See Chapter 12: Procedural Safeguards for more information about notice requirements.

6.4 The Evaluation Process

The evaluation is used to establish eligibility by reviewing information from a variety of sources about a child's development, history, and functioning. The local Birth to 3 Program service coordinator is responsible for ensuring parents are informed and involved throughout the process, and for coordinating the evaluation.[104] After determining a child is eligible, the early intervention team begins the assessment process. (See Chapter 7: Assessments for additional information.)

6.4.1 Children with a Documented Delay or Diagnosed Condition

An infant or toddler with a documented developmental delay or a diagnosed condition who has a high probability of resulting in a developmental delay if not treated is eligible for the Birth to 3 Program.[105] Children whose medical or other records indicate that their level of functioning constitutes a developmental delay or they have a diagnosed condition with a high probability of resulting in developmental delay are eligible for the Birth to 3 Program regardless of their current developmental functioning.[106]

The Wisconsin Department of Health Services maintains a list of diagnosed conditions that indicate eligibility for the Birth to 3 Program. This list is not exhaustive. There may be other conditions that also have a high probability (i.e., 50% or greater likelihood) of resulting in a delay. When a child is referred to the Birth to 3 Program with a documented condition that is not on the list of eligible diagnoses, the early intervention team must decide to either:

- Determine whether there is a high probability that the diagnosis will result in a delay.
- Conduct a comprehensive evaluation.

The first option (i.e., determining the likelihood of delay based on the diagnosis) will result in one of two outcomes:

- If the early intervention team determines that the condition does have a high probability (i.e., 50% or greater) of resulting in a developmental delay, the child is eligible for the Birth to 3 Program as a result of having a documented diagnosed condition and the assessment process begins. The early intervention team may make this determination through means such as completing a web-based search, talking with a geneticist, or contacting organizations such as the National Organization for Rare Disorders.

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[104] Wis. Admin. Code § DHS 90.08(7)(a), 34 CFR § 303.34(b)(3)

[105] 34 CFR § 303.21(a)(2), 34 CFR § 303.321(a)(3)(i)

[106] 34 CFR § 303.321(a)(3)(i)

- Alternatively, if the early intervention team determines that the condition does not have a high probability of resulting in a developmental delay, the team must conduct a comprehensive evaluation of the child to determine eligibility.

6.4.2 Children without a Documented Delay or Diagnosed Condition

When a child does not meet the requirements for a documented delay or condition, the early intervention team must conduct a timely, comprehensive, multidisciplinary evaluation of the infant or toddler in order to determine their eligibility. Children exhibiting a delay of at least 25% (using a criterion referenced instrument) or -1.3 standard deviations below the mean (using a norm-referenced instrument) in at least one of the following areas of development are eligible for the Birth to 3 Program:

- Cognitive (how the child learns)
- Physical/Motor (how the child moves, sees, and hears)
- Communicative (speech, language, and communication development)
- Social or emotional (how the child responds to and develops relationships with other people)
- Adaptive and self-help development (including how the child eats, dresses, and cares for daily living needs)[107]

If a child meets the threshold for a delay in any one of these areas, they are eligible for the Birth to 3 Program.[108]

Refer to Section 4.2 for eligibility criteria regarding developmental delay.

6.4.3 Conducting a Comprehensive, Multidisciplinary Evaluation

The early intervention team gathers and reviews a variety of information about the child's development, history, and functioning to determine whether they are eligible for the Birth to 3 Program. In conducting a comprehensive evaluation, no single procedure may be used as the only factor for determining a child's eligibility, and a complete evaluation includes all of the following:

- Administering an evaluation instrument.
- Taking the child's history, including interviewing the parent.
- Identifying the child's level of functioning in each of the five developmental areas.
- If necessary and with parental consent, gathering information from other sources (e.g., family members, caregivers, medical providers, social workers, educators).

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[107] Wis. Admin. Code § DHS 90.08(5)(a)(3)

[108] 34 CFR § 303.21(a)(1)

- Reviewing medical, educational, or other records.[109]

Testing instruments and other materials and procedures must:

- Be administered or provided in the child's or family's primary language or other mode of communication. When this is clearly not possible, the circumstances preventing it shall be documented in the child's early intervention record.
- Be culturally and racially responsive.
- Be validated for the specific purpose and age group for which they are used.
- Be administered by trained personnel according to the developer's instructions.
- Be tailored to assess a specific area of development and not simply provide a single general intelligence quotient.
- Be selected to ensure that when they are administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect what they intend to measure.[110]

The early intervention team examines all of the relevant, available information and uses additional observation and testing, as needed, to determine the child's level of functioning and program eligibility.[111] If the results of formal testing closely approach but do not reach the threshold of a 25% delay or -1.3 standard deviations below the mean in at least one area of development, the early intervention team may still conclude, based on observation and informed clinical opinion, that the child is eligible for services.[112] The team can never conclude a child is not eligible for the program when an evaluation instrument demonstrates a delay that meets the program requirements.[113]

The early intervention team jointly discusses the findings and conclusions and prepares a report capturing each member's findings and conclusions in a document that is signed by all of the members of the early intervention team. If a member participated through a conference call, the signature may be by proxy.[114]

The report must include:

- The results of the evaluation, including the child's level of functioning in each of the five areas of development.
- A determination of either eligibility or non-eligibility. A determination of eligibility is accompanied by documentation of the child's developmental delay or diagnosed condition.[115]

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[109] 34 CFR § 303.321(b), Wis. Admin. Code § DHS 90.08(7)(b)

[110] Wis. Admin. Code § DHS 90.08(7)(d)

[111] Wis. Admin. Code § DHS 90.08(7)(b-c)

[112] Wis. Admin. Code § DHS 90.08(5)(b), 34 CFR § 303.321(a)(3)(ii)

[113] 34 CFR § 303.321(a)(3)(ii)

[114] Wis. Admin. Code § DHS 90.08(7)(g-h)

[115] Wis. Admin. Code § DHS 90.08(7)(h)

6.5 Evaluation Results

The service coordinator is responsible for sharing the results of the evaluation with the parent(s) and providing them with a copy of the early intervention team's evaluation report.[116]

When the early intervention team determines that a child is eligible for early intervention services, the process for conducting child and family assessments begins. (See Chapter 7: Assessments.)

Alternatively, if the early intervention team determines that a child is not eligible, the local Birth to 3 Program must send the parent written notice about the finding and include information about the parent's right to dispute the determination.[117] (See Chapter 12: Procedural Safeguards for more information about Part C notice requirements.) The service coordinator must also offer to rescreen the child within six months; provide the parents information about community services that might benefit their child; and include a statement that, if the parent requests and consents to it, the local Birth to 3 Program will refer the child and family to other programs that might be beneficial. The service coordinator will additionally help the parent locate and access other services. All of this information is to be included in the early intervention team's report.[118]

If the parent chooses not to take part in the evaluation process or development of the report, the service coordinator must meet with the parent upon completion of the evaluation to discuss the early intervention team's findings and conclusions. The service coordinator also must document in the child's early intervention record why the parent was not involved, and the steps taken to share the findings and conclusions of the early intervention team with the parent.[119]

6.6 45-Day Timeline

Local Birth to 3 Programs have 45 calendar days from the referral date to conduct an initial evaluation, complete the child and family assessments, and meet with the family to develop an IFSP for eligible children.[120]

6.6.1 Interim Services

It is allowable for an eligible child to receive early intervention services before the initial evaluation and assessment have been completed when there is a clear need that can be addressed without waiting for the formal evaluation and assessment to be completed. Implementing what is called an "interim IFSP" requires:

- Parental consent.

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[116] Wis. Admin. Code § DHS 90.08(7)(i)
[117] 34 CFR § 303.322
[118] Wis. Admin. Code § DHS 90.08(7)(j)
[119] Wis. Admin. Code § DHS 90.08(7)(k)
[120] 34 CFR § 303.310(a)

- An interim IFSP listing:
  - The services that are needed immediately by the child and their family.
  - The service coordinator's name who will be responsible for implementing the interim IFSP.
- Completion of the evaluation and assessment within the 45-day timeline.[121]

6.6.2 Timeline exceptions

There are two exceptions to the 45-day timeline requirement. The local Birth to 3 Program must document in the child's record if either:

- The child or parent is unavailable to complete the initial evaluation due to exceptional family circumstances such as family illness, extreme weather, and/or family cancellation of the appointment.
- The parent has not provided written consent for the evaluation, despite repeated attempts by the local Birth to 3 Program to obtain consent.[122]

The early intervention team must complete the initial evaluation as soon as possible after the exception is resolved (i.e., when the exceptional family circumstances no longer exist and/or the parent has provided written consent for the evaluation). (See Chapter 9: IFSP about developing an interim IFSP when exceptional circumstances exist.)

6.7 Late Referrals

When a child is referred within 45 days of their third birthday, the local Birth to 3 Program is not required to conduct an evaluation or determine eligibility.[123] The local Birth to 3 Program may develop an interim IFSP for the child with transition guidance. If the toddler may be potentially eligible for preschool services under Part B and the parent consents, the local program must refer the child to the local educational agency (i.e., LEA or school district) where the toddler resides.[124]

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[121] 34 CFR § 303.345

[122] 34 CFR § 3056)563.310(b), 34 CFR § 303.310(c)(1)

[123] 34 CFR § 303.209(b)(1)(iii)

[124] 34 CFR § 303.209(b)(1)(iii)

Chapter 7: Assessments

Upon determining that an infant or toddler is eligible for the Birth to 3 Program (See Chapter 6: Evaluations), the early intervention team begins the assessment process. The assessment process identifies the child's unique strengths and needs and the early intervention services appropriate to meet those needs as well as the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.[125]

Initial assessments occur before the first IFSP meeting. Ongoing assessments continue to monitor the child's development and the effectiveness of early intervention supports and services throughout their enrollment in the Birth to 3 Program.

The early intervention team uses information gathered through evaluations and assessments to form a holistic understanding of eligible children, their abilities, their environment, and potential early intervention services. This information forms the basis for creating a service plan that best supports each unique child's development. Evaluations and assessments can be conducted at the same time, as long as the requirements for both are met.[126] Each must be provided at no cost to the family.[127]

This chapter provides information about:

- Parents as key members of the early intervention team
- Children's and parents' rights during the assessment process
- Requirements for the assessment process
- Timelines

7.1 The Early Intervention Team

Parents are equal and essential partners throughout their child's enrollment in the Birth to 3 Program. The collaborative relationship between parents and Birth to 3 Program service providers is a cornerstone of the program. As members of the early intervention team, parents provide crucial information during the assessments about their child's strengths and needs within the context of their daily routines and activities. They are a primary source of information about their child's development and abilities, and their participation in the assessment process is invaluable for developing a holistic picture of the child.

[125] 34 CFR § 303.321(c), Wis. Admin. Code § DHS 90.03(20)
[126] 34 CFR § 303.321(a)(1)(ii)(B)
[127] 34 CFR § 303.521(b)(2)

The Birth to 3 Program service coordinator is responsible for coordinating assessments and ensuring that parents are involved, informed, and consulted throughout the process.[128] Child assessments are carried out by the early intervention team consisting of the parent(s), the service coordinator, and at least two different disciplines or professions that are related to the child's needs.[129]

Child and family assessments must be conducted by qualified personnel who have met state-approved or recognized certification, licensing, registration, or other comparable requirements.[130] The qualifications necessary to serve on the early intervention team are detailed in Chapter 6.2.

7.2 Families' Rights

Procedural safeguards are embedded throughout the IDEA Part C Regulations to protect children's and parents' rights. With respect to child and family assessments, local Birth to 3 Programs must:

- Explain the process to parents and obtain their written consent before conducting a child or family assessment.
- Ensure equitable program access and participation.
- Conduct assessments in the child's and families' native language.

7.2.1 Consent

The local Birth to 3 Program must explain the assessment process to the parent(s) and obtain their written consent before conducting a child or family assessment.[131] Consent means the parent has been fully informed–in the parent's native language or primary mode of communication–about the assessment, and they voluntarily agree to have the early intervention team conduct the assessment.[132] The local Birth to 3 Program must make sure the parent understands the assessments, including:

- The purpose of the child assessment is to understand the child's unique strengths and needs in order to identify early intervention services to support the child's development.
- The family-directed assessment is voluntary for each person who participates, and its purpose is to identify the family's resources, priorities, and concerns along with supports and services to enhance the family's capacity to meet their child's developmental needs.
- The procedures that will be used.
- The types of professionals who will be involved.

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[128] 34 CFR § 303.34(b)(3), Wis. Admin. Code § DHS 90.08(7)(a)

[129] 34 CFR § 303.24(a), 34 CFR § 303.321(a)(1)(ii)(A), Wis. Admin. Code § DHS 90.03(17)

[130] 34 CFR § 303.321(a)(2)(ii), 34 CFR § 303.31, 34 CFR § 303.321(a)(4)

[131] 34 CFR § 303.420(a)(2), 34 CFR § 303.321(a)(1)(ii)

[132] 34 CFR § 303.7

- Any likely impact the assessment could have on parents.[133]

That consent is voluntary and can be revoked at any time.[134] Consent for an assessment remains in effect until it is revoked by the parent, or the child leaves the Birth to 3 Program.[135]

If the parent does not consent to the child or family assessment, the local Birth to 3 Program must make reasonable efforts to ensure the parent understands:

- The nature of the assessment (e.g., what it is, why it is being done, what will be done to gather information about a child's overall development such as parent interview, observation, etc.).
- The parent's right to refuse the assessment. Although parents are not required to agree to a child's assessment, it is needed before the program can develop a service plan or provide early intervention services to their child.[136]

Local Birth to 3 programs may use the DHS Prior Notice and Consent for Evaluation and Assessment form (F-00315C), or develop their own consent form, as long as all requirements are met. (See Chapter 12: Procedural Safeguards for additional information about parental consent.)

7.2.2 Access and Nondiscrimination

Local Birth to 3 Programs are required to ensure equal access for all children with delays or disabilities in Wisconsin.[137] At a minimum, programs must also ensure that assessment tools and processes are not racially or culturally discriminatory, and that services are culturally competent.[138] Using tools and processes that are culturally, linguistically, and developmentally appropriate and interpreting results within each child and family's cultural context provide more accurate assessment results. Culturally responsive procedures and services are more likely to keep families engaged, thereby increasing access for all children.[139]

7.2.3 Native Language

All child and family assessments must be conducted in the family's native language or primary mode of communication.[140]

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[133] Wis. Admin. Code § DHS 90.03(8), Wis. Admin. Code § DHS 90.12(2)(a)2

[134] 34 CFR § 303.7(c)(1)

[135] Wis. Admin. Code § DHS 90.12(2)(a)1

[136] 34 CFR § 303.420(b)

[137] GEPA Sec. 427 (cited at 34 CFR § 303.212 and included in the application assurances)

[138] 34 CFR § 303.321(a)(4), 34 CFR § 303.227

[139] Wisconsin Early Childhood Collaborating Partners Health Children Committee. (2016). Comprehensive and Aligned System for Early Childhood Screening and Assessment: Wisconsin's Blueprint. Retrieved from principles-screening-assessment.pdf (wisconsin.gov).

[140] 34 CFR § 303.321(a)(5-6)

7.3 Assessment Process Requirements

The assessment process consists of both a child assessment and family-directed assessment. Through the assessment process, the early intervention team identifies each eligible child's unique strengths, needs, and services to support the child's development. The assessment builds upon the evaluation to create a comprehensive picture of the child, their current levels of functioning, and the family's concerns and priorities. This information forms the basis for the development of the IFSP.

7.3.1 Initial Child Assessment

The early intervention team conducts a child assessment to identify the child's unique strengths and needs, and the nature and extent of early intervention services to meet those needs.[141] An initial child assessment must include a review of the following:

- Any evaluation results.
- The child's history.
- The child's level of functioning in five areas of development (cognitive, physical, communication, social/emotional, and adaptive).
- Any information that has been gathered from other sources, including medical, educational, and other records.
- Personal observations of the child by a member or members of the early intervention team.
- The identification of the child's needs in each of the five developmental areas.[142]
- If necessary, any additional observations, procedures, or testing to determine the child's unique developmental needs.[143]

7.3.2 Ongoing Child Assessment

Ongoing assessment is a process used to measure and document how children grow, develop, and learn. Ongoing assessments also monitor the effectiveness of early intervention supports and services. The local Birth to 3 Program should continue assessing the child through their entire time in the program. Features of ongoing assessment include:

- Using an age anchoring assessment tool
- Observing and identifying children's knowledge and skills
- Gathering information from parents and family
- Conducting informal observations

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[141] 34 CFR § 303.321(c)(1), Wis. Admin. Code § DHS 90.03(1)

[142] 34 CFR § 303.321(c)(1)

[143] Wis. Admin. Code § DHS 90.09(1)(a)1

7.3.3 Family Assessment

Any family assessment first requires the family's consent.[144] Qualified personnel conduct a family-directed assessment in which the family identifies their resources, priorities, and concerns related to the child's development. The family assessment is also an opportunity to identify what the family needs and the supports and services that would enhance the family's ability to meet their child's developmental needs.[145] A family assessment must:

- Be voluntary on the part of each family member who participates.
- Be based on information obtained through:
  - An assessment tool that the family completes on their own or in collaboration with a member of the early intervention team who can use formal or informal methods and procedures.
  - Interviews with family members who choose to participate.
- Include the family's description of its resources, priorities, and concerns related to supporting and enhancing their child's development.[146]

7.3.4 Assessment Report

Following a child's assessment, the early intervention team must prepare a report. It can be part of the evaluation report or the IFSP, but must include:

- A summary of the assessment, including the child's strengths and needs.
- A list of potential early intervention services.

The service coordinator must provide the parent(s) a copy of the assessment report.[147]

If a parent chooses not to participate in the assessment or development of the report, the service coordinator meets with the parent to discuss the team's findings and recommendations. The service coordinator documents in the child's Birth to 3 Program record why the parent was not involved and the steps taken to share the finding and recommendations with the parents.[148]

After completion of the assessments, the service coordinator schedules a meeting with the family to develop the initial service plan. (See Chapter 9: Individualized Family Service Plans.)

7.4 45-Day Timeline

Local Birth to 3 Programs have 45 calendar days from the referral date (the day in which the program receives contact name and contact information) to conduct an initial evaluation,

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[144] Wis. Admin. Code § DHS 90.09(2)(a)

[145] 34 CFR § 303.321(c)(2), 34 CFR § 303.113(a)(2)

[146] 34 CFR § 303.321(c)(2), Wis. Admin. Code § DHS 90.09(2)(b)

[147] Wis. Admin. Code § DHS 90.09(1)(a)2-3

[148] Wis. Admin. Code § DHS 90.09(1)(c)

complete the initial child and family assessments, and meet with the family to develop an IFSP for eligible children.[149]

If the parent agrees to it, the initial family assessment must be completed within this 45-day timeframe, even if other family members are not available to participate in the assessment.[150]

7.4.1 Interim Services

It is allowable for an eligible child to receive early intervention services before the initial evaluation and assessment have been completed. Implementing what is called an "interim IFSP" requires:

- Parental consent
- An interim IFSP listing:
  - The services that are needed immediately by the child and their family.
  - The service coordinator's name who will be responsible for implementing the interim IFSP.
- Completion of the evaluation and assessment within the 45-day timeline.[151]

7.4.2 Timeline exceptions

There are two exceptions to the 45-day timeline requirement. The service coordinator must document in the child's record if either:

- The child or parent is unavailable to complete the initial child or family assessment due to exceptional family circumstances such as family illness, extreme weather, and/or family cancellation of the appointment.
- The parent has not provided written consent for the initial child assessment, despite repeated attempts by the local Birth to 3 Program to obtain consent.[152]

(See Chapter 9: Individualized Family Service Plans regarding developing an interim IFSP when exceptional circumstances exist.)

The early intervention team must complete the initial assessments as soon as possible after the exception is resolved (i.e., when the exceptional family circumstances no longer exist and/or the parent has provided written consent for the child's assessment).

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[149] 34 CFR § 303.310(a)

[150] 34 CFR § 303.310(d)

[151] 34 CFR § 303.345

[152] 34 CFR § 303.310(b), 34 CFR § 303.310(c)(1)

Chapter 8: Service Coordination

Service coordination is a key feature of the Birth to 3 Program. The service coordinator provides expertise on navigating the early intervention system, using family-centered practices, linking families to community resources, fostering strong family-professional partnerships, and facilitating and documenting the early intervention process. Service coordinators coordinate the delivery of all services across agency lines and connect children and their parents with early intervention and other services needed as identified in the IFSP.[153] They also ensure that parents are informed, involved, and consulted during their child's enrollment in the Birth to 3 Program, and they coordinate an array of services (e.g., educational, social, medical) for eligible children and their families.[154] Their essential role is provided at no cost to the family, and they ensure that children with delays or disabilities and their families receive services and are afforded their rights under Part C of IDEA.[155]

Service coordination is an active, ongoing process.[156] The service coordinator is available to assist a family at every step of their engagement with the Birth to 3 Program, starting at the point of referral and continuing through the transition process as the child exits the Birth to 3 Program. Service coordination requires being knowledgeable about a variety of available resources throughout the service area, sharing that knowledge with families, being responsive to a family's preferences and needs, and facilitating access to services that will support children and enhance a family's capacity to promote their child's development.

This chapter covers Birth to 3 Program service coordinator:

- Responsibilities
- Required qualifications

8.1 Responsibilities

Each family is provided a service coordinator at no cost as soon as possible after they have been referred to the local Birth to 3 Program.[157] This section describes the service coordinator's role and responsibilities with regard to:

- Ensuring parents are informed, involved, and consulted.
- Coordinating, facilitating, and participating in team activities.
- Coordinating and monitoring the delivery of services to address each child's unique needs and circumstances as outlined in the IFSP.

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[153] 34 CFR § 303.34(a)(2)(ii), 34 CFR § 303.34(a)(3), 34 CFR § 303.34(b)(1)
[154] 34 CFR § 303.34(a)(2)(i), 34 CFR § 303.34(b)(2)
[155] 34 CFR § 303.521(b)(3), 34 CFR § 303.34(a)(1)
[156] 34 CFR § 303.34(a)(3)
[157] Wis. Admin. Code § DHS 90.08(1)

8.1.1 Involving and Informing Families

Parents are partners and team members throughout their child's involvement with the Birth to 3 Program. Their needs and priorities guide decisions about the services their child receives as outlined in the IFSP. The service coordinator helps facilitate the family's participation and input into the program. Parents' preferences inform how the Birth to 3 Program serves each individual child, including being responsive to:

- Family-identified needs for themselves and their child.[158]
- A family's desire for culturally specific services.[159]
- The degree of assistance a family would like when being connected with services, from being provided contact information to being introduced (i.e., a "warm handoff") to having appointments scheduled on the family's behalf.[160]

The service coordinator also discusses the various parts of the Birth to 3 Program to parents, so they are able to make informed decisions. Specifically, the service coordinator makes sure parents understand:

- Evaluations
- Assessments
- Individualized family service plans and their development, implementation, and review
- Service provision
- Part C rights and procedural safeguards

The service coordinator fulfills the important role of making sure families are informed about their Birth to 3 Program Rights under Part C of IDEA and that procedural safeguards are followed, including ensuring that parents been have provided written consent before the Birth to 3 Program conducts an optional screening, an evaluation or assessment, and before early intervention services begin.[161]

8.1.2 Participating on the Early Intervention Team

As an initial step toward establishing eligibility, the service coordinator collaborates with the parent(s) to identify professionals to participate on the early intervention team, based on the child's suspected needs.[162] The early intervention team must include qualified professionals from at least two different disciplines in areas of the child's suspected need. These professionals and the service coordinator form the early intervention team that conducts evaluations and assessments.[163] The service coordinator's responsibilities include:

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[158] 34 CFR § 303.321(c)(2)
[159] 34 CFR § 303.227(b)
[160] 34 CFR § 303.34(b)(1)
[161] 34 CFR § 303.34(a)(1), 34 CFR § 303.34(b)(8)
[162] Wis. Admin. Code § DHS 90.08(3)(a)
[163] Wis. Admin. Code § DHS 90.03(17)

- Involving and informing parents and making sure they are consulted during evaluations.[164]
- Participating in and coordinating the child's evaluations and/or assessments.[165]
- Providing copies of the early intervention team's evaluation and/or assessment reports to the parent(s).[166]
- Informing parents about the findings and recommendations of an evaluation and/or assessment.
- Providing referrals and offering to connect families with other possible services when it is determined that a child is not eligible for the Birth to 3 Program.[167]

8.1.3 Participating on the Individualized Family Service Plan (IFSP) Team

Service coordinators also convene and participate on the IFSP team meetings to develop, review, and update IFSPs. Service Coordinators ensure that the time and location are convenient to the family and that an invitation to an IFSP meeting is provided to each participant early enough so that they are able to attend.[168] If the parent(s) cannot attend at the scheduled time, the service coordinator must reschedule the IFSP meeting.[169] If a service provider is unable to attend an IFSP meeting, the service coordinator is responsible for involving them through another means (e.g., through a conference call, by having another knowledgeable person attend in their place, having relevant records available during the meeting, etc.).[170]

8.1.4 Coordinating Services

Service coordinators connect families with services to support their child's development. They partner with parents to identify the kinds of services and providers who will best meet the family's needs, are responsive to families' preferences, and connect them with culturally competent services, as desired.[171] Service coordinators are knowledgeable about a wide range of services, and help each family make well-informed decisions based on the parents' preferences and priorities. Service coordinators:

- Help parents access early intervention services.
- Coordinate early intervention and other services being provided to the child and their family.

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[164] Wis. Admin. Code § DHS 90.08(7)(a)

[165] Wis. Admin. Code § DHS 90.03(17), 34 CFR § 303.34(b)(3)

[166] Wis. Admin. Code § DHS 90.08(7)(i), Wis. Admin. Code § DHS 90. 09(1)(a)3.

[167] Wis. Admin. Code § DHS 90.08(7)(j)

[168] 34 CFR § 303.34(b)(4), Wis. Admin. Code § DHS 90.10(1), Wis. Admin. Code § DHS 90.10(4), Wis. Admin. Code § DHS 90.10(7)(b)

[169] Wis. Admin. Code § DHS 90.10(4)

[170] Wis. Admin. Code § DHS 90.10(3), Wis. Admin. Code § DHS 90.10(7)(b)1

[171] 34 CFR § 303.34(b)(5), 34 CFR § 303.227(b)

- Make referrals to providers for needed services. Depending upon the parent's preference, a referral could consist of giving the parent(s) contact information, introducing them to a service provider, or scheduling an appointment on their behalf.[172]

The IFSP is a comprehensive document that identifies the services a child needs or receives. The Birth to 3 Program service coordinator:

- Facilitates and participates in IFSP team meetings. (See Chapter 9: Individualized Family Service Plans for details.)
- Assists with the development, review, and revision/updating of IFSPs.
- Coordinates services listed on the IFSP, including cross-agency coordination.
- Monitors the delivery of services to ensure children and families receive the supports listed on the IFSP in a timely manner.

If a local Birth to 3 Program is having difficulty contacting a family currently enrolled in the Birth to 3 Program with an IFSP, it is essential that the service coordinator continue communication. The communication method and frequency may change from that indicated on the current IFSP. Ongoing communication is a support to families. It allows a family to connect to the program and obtain services when they are able and ready. County Birth to 3 Programs are advised to develop policies regarding the continued communication attempts to families with whom the program has lost contact.

Service coordinators additionally:

- Discuss the state's policy on parental cost share with the family and provide the family with information regarding any possible costs associated with the provision of services on the IFSP. (See Chapter 2: Fiscal for details.)
- Conduct follow-up to determine the appropriate early intervention services are being provided to promote the child's development.[173]

When a child exits the Birth to 3 Program, the service coordinator assists with the development of a transition plan and helps connect the family to preschool and/or other appropriate services.[174] (See Chapter 11: Transitions for details.)

8.2 Qualifications

The local Birth to 3 Program must consider and assign each family a service coordinator whose training and experience is most relevant to the child's or family's needs. Service coordinators must have at least one year of experience working with families with special needs and have demonstrated knowledge and understanding about all of the following:

- Children up to the age of three who are eligible for the program.

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[172] Wis. Admin. Code § DHS 90.11(1)(b)3, 34 CFR § 303.34(a)(3), 34 CFR § 303.34(b)(1)

[173] 34 CFR § 303.34(b), 34 CFR § 303.34(a)(2)(i)

[174] 34 CFR § 303.34(b)(10)

- Birth to 3 Program policies and requirements.
- The nature and scope of available Birth to 3 Program services and how these are financed.[175]

A service coordinator may be a person with the experience and training listed above, an individual with the qualifications to participate on an early intervention team (see below), or a parent facilitator.[176]

A service coordinator may be called a case manager for purposes of reimbursement for services under Medicaid and BadgerCare Plus.[177]

8.2.1 Qualifications to Participate on an Early Intervention Team

Individuals with the following qualifications can perform the duties of a Birth to 3 Program service coordinator:

- Audiologists with at least a master's degree in audiology from an accredited institution of higher education who are registered or licensed under Wis. Stat. ch. 459
- Nutritionists registered or eligible for registration as dietitians by the American Dietetic Association
- Occupational therapists licensed under Wis. Stat. ch. 448
- Physical therapists licensed under Wis. Stat. ch. 448
- Physicians licensed under Wis. Stat. ch. 448
- Psychologists licensed under Wis. Stat. ch. 455
- Rehabilitation counselors employed by the Division of Vocational Rehabilitation as coordinators of hearing-impaired services who have at least a master's degree in rehabilitation counseling or a related field
- Registered nurses with at least a bachelor's degree in nursing from an accredited institution of higher education and licensed under Wis. Stat. § 441.06
- School psychologists licensed under Wis. Stat. ch. 115 and Wis. Admin. Code ch. PI 34
- Social workers certified under Wis. Stat. ch. 457
- Special education teachers licensed through the Department of Public Instruction, including early childhood special education needs teachers, vision teachers, and hearing teachers
- Speech and language pathologists with at least a master's degree in speech and language pathology from an accredited institution of higher education and who are registered under Wis. Stat. ch. 459, or licensed under Wis. Stat. ch. 115 and Wis. Admin. Code ch. PI 34

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[175] Wis. Admin. Code § DHS 90.11(1)(c)1

[176] Wis. Admin. Code § DHS 90.11(1)(c)2

[177] Wis. Admin. Code § DHS 90.03(33)

- Other persons qualified by professional training and experience to perform the evaluation and determine eligibility[178]

[178] Wis. Admin. Code § DHS 90.08(3)(b)

Chapter 9: Individualized Family Service Plans

The Individualized Family Service Plan is a written service plan for children and families enrolled in the Birth to 3 Program. It is a comprehensive document that:

- Identifies a child's strengths and needs.
- Reflects the parents' priorities and preferences.
- Includes cultural considerations.
- Details the measurable results or outcomes expected to be achieved for the child.
- Details the early intervention services to be provided.
- Lists other services that are needed to respond to each child's unique circumstances.

IFSPs change along with a child's and family's evolving needs over the course of their enrollment in the Birth to 3 Program. As a child grows, the IFSP and services are revised to meet changing developmental needs and circumstances.

The IFSP is developed by a multidisciplinary team that includes the parents; is based on information collected during evaluations and assessments; and is reviewed and updated on a regular basis.[179]

This chapter provides information about:

- The IFSP team
- The 45-day timeline requirement from referral to IFSP meeting
  - Exceptions
  - Interim IFSPs
- IFSP content
- Implementation
- Reviews
  - Periodic
  - Annual
- Transition steps and services in the IFSP

9.1 IFSP Team

The Birth to 3 Program works in partnership with parents to develop a holistic service plan that responds to each child's unique circumstances and developmental needs. IFSPs are built around the family's routines, values, and priorities to create a meaningful, individualized service plan.

[179] 34 CFR § 303.20(a)

The IFSP is designed to identify outcomes most important to the family and the strategies, resources, supports, and services necessary to help reach them.

The IFSP team is the team that develops and implements the IFSP. The IFSP team consists, at minimum, of:

- The parent(s)
- The service coordinator
- At least one professional who served on the early intervention team (See Chapter 6: Evaluation for details) that conducted the child's evaluation or assessment
- People who will be providing early intervention services to the child, as appropriate
- Anyone else the parent(s) would like to have participate, such as other family members, friends, advocates, etc.[180]

At least one of the professionals on the IFSP team must have expertise in assessing both typical and atypical development, along with expertise in child development and program planning.[181]

IFSP teams meet twice a year at minimum to review and revise the child's IFSP.[182] IFSP teams may and should meet more frequently when necessary. IFSP meetings must be held at times and places that are convenient for the parent(s). The service coordinator sends an invitation to the IFSP meeting to all of the participants early enough before the meeting date so they will be able to attend. If a parent wants to attend, but is unable to do so, the meeting must be rescheduled.[183] If the professionals who were directly involved in the child's evaluation or assessment are unable to attend an IFSP meeting, arrangements must be made for their participation through other means (e.g., through a conference call, by sending a knowledgeable representative, by making records available at the meeting, etc.).[184]

IFSP meetings must be conducted in the family's native language or primary mode of communication, unless it is clearly not feasible to do so.[185] If the IFSP meeting cannot be conducted in the family's native language or mode of communication, interpretation services must be provided at no cost to the family.

9.2 Initial IFSP Meeting

The initial IFSP meeting must include the following participants:

- The parent(s)

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[180] 34 CFR § 303.343(a)(1)
[181] Wis. Admin. Code § DHS 90.10(3)
[182] Wis. Admin. Code § DHS 90.10(7)
[183] 34 CFR § 303.342(d), Wis. Admin. Code § DHS 90.10(4)
[184] 34 CFR § 303.343(a)(2)
[185] 34 CFR § 303.342(d)(1)(ii)

- Anyone else the parent(s) would like to have participate, such as other family members, friends, advocates, etc.
- The service coordinator
- At least one professional who served on the early intervention team (See Chapter 6: Evaluations) that conducted the child's evaluation or assessment
- People who will be providing early intervention services to the child, as appropriate[186]

If the professional(s) who served on the early intervention team that conducted the child's evaluation or assessment are unable to attend the initial IFSP meeting, arrangements must be made for their participation through other means (e.g., through a conference call, by sending a knowledgeable representative, by making records available at the meeting, etc.).[187]

9.3 45-Day Initial IFSP Timeline

For eligible children, the initial IFSP meeting must be held within 45 calendar days from the date of referral (i.e., the date the local program received the child's or family's name and contact information). The date of referral is the date the local program received the child's or family's name and contact information, even when this date falls on a weekend or holiday.[188]

9.3.1 Timeline Exceptions

There are two exceptions to the 45-day timeline requirement. The service coordinator must document in the child's record the circumstances to support either of the two "family exception" reasons:

- The child or parent is unavailable to complete the screening (if applicable), initial evaluation, child or family assessments, or IFSP meeting due to exceptional family circumstances such as family illness, extreme weather, and/or family cancellation of the appointment.
- The parent has not provided written consent for the screening (if applicable), initial evaluation, or child assessment, despite repeated attempts by the local Birth to 3 Program to obtain consent.[189]

The early intervention team must complete the screening (if applicable), initial evaluation and assessment as soon as possible after the reason for the delay is resolved (i.e., when the exceptional family circumstances no longer exist).[190]

When there is a delay due to exceptional family circumstances or because parental written consent for a step is missing, the local Birth to 3 Program must develop and implement an

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[186] 34 CFR § 303.343(a)(1)
[187] 34 CFR § 303.343(a)(2)
[188] 34 CFR § 303.310(a)
[189] 34 CFR § 303.310(b), 34 CFR § 303.310(c)(1)
[190] 34 CFR § 303.310(c)(2)

interim IFSP for the child, to the extent appropriate.[191] (See Chapter 6: Evaluations for more information on interim services via interim IFSPs.)

9.3.2 Interim IFSPs

An interim IFSP is allowable when there is clear and obvious need that can be addressed without waiting for the completion of the evaluation and assessment.[192] When interim services are provided in response to an immediate need, the evaluation and assessments must still be completed within the 45-day timeframe.[193]

When the completion of the evaluation or assessment has been delayed due to exceptional family circumstances, such as a child or parent illness or extreme weather or because the parent has not consented to a procedure, the local Birth to 3 Program may develop and implement an interim IFSP, to the extent appropriate.[194] Under these circumstances, the early intervention team and parent must identify a new deadline for the completion of the evaluation and assessment.

Implementing an interim IFSP requires:

- Written parental consent for the services to be provided.
- An interim IFSP containing:
  - The services that are needed immediately by the child and their family.
  - The service coordinator's name who will be responsible for implementing the interim IFSP.[195]
  - The circumstances and reasons for developing an interim IFSP.[196]

9.4 IFSP Contents

The IFSP is a comprehensive written plan that includes information about the child, their levels of development and functioning, the family's desired outcomes, and services to meet the child's and family's needs. The IFSP team uses information from the evaluation and assessments, along with the parents' input about their concerns and priorities, to identify early intervention services that will benefit and support the child's development.[197] This process includes being responsive to a family's desire for culturally relevant services, identifying everyday locations where services can be provided, and incorporating regular family routines into service planning and delivery.

Every IFSP must contain the following:

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[191] 34 CFR § 303.310(c)(3)
[192] Wis. Admin. Code § DHS 90.10(2)(b)
[193] 34 CFR § 303.345(c)
[194] 34 CFR § 303.310(c)(3)
[195] 34 CFR § 303.345
[196] Wis. Admin. Code § DHS 90.10(2)(a)2, Wis. Admin. Code § DHS 90.10(2)(b)2
[197] Wis. Admin. Code § DHS 90.10(4), 34 CFR § 303.20(a), 34 CFR § 303.342(c)

- The name of the service coordinator
- Information derived from evaluations and assessments about the child's current level of development or functioning in each of the five following areas:
  - Cognitive development (how the child learns)
  - Physical/Motor development (how the child moves, sees, and hears)
  - Communicative development (speech, language, and communication)
  - Social or emotional development (how the child responds to and develops relationships with other people)
  - Adaptive and self-help development (including how the child eats, dresses, and cares for daily living needs)[198]
- If the family agrees to include it, information about the family's strengths, resources, priorities, and concerns about enhancing their child's development
- Measurable results and outcomes that are expected to be achieved, and details about the criteria, procedures, and timelines for determining progress toward those outcomes
- A list of the child's early intervention and other services that will meet the child's and family's needs and lead to desired outcomes[199]
- Payment arrangements (funding sources and parental cost share), if any
- Other needed services, which are not Birth to 3 Program services
- The steps and services to be taken to support the child and family through transitions, including the transition upon reaching the age of 3 to a preschool program or other appropriate services[200]
- Signatures of the IFSP team

9.4.1 Early Intervention Services

The IFSP contains specific details about early intervention services. For each service provided by the local Birth to 3 Program, the IFSP must include its:

- Duration — The expected start and end dates (i.e., the date the service will begin and when it is expected the service will no longer be provided).
- Frequency — The number of days or sessions that the service will be provided (e.g., three times per week).
- Length — The amount of time the service is provided during each session (e.g., one hour).
- Intensity — Whether the service is provided on an individual or group basis.
- Method — How the service is provided (e.g., joint visits, consultation, team meetings, face-to-face visits, remote service delivery /telehealth).
- Setting — The location(s) in which the service will be provided.

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[198] Wis. Admin. Code § DHS 90.08(5)(a)(3)

[199] 34 CFR § 303.344(a-e, g)

[200] 34 CFR § 303.344(a-e, g)

A primary aim of the Birth to 3 Program is to provide services in everyday settings where children typically spend time (e.g., home, child care, park, library, etc.). Early intervention services are provided to the maximum extent appropriate in "natural" environments, and the IFSP must include a statement indicating whether each early intervention service is occurring in a setting where similar aged children without disabilities spend time.[201] If the IFSP team determines that a service cannot satisfactorily be provided in one of the child's typical environments, the IFSP must contain an explanation, based on the child's outcomes, why the IFSP team determined that another setting is more appropriate and steps the IFSP team will take to begin serving the child within the natural environment.[202]

If a parent requests a particular early intervention service, but the IFSP team does not include that service in the IFSP, the local Birth to 3 Program must provide the parent(s) prior written notice of the program's refusal to provide that service.[203] The notice must meet the requirements specified in Chapter 12: Procedural Safeguards.

9.4.2 Other Services

The IFSP also lists medical or other services that the child or family needs or receives through sources other than the Birth to 3 Program. If any of the other needed services are not currently being provided, the IFSP must include a description of the steps that the service coordinator or family may take in an effort to access those services.[204]

9.4.3 IFSP Form

Local Birth to 3 Programs may use the DHS Individualized Family Service Plan template (F-00989), or develop their own IFSP form as long as all of the requirements are met.

9.5 Implementation

The local Birth to 3 Program must provide the family a copy of the IFSP as soon as possible after each IFSP meeting, along with copies of any new evaluations or assessments, and must fully explain the contents of the IFSP to the parent.[205]

The parent's written consent is required before early intervention services are provided, and the parent has the right to determine which services they wish to receive.[206] If a parent does not give consent to a particular service or services, the Birth to 3 Program must make sure the

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[201] 34 CFR § 303.26, 34 CFR § 303.344(d)(1)(ii)(A)
[202] 34 CFR § 303.344(d)(1)(ii), 34 CFR § 303.126(b)
[203] 34 CFR § 303.421(a)
[204] 34 CFR § 303.344(e)
[205] 34 CFR § 303.409(c), 34 CFR § 303.342(e)
[206] 34 CFR § 303.342(e)

parent understands the nature of the service(s) and that the child will not receive that service without the parent's written consent.[207]

The local Birth to 3 Program requesting a parent's written consent for services must inform the parents of the following:

- The purpose of each service to be provided and the manner in which the service will be provided.
- The known cost to the parents of the services, if there are any costs, whether direct or indirect.
- Any likely effects on the parents of each service.
- The possible consequences of not consenting to each proposed service.
- If consent is not given, the child will not receive the services.[208]

If the parent does not provide written consent for a particular service, the other services they consent to on the IFSP must be provided. Parental consent may be revoked at any time.

Each early intervention service must begin within 30 days of parental consent. It is the service coordinator's responsibility to ensure Birth to 3 Program services begin in a timely fashion.[209]

The service coordinator is responsible for coordinating, facilitating, and monitoring the implementation of the IFSP and the delivery of early intervention services, including:

- Coordinating services across agency lines.[210]
- Helping parents identify Birth to 3 Program service providers and making referrals, as appropriate.[211]
- Helping parents access services and supports outside of the Birth to 3 Program, as needed.[212]
- Conducting follow-up activities and IFSP updates to determine that appropriate early intervention services are being provided.[213]

9.6 Reviews

The service coordinator conducts follow-up activities to determine appropriate early intervention services are being provided and is responsible for facilitating and participating in ongoing reviews of the child's IFSP.[214]

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[207] 34 CFR § 303.420(b)
[208] Wis. Admin Code § DHS 90.12(2)(b)2
[209] 34 CFR § 303.20(c), 34 CFR § 303.342(e), 34 CFR § 303.34(b)(6)
[210] 34 CFR § 303.34(a)(2)
[211] 34 CFR § 303.34(b)(5)
[212] 34 CFR § 303.34(b)(1)
[213] 34 CFR § 303.34(b)(7)
[214] 34 CFR § 303.34(b)(7), 34 CFR § 303.34(b)(4)

9.6.1 Periodic Review

An IFSP must be reviewed every six months, or more frequently if circumstances require or if the family requests it. Periodic reviews are used to determine the progress that is being made toward the child's outcomes and whether any changes need to be made to the IFSP, such as revising the services, outcomes, or results. The periodic review does not have to be a formal meeting. It can be carried out in any manner that is acceptable to the parents and other participants.[215]

A periodic review can simply consist of the parents, service coordinator, and anyone else the parent requests. [216] Depending on the child's and family's circumstances, the review may require the involvement of other service providers or those who were involved in the child's evaluation and/or assessment; however, this review does not require the full IFSP team.[217]

9.6.2 Annual Review

Each child's IFSP must be reviewed annually by the IFSP team, which consists of:

- The parent(s)
- Anyone else the parent(s) would like to have participate, such as other family members, friends, advocates, etc.
- The service coordinator
- At least one professional who served on the early intervention team (See Chapter 6: Evaluation for details) that conducted the child's evaluation or assessment
- People who provide early intervention services to the child, as appropriate[218]

The purpose of the annual review is to evaluate and revise, as appropriate, the IFSP for the child and the child's family. The IFSP team uses information from any current evaluations and the ongoing child and family assessments to review the service plan and make any updates or revisions, as appropriate.[219] Additionally, during the annual review, the parental cost share may be reassessed, and the local Birth to 3 Program's record policy may be discussed with the family.

9.6.3 Reducing or Ending a Service

When the IFSP team reduces or ends an early intervention service, the local Birth to 3 Program must provide the parent prior written notice about the change in service provision.[220] The notice must meet the requirements specified in Chapter 12: Procedural Safeguards.

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[215] 34 CFR § 303.342(b)
[216] 34 CFR § 303.343(b)
[217] 34 CFR § 303.343(b)
[218] 34 CFR § 303.343(a)(1)
[219] 34 CFR § 303.342(c)
[220] 34 CFR § 303.421(a)

9.7 Incorporating Transitions into the IFSP

Prior to the child's exit from the Birth to 3 Program, the IFSP is updated to reflect the steps to be taken and supports to be provided that will guarantee their smooth transition to preschool and other appropriate services.[221]

The IFSP should reflect that steps to be taken will include:

- Discussing future placements and other matters related to the transition with the parents, and providing them with any training, as appropriate.
- Discussing the various options for services when the child leaves the Birth to 3 Program and related questions or concerns the family has about the transition.
- Steps and procedures to prepare the child for changes in service delivery and help them adjust to and succeed in a new setting (whatever that setting may be).
- With the parent's consent, sending the child's information to the local school district.
- Identifying transition services and other activities to support the child and family through the change in services and transition out of the Birth to 3 Program.[222]

[221] 34 CFR § 303.344(h)(1)

[222] 34 CFR § 303.344(h)(2)

Chapter 10: Early Intervention Services

Early intervention services are selected by the IFSP team, which includes the family, to meet the unique developmental needs of the infant or toddler (i.e., physical, cognitive, communication, social or emotional, and/or adaptive development) and to achieve the results and outcomes identified in the IFSP. Early intervention services must be provided by qualified personnel as listed on the child's IFSP. Early intervention services must be provided to the maximum extent appropriate in home or community settings that are natural and typical for same-aged infants or toddlers without disabilities.

This chapter provides information about:

- Natural Environments
- The Primary Coach Approach to Teaming
- Early Intervention Services

10.1 Natural Environments

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in the child's and family's natural environment—the settings, activities, and routines that are meaningful to children and families and places where children without disabilities spend time. Natural environments are either home-based or community-based and may include, but are not limited to:

- Child care centers
- Libraries
- Shopping centers
- Religious centers
- The family home

For each child, the natural environment may be a different setting. The IFSP team should consider many home and community-based settings and activities in which the family participates or wishes to participate in determining where and how to provide services. Natural environments extend beyond settings and includes a set of best/effective concepts and practices including:

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- Learning activities and opportunities must be based on child and family interest and enjoyment.
- Learning is relationship-based.

- Learning should provide opportunities to practice and build upon previously mastered skills.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.

Helpful resources to assist programs in thinking more deeply about natural environments include:

- Agreed Upon Practices for Providing Early Intervention Services in Natural Environments.
- Seven Key Principles: Looks Like/Doesn't Look Like.
- Mission and Key Principles for Providing Early Intervention Services in Natural Environments.
- Parent-mediated everyday child learning opportunities: II. Methods and procedures.

A setting other than a natural environment may be used to provide services only when outcomes cannot be satisfactorily achieved for the child in a natural environment. If reasons exist for providing services in settings other than the child's natural environments, those justifications must be documented in the child's IFSP. Settings that are not considered natural environments include hospitals, clinics, and separate programs for children with delays or developmental disabilities.

10.2 Primary Coach Approach to Teaming

The Wisconsin Birth to 3 Program uses the Primary Coach Approach to Teaming in Natural Environments (PCATT) to implement evidence-based practices that lead to high-quality early intervention.

PCATT is an evidence-based practice that incorporates:

- Natural learning environment practices.
- Coaching as an adult learning strategy, which shifts the focus from interventions solely with the child to teaching parents/caregivers as well as the child strategies to support the child’s development.
- A primary coach approach to teaming, which provides a coordinated team of professionals to support and assist the parent or caregiver in all aspects of the child’s development.

The PCATT model is a family-centered process for supporting families of young children with disabilities in which one member of the identified IFSP team is selected as the primary coach, receives coaching from other team members, and uses coaching with parents and other primary

care providers to support and strengthen parenting competence and confidence in promoting child learning and development and obtaining desired supports. In the primary coach approach to teaming model, each child and family receive a primary coach from a team of professionals who implements the interventions defined in the IFSP with the family within the context of their everyday routines and activities.

The primary coach can be anyone who is part of the IFSP team. The primary coach is selected based upon the desired outcomes of the family and the needs and priorities of the child. The primary coach functions as the primary liaison between the family and other team members. The primary coach is backed by a team, which includes the family, the service coordinator, and professionals from the identified disciplines necessary to support the child's unique circumstances and developmental needs. Members of the child's team in the PCATT approach may include physical therapists, occupational therapists, speech therapists, special educators, registered nurses, psychologists, mental health professionals, social workers, dietician/nutritionists, and other professionals based upon the child 's needs.

The primary coach for a family should change as infrequently as possible. The primary coach may change in situations where the family or primary coach feels that — even with support and coaching from other team members — the primary coach will be ineffective in supporting the child, family, and/or caregivers. This could be due to changing needs of the child or family, or personality conflicts between the primary coach and family/caregivers.

All team members in the primary coach approach to teaming approach attend regular meetings in order to provide and receive colleague-to-colleague consultation, and to ensure that the child and family are making progress toward all IFSP outcomes. The primary coach receives ongoing support from other team members during team meetings, informal conversations, case-based discussions, and joint visits. Joint visits occur with the primary coach and other team members present in a home or community-based activity setting in which the child and family need support in promoting the child's participation. The frequency and intensity of joint visits is based upon the primary coach's need for support at a given time to address the specific needs of the child, family, or other caregivers. Helpful resources regarding PCATT are available on the Wisconsin Birth to 3 Program: Professional Development webpage.

10.2.1 Joint Visits- Medicaid

Joint visit (referred to as cotreatment by Wisconsin Medicaid) prior authorization requirements and reimbursement allowances for therapy providers (PT, OT, and SLP) are outlined in the ForwardHealth on line handbook topic #2728

10.3 Early Intervention Core Services

Local Birth to 3 Programs must make early intervention core services available at no cost to families. Core services include identification and referral, screening, the interdisciplinary

evaluation to determine eligibility, the assessment of a child, the identification of a service coordinator, provision of service coordination (see Chapter 8: Service Coordination for comprehensive information about service coordination as a Birth to 3 Program service), the development of an IFSP, and the protection of rights and procedural safeguards.

10.3.1 Complementary Services

Birth to 3 Programs can not restrict access to Birth to 3 Program services if a child is also receiving like or similar services in an outpatient therapy setting, or the reverse is true. Services in a clinic or outpatient setting can be complementary and not duplicative of Early Intervention services coordinated in the Birth to 3 Program.

For when a child is enrolled in Medicaid, ForwardHealth Handbook Topic #21278, Requesting Services for Members Under Age 21, states that, for children enrolled in Medicaid, ForwardHealth does not consider community-based PT, OT, and SLP to be duplicative of services received through the Birth to 3 Program. Members aged 0-3 years who participate in physical therapy, occupational therapy, and speech-language pathology services in one setting is not intended to replace services in the other setting. The policy recognizes that members aged 0-3 may require service through both the Birth to 3 Program and through the outpatient therapy setting out of medical necessity.

10.4 Early Intervention Services

The Birth to 3 Program may provide the following types of services, based on the unique needs of the child and family and to achieve the results and outcomes identified on the IFSP.[223] These services are subject to the parental cost share, if applicable.

10.4.1 Assistive Technology Devices

Assistive technology devices include any item, piece of equipment, or product system (whether acquired commercially off the shelf, modified, or customized) that is used to increase, maintain, or improve the child's functional capabilities. Surgically implanted medical devices (e.g., cochlear implants) or the optimization, maintenance, or replacement of such a device is not included under this service description.

10.4.2 Assistive Technology Services

This service consists of directly assisting the child and parents with the selection, acquisition, and/or use of an assistive technology device, including:

- Evaluating the needs of a child, including a functional evaluation in the child's usual environment

[223] The following service definitions are found under 34 CFR § 303.13(b). Health services are clarified at 34 CFR § 303.16.

- Purchasing, leasing, or otherwise providing for the acquisition of an assistive technology device for the child.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- Training or providing technical assistance for a child or their family.
- Training or providing technical assistance to professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of the child.

10.4.3 Audiology

Audiology services include:

- Identifying children with auditory impairments by using at-risk criteria and appropriate audiologic screening techniques.
- Determining the range, nature, and degree of hearing loss and communication functions through the use of audiological evaluation procedures.
- Referring children for medical and other services necessary for the habilitation or rehabilitation of an auditory impairment.
- Providing auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services.
- Determining the child's individual amplification, including selecting fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating their effectiveness.

10.4.4 Family Training, Counseling, and Home Visits

This set of services are provided by social workers, psychologists, and other qualified personal to assist the child's family in understanding the child's special needs and enhancing their capacity to support the child's development.

10.4.5 Health

Health services are those that are necessary to enable a child to benefit from other early intervention services. The service category includes:

- Clean intermittent catheterization.
- Tracheostomy care.
- Tube feeding.
- The changing of dressings or colostomy collection bags.
- Other health services.
- Physician consultations with other service providers regarding a child's special health care needs that must be addressed while providing other early intervention services.

This category of services does not include services that are:

- Surgical in nature (e.g., surgeries for cleft palate, club foot, or the shunting of hydrocephalus).
- Purely medical in nature (e.g., hospitalization for the management of congenital heart ailments or the prescribing of medicine or drugs for any purpose).
- Related to the implementation, optimization, maintenance, or replacement of a surgically implanted medical device (e.g., cochlear implants).
- Devices needed to control or treat a medical condition (e.g., heart monitors, respirators and oxygen, gastrointestinal feeding tubes and pumps).
- Medical services that are routinely recommended for all children (e.g., immunizations, regular "well baby" care).

10.4.6 Medical

Medical services are provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

10.4.7 Nursing

Nursing services include:

- Assessing a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems.
- Providing nursing care to prevent health problems, restore or improve functioning, or promote optimal health and development.
- Administering medications, treatments, and regimens prescribed by a licensed physician.

10.4.8 Nutrition

Nutrition services include:

- Conducting individual assessments in any of the following:
  - Nutritional history and dietary intake
  - Anthropometric, biochemical, and clinical variables
  - Feeding skills and feeding problems
  - Food habits and food preferences
- Developing and monitoring plans to address the nutritional needs of children based on one or more of the above assessments
- Making referrals to appropriate community resources to carry out nutrition goals

10.4.9 Occupational Therapy

Occupational therapy (OT) includes services to address a child's functional needs related to adaptive development, adaptive behavior, play, and sensory, motor, and postural development. OT services are designed to improve the child's functional ability to perform tasks at home and in community settings and include:

- Identifying, assessing, and intervening.

- Adapting the child's environment and selecting, designing, and the fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills.
- Preventing or minimizing the impact of initial or future impairments, developmental delay, or loss of functional ability.

10.4.10 Physical Therapy

Physical therapy (PT) includes services to promote sensorimotor function through the enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation, PT services include:

- Screening, evaluating, and assessing children to identify movement dysfunction.
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10.4.11 Psychological

Psychological services include:

- Administering psychological and developmental tests and other assessment procedures.
- Interpreting assessment results.
- Obtaining, integrating, and interpreting information about the child's behavior and the child's and family's conditions related to learning, mental health, and development.
- Planning and managing a program of psychological services, including:
    - Psychological counseling for children and parents
    - Family counseling
    - Consultation on child development
    - Parent training
    - Education programs

10.4.12 Sign Language and Cued Language

Sign language and cued language services include:

- Teaching sign language, cued language, and auditory/oral language
- Providing oral transliteration services (e.g., amplification)
- Providing sign and cued language interpretation

10.4.13 Social Work

Social work services include:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction.

- Preparing a social or emotional developmental assessment of the child within the context of their family.
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents.
- Working with those problems in the living situation (e.g., home, community, and any center where early intervention services are provided) of a child and their family that affect the child's maximum utilization of early intervention services.
- Identifying, mobilizing, and coordinating community resources and services to enable the child and their family to receive the maximum benefit from early intervention services.

10.4.14 Special Instruction

Special instruction services include:

- The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction.
- Planning curriculum, including the planned interaction of personnel, materials, and time and space that leads to achieving the outcomes in the IFSP.
- Providing families with information, skills, and support related to enhancing their child's skill development.
- Working with the child to enhance their development.

10.4.15 Speech-Language Pathology

Speech-language pathology (SLP) services include:

- Identifying children with communication or language disorders, or delays in the development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills.
- Referring a child for medical or other professional services for the habilitation or rehabilitation of communication or language disorder, or delays in the development of communication skills.
- Providing services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in the development of communication skills.

10.4.16 Transportation

Transportation includes the cost of travel and other costs that are necessary to enable a child and their family to receive early intervention services.

10.4.17 Vision

Vision services include:

- Evaluating and assessing a child's visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development.

- Referring a child for medical or other professional services necessary for the habilitation and/or rehabilitation of visual functioning disorders.
- Providing communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

10.5 Provider Qualifications

An early intervention service provider is any entity (public, private, or nonprofit) or individual who provides services under the Birth to 3 Program.[224] Early intervention service providers must be qualified according to state of Wisconsin approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which they are providing services.[225] [226]

[224] 34 CFR § 303.12(a)
[225] 34 CFR § 303.31
[226] Wis. Admin Code § DHS 90.11(6)

Chapter 11: Transitions

Throughout enrollment in the Birth to 3 Program, early intervention services are selected and IFSPs are written to respond to each child's unique circumstances and evolving developmental needs. This same family and child-centered approach is used to support families in successfully navigating the changes that come when a child leaves the Birth to 3 Program.

Some children may disenroll from the Birth to 3 Program when they turn three years old and are no longer eligible for early intervention services. Other children may leave the program before turning three for a variety of reasons, such as their family has moved out of state, or their parents no longer choose to receive services. Regardless of the reason for exiting the program, the local Birth to 3 Program works with families to make the transition as smooth as possible for children and their families.

As with every step of involvement with the Birth to 3 Program, transition planning is guided by the family's preferences and priorities. The program provides the family with information and options, and, to the extent the family would like assistance, makes referrals or introductions to other services to continue supporting their child's needs and development.

This chapter covers:

- Transition planning for all children leaving the program
- Referrals to special education services for children turning three, including:
  - Sending notification and referral to state and local educational agencies
  - A parent's right to opt out of their child being referred to the state and local education agency for preschool services
  - Late Referrals
- Eligibility for special education services
- Offering a transition planning conference to children determined potentially eligible for local education agency services

11.1 Transition Plan

All children leaving the Birth to 3 Program for any reason are required to have a transition plan in their IFSP. The transition plan is developed during IFSP team meetings and updates. Each family has different transition needs based upon their strengths, concerns, priorities, and resources. The number and types of services that are included in a transition plan depend upon each child's unique circumstances and their family's preferences. The local Birth to 3 Program works with parents to identify the supports necessary for a smooth and uninterrupted transition out of the Birth to 3 Program — whether that is a referral to special education services for children deemed potentially eligible or information about other appropriate services to support the child's needs and development.

The local Birth to 3 Program ensures that each child's IFSP team develops the transition plan in the IFSP not fewer than 90 days — and, at the discretion of all parties, not more than nine months — before the toddler's third birthday.[227] The transition plan must include the steps to be taken to support the child and family through transitions, including the transition upon reaching the age of 3 to a preschool program or to other appropriate services for children who may not be eligible for a preschool program. The transition plan must thoughtfully bridge families to supports and resources and document those decisions and steps that will be taken along the way. This is an individualized process, which looks very different for each child and family. In developing the transition plan, the local Birth to 3 Program must consider key questions to ask the family about the transition, such as:

- What does your family want and hope for your child during this transition?
- What are your concerns, fears, and goals for this transition?
- What would you like to see happen through this transition?
- Who would you like to see support you through this transition?
- What additional information do you want or need in order to help you through this process?

Each transition plan must involve:

- Discussing a prospective transition in advance with the parents and giving them information about the new setting and other matters related to the child's transition, including the role of the family.
- Implementing procedures to prepare the child for changes in service delivery, including helping with adjustment to and functioning in the new setting.
- With parental consent, forwarding of information about the child to the local educational agency or other service agencies to assure continuity of services.
- Identification of transition services and other activities that the IFSP team determines are necessary to support the child's transition.

11.2 Notification and Referral for Special Education Services

The federal Individuals with Disabilities Education Act requires states to have policies and procedures that ensure a smooth transition for children receiving early intervention services under IDEA Part C to preschool special education services under IDEA Part B. [228] This section provides information about when and how to refer children who are turning three to the state and local educational agencies (i.e., the Wisconsin Department of Public Instruction (DPI) and the local school district).

[227] 34 C.F.R. § 303.209(d)

[228] 34 C.F.R. § 303.209

In Wisconsin, there are two different times when a child's information may be sent to the state and the local education agency. Both are described in greater detail below, followed by information on the parent's right to opt out of disclosure of information to the state and the local education agency.

11.2.1 Initial State Education Agency (SEA)/Local Education Agency (LEA) Notification

The Wisconsin Birth to 3 Program's referral to special education services process first requires local Birth to 3 Programs to disclose limited contact information for a child and their family to the local education agency and state education agency (in Wisconsin, DPI) when they notify these agencies that a child is approaching the age of eligibility for preschool special education services. The following information is submitted through the online enrollment system to DPI and to the local school district where the child lives once the child turns 27 months old:

- The child's name
- The child's date of birth
- Contact information for the parent(s), including names, addresses, phone numbers, and language preference[229]

The notification is sent for all children enrolled in Birth to 3 Program at the time they turn 27 months old, regardless of whether they are likely to be eligible for Part B (i.e., special education) services, unless the family signs the Opting Out of LEA and SEA Notification form. More information on this is below in the section on Wisconsin's Opt-Out Policy.)

11.2.2 Referral to the State Education Agency (SEA)/Local Education Agency (LEA)

No fewer than 90 days prior to the child's third birthday, and no later than the day of the transition planning conference, the local Birth to 3 Program must electronically send through the state's data system the "LEA and SEA Referral" to the local school district and the SEA for all children determined to be potentially eligible for preschool special education services. The IFSP team determines whether a child receiving Birth to 3 Program services is potentially eligible for preschool special education services under Wisconsin law.[230] This determination is based upon all information the IFSP team has about a child's development and their progress shown while participating in the Birth to 3 Program.

The SEA/LEA referral for Part B special education services includes:

- The child's name
- The child's date of birth
- Contact information for the parent(s)

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[229] 34 CFR § 303.401(d)(1)

[230] Wis. Admin. Code § PI 11 (2022)

- At least one reason why the child is believed to be a child with a disability. For IDEA Part C purposes, this is interpreted as "a child is potentially eligible for LEA services" as determined by the Wisconsin Birth to 3 Program

With written parental consent, additional information about the child may be shared through the LEA and SEA referral to facilitate the child's transition to Part B special education services. This information includes, but is not limited to:

- The IFSP with initial IFSP date
- The name and telephone number of the service coordinator
- The name(s) of the service provider(s)
- A list of services the child received while in the Birth to 3 Program, the location(s), and start/end dates
- The child's area(s) of need
- Exit child outcome ratings
- Evaluation, assessment, and discharge reports
- Any other narrative comments describing the child and their area(s) of delay

Local Birth to 3 Programs may use the Consent for Exchange of Information with Local Education Agency form (F-21336) for a parent to indicate that they wish to have additional information about their child shared with the local school district where the child lives or their own release of information form.

11.2.3 Wisconsin Opt-Out Policy

Parents have the right to "opt out" of having their child's information shared with the Department of Public Instruction and the local school district.[231] In order to opt out of LEA and SEA notification/referral process, a parent must sign and return the Opting Out of LEA and SEA Notification (F-00169) form to the local Birth to 3 Program by the time their child is 27 months old. If parents choose to opt out of LEA and SEA notification, the LEA and SEA are not provided any information on the child participating in the Birth to 3 Program. This includes LEA and SEA notification at 27 months, referral to the LEA and SEA, and the transition planning conference. Parents have a right to reverse their decision to opt out of LEA and SEA notification at any time up to their child's third birthday. In order to reverse their decision to opt out of LEA and SEA notification, the parent must fill out a new Opting Out of LEA and SEA Notification (F-00169) form and indicate their intent to reverse their original decision.

Local Birth to 3 Programs must discuss the LEA and SEA notification and referral process and opt-out policy with parents at the time of initial IFSP development. The local Birth to 3 Program must provide the Opting Out of LEA and SEA Notification (F-00169) and the Wisconsin Opt-Out Policy to parents during initial IFSP development. Additionally, it is recommended that families be

[231] 34 CFR § 303.401(e)

informed of the upcoming LEA notification process at an IFSP meeting close to the child's second birthday.

11.2.4 Referrals after 27 Months of Age

When a child is determined eligible for the Birth to 3 Program after 27 months of age, the local Birth to 3 Program must notify the LEA and SEA as soon as possible that the child will shortly reach the age of eligibility for preschool special education services, unless a parent signs the Opting Out of LEA and SEA Notification (F-00169) form and returns it to the local program within 10 days of the initial IFSP meeting.

The process for LEA and SEA notification, LEA and SEA referral, and the parental right to opt out of notification is also detailed in DMS Memo 2018-04: Local Education Agency (LEA) and State Education Agency (SEA) Notification and Parental Right to Opt Out of Notification.

11.3 Eligibility for Special Education Services

The local Birth to 3 Program should note to families that the eligibility criteria for special education services is different than the Birth to 3 Program eligibility criteria. Information regarding special education eligibility criteria is available on the Department of Public Instruction website.

11.3.1 Children Not Determined Potentially Eligible for Special Education Services

If the local Birth to 3 Program determines that the child is not potentially eligible for preschool special education services, the program must, with the approval of the family, make reasonable efforts to convene a meeting to discuss other options and services available to the child to support their exit from the Birth to 3 Program. This meeting must include the local Birth to 3 Program, the family, and providers of other appropriate services for the child. The purpose of this meeting is to:

- Discuss the appropriate services the child may receive.
- Prepare a written plan to reflect decisions made at the meeting and the role of sending and receiving agencies.
- Provide LEA contact information to the family.

11.3.2 Children Determined Potentially Eligible for Special Education Services

If the local Birth to 3 Program determines that the child is potentially eligible for preschool special education services, the program must, with the approval of the family, convene a transition planning conference to discuss any special education services the child may receive. This meeting must include the local Birth to 3 Program, the family, and the local school district.

The meeting must take place not fewer than 90 days and, at the discretion of all parties, not more than nine months before the child's third birthday.

11.4 Transition Planning Conference

With the approval of the family of a child determined potentially eligible for special education services, the Birth to 3 Program convenes a transition planning conference, including the Birth to 3 Program, the family, and the local school district. The transition planning conference is most often held in the family home or other location convenient for the family. The transition planning conference is held not fewer than 90 days — and, at the discretion of all parties, not more than nine months — before the child's third birthday. The purpose of the transition planning conference is to support the family in understanding the transition process and help make the transition from the Birth to 3 Program to the preschool special education services as easy as possible for the child and family.

The transition planning conference involves:

- Discussing the family's hopes and concerns for their child.
- Discussing any services the toddler may receive under part B of IDEA and discussing the Individualized Education Plan process.
- Preparing a plan to reflect decisions made at the transition planning conference and the roles of sending and receiving agencies.
- Reviewing the child's program options for the period from the child's third birthday through the remainder of the school year.[232]

[232] 34 C.F.R. § 303.209(e)

Chapter 12: Families' Rights and Procedural Safeguards

Rights and procedural safeguards for children and families are built into the Birth to 3 Program through the IDEA Part C and state regulations.[233] These rights and procedural safeguards include ensuring parents make informed decisions and provide written consent before program activities are carried out or services are provided, maintaining the confidentiality of participants and their records, and providing mechanisms for parents to dispute or disagree with program decisions. Refer to Chapter 8: Service Coordination, "Involving and Informing Families", on the Birth to 3 Program's role in outlining a family's rights and providing all required information when a child enrolls in their local Birth to 3 Program.

This chapter provides information about:

- Informed Decision Making
  - Prior written notice
  - Consent
- Confidentiality of records
- Parental right to review and amend records
- Dispute Resolution
  - Filing program complaints
  - Mediation
  - Due process hearings

12.1 Informed Decision Making

The Birth to 3 Program prioritizes working in partnership with families, which includes ensuring that parents have the opportunity at every step of their child's participation in the program to make informed decisions. Informed decision-making ensures that families understand all information related to Birth to 3 Program services and activities and have equal opportunity to participate in any decisions made. Family members are equal participants in the IFSP team, and they must fully understand what to expect from program procedures, policies, and services. Families have the right to decline any aspect of the program.

12.1.1 Prior written notice

Prior written notice (PWN) is one mechanism for ensuring that parents are fully informed of and involved in program activities. The information provided in the PWN helps families understand what the Birth to 3 Program is recommending for their child and make informed decisions.

[233] 34 C.F.R. § 303, Wis. Admin. Code § DHS 90 (2021)

The PWN must include:

- A description of the proposed Birth to 3 Program action
- An explanation of why the action is proposed
- An explanation of other options that were considered and the reasons for rejecting them
- The information upon which the action is based
- A statement of the Child and Family's Birth to 3 Program Rights. The Child and Family's Birth to 3 Program Rights document must always be included with prior written notice[234]

The PWN must be provided in the parent's native language or other primary method of communication. If the parent's method of communication is not a written language, they have the right to have the notice translated orally or provided by other means.

The local Birth to 3 Program must provide PWN to families a reasonable time before:

- The program screens the child, if applicable.
- The program proposes to evaluate the child.
- The program proposes to conduct child or family assessments.
- The program is going to begin or change a child's early intervention services.
- The program determines a child's potential eligibility for LEA services (transition)
- The program discharges a child.[235]

If a program uses screening procedures to determine whether a child is suspected of having a disability, it must include in the PWN that parents have the right to request an evaluation at any point during the screening process.[236] If after screening a child, the program determines that they are not suspected of having a disability, the program must provide PWN that an evaluation is not recommended.[237] Even if a screening indicates that there is no disability, the parent has the right to have their child evaluated by the local Birth to 3 Program upon request.

12.1.2 Consent

Local Birth to 3 Programs must obtain written parental consent before performing screening, evaluation, or assessment procedures; providing services to a child or family; accessing private insurance or Medicaid; or disclosing personally identifiable information.[238]Before the parent signs the consent form, they must be provided with PWN to assure they are fully informed of the actions of the Birth to 3 Program. Consent in the Birth to 3 Program requires the following:

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[234] 34 CFR § 303.421 and Wis. Admin Code § DHS 90.12
[235] 34 CFR § 303.421
[236] 34 CFR § 303.320(a)(1)(i)
[237] 34 CFR § 303.320(a)(2)(ii)
[238] 34 CFR § 303.420(a)

- Parental consent must be given in writing. [239] Electronic signatures are an acceptable form of written consent.
- A parent may refuse consent for all or parts of the proposed screening, evaluation, assessment, services, or refuse consent to have their insurance billed or personally identifiable information disclosed.
- Parental consent is voluntary and stays in effect until the child leaves the program or consent is revoked but may be revoked at any time.
- If a parent withdraws consent for a particular service, that service may not be provided.
- Withdrawing consent for a particular service does not jeopardize the provision of other services.
- Reasonable efforts must be made to inform the parent of the possible effects of giving or not giving consent.

12.2 Confidentiality of Records

The local Birth to 3 Program must maintain an early intervention record for each child. The early intervention record must include all information recorded in any way by the local Birth to 3 Program or service provider regarding a child's screening, evaluation, assessment or eligibility determination, development and implementation of the IFSP, complaints dealing with the child or family and any other matter related to early intervention services provided to the child and the child's family. All records associated with Birth to 3 Program services belong to the local Birth to 3 Program. Contracted providers are required to turn over all records created as part of a child and family's service provision to the local Birth to 3 Program.

The local Birth to 3 Program is responsible for maintaining the confidentiality of the child's early intervention records. Only local Birth to 3 Program personnel who have a legitimate need for information from the child's early intervention record may have access to the record. The local Birth to 3 Program must maintain a list attached to the early intervention record which identifies by name the parents and by name and title the personnel and service providers who are identified in the child's IFSP as having a legitimate need for access to the early intervention record and who will have unrestricted access to that record. Confidential information from the child's early intervention record must not be disclosed to any other agency or individual without the parent's written consent.

12.2.1 Parental Right to Review and Amend Records

Local Birth to 3 Programs must provide parents with a summary of their record policy at the point of referral.[240] This summary must include information about the maintenance and disclosure of records and the types and locations of early intervention records collected,

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[239] 34 CFR § 303.7

[242] 34 CFR § 303.420(a)

maintained, or used by the program. Parents have the right to inspect and review all their child's early intervention records, including those which relate to the identification, evaluation, assessment, and the provision of early intervention services for their child, unless the local Birth to 3 Program has been informed that the parent does not have this right under state law. DHS published a Record Access Log that local Birth to 3 Programs may use to comply with the requirements of early intervention record access.

When a parent asks to review their child's early intervention records, the local Birth to 3 Program must make the records available to the parent within 10 days from the request. If the parent asks for a copy of the record, one copy must be supplied free of charge. The parental right to review the child's early intervention records include:

- Receiving explanations and interpretations of the records by local Birth to 3 Program staff.
- The right to have a representative review the records.
- The right to request copies of records.

Parents may request that the information in their child's early intervention record be amended if they believe that the information is inaccurate, misleading, or violates the privacy or other rights of their child. If the local Birth to 3 Program agrees to amend the record, it must be amended within a reasonable time. If the local Birth to 3 Program refuses to amend the record as requested, it must inform the parents of the refusal and their right to dispute resolution.

Parents will be informed that they may request the destruction of their child's records when they are no longer needed to provide early intervention services.

12.3 Dispute Resolution

When the family disagrees with the local Birth to 3 Program about any aspect of the program's activities or services, this is called a dispute. Families may have disputes about decisions made regarding evaluation for eligibility, eligibility determination, assessment results, services, payment of services, or other program activities. When a dispute arises, local Birth to 3 Programs must inform families of the options available to try to find a resolution to the dispute. These options include filing an IDEA complaint, mediation, and requesting a due process hearing.

12.3.1 IDEA Complaints

Any person or organization may file an IDEA Complaint to DHS if they have reason to believe that DHS, a local Birth to 3 Program, or any early intervention service provider is not meeting one or more of the requirements of a state or federal law regarding the Wisconsin early intervention system. The complaint must be in writing and must allege a violation of a requirement of Part C of IDEA (34 CFR 303) and/or Chapter 51.44 Wis. Stats. and/or DHS 90 Wis. Admin. Code. All complaints must include:

- A statement that DHS, the local Birth to 3 Program, or an early intervention service provider has violated early intervention law.

- The facts on which the statement is based.
- The contact information for the complainant.
- A description of the nature of the problem, including facts relating to the problem.
- A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
- The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received.
- If the complaint alleges violations with respect to a specific child, the complaint should also include:
    - The name of the child
    - The child's residence address
    - The name of the local Birth to 3 Program the child participates in

The person filing the complaint must send a copy of the complaint to the local Birth to 3 Program serving their child. The copy should be sent at the same time the complaint is made to DHS. The copy of the copy of a compliant for DHS should be sent to:

Part C Coordinator/Birth to 3 Program
Department of Health Services
Division of Medicaid Services
1 West Wilson Street, PO Box 7851
Madison, WI 53707

Once a complaint is submitted, DHS must provide the county Birth to 3 Program with the chance to respond to the complaint, including the opportunity to offer a solution to the complaint and for the family and county program to engage in mediation if they want. DHS must look into a complaint and issue a written decision within 60 days of receiving it. DHS can take longer than 60 days if special circumstances exist.

12.3.2 Mediation

DHS has established a mediation system to help parents and local Birth to 3 Programs resolve disputes concerning early intervention services for children with delays or disabilities. The mediation system provides a voluntary path of dispute resolution that protects the child's interests while helping parents and the local Birth to 3 Program reach a mutually acceptable solution. Mediation is a process in which a neutral and impartial third party, a mediator, helps people resolve disputes in a private setting. The mediator focuses discussions on the disputes and circumstances that resulted in the disagreement between the parents and the local Birth to 3 Program. The mediator does not impose a decision, but rather helps the parties identify issues, generate options, and create their own solutions. The Wisconsin Special Education Mediation System provides an updated list of qualified mediators in Wisconsin for Part C and Part B mediations.

Either a parent or a local Birth to 3 Program, or both, may request mediation by sending a written request to the Birth to 3 Program Mediation System. The request should include a brief description of the dispute and identify both the family and the local Birth to 3 Program. If an agreement is reached, the agreement is put into written form and signed by the parties. This agreement is legally binding.[241] The implementation of the agreement is the responsibility of both parties. The results of mediation cannot be used in the due process hearing process without the consent of both parties. Mediation does not delay or deny the family's right for a due process hearing.

Mediation services are paid for using state and federal funds. There is no cost to either the local Birth to 3 Program or the family for mediation.[242] Families interested in mediation should visit the DHS information page and follow the instructions provided there. Additional information can be found in the Birth to 3 Program Mediation brochure.

12.3.3 Due Process Hearing

A parent may challenge a local Birth to 3 Program's proposal, or refusal, to evaluate or provide services to their child by requesting a due process hearing, a formal process for settling disputes. The request must be in writing and filed with DHS within one year after the date of the local Birth to 3 Program's proposal or refusal. The family may send a request for a due process hearing by sending a completed Request for Hearing form. Alternatively, the family may send a letter requesting a due process hearing. The letter must include the name and address of the child; the county responsible for providing early intervention services to the child; a description of the nature of the problem relating to the action or inaction which is the subject of the complaint, including facts relating to the problem; and a proposed resolution of the problem to the extent known and available to the parent at the time.[243]

Requests for a due process hearing must be sent to:

Birth to 3 Program/Due Process Hearing
PO Box 7851
Madison, WI 53707

The due process hearing is heard by an administrative law judge appointed by the Department of Administration. The hearing takes place at a time and place agreeable to both the family and the local Birth to 3 Program. During the hearing, the family, the local Birth to 3 Program and any witnesses have the opportunity to present evidence. Both the local Birth to 3 program and the family are entitled to have an attorney and/or advisors present.

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[243] 34 CFR § 303.431(5)(ii)
[242] 34 CFR § 303.431(b)(3)
[243] Wis. Admin Code. § DHS 90.12(6)3(b)

The child's early intervention services may not be changed during the hearing process unless the parent and the local Birth to 3 Program agree. If the hearing involves initial admission to the local Birth to 3 Program, the child, with the written consent of the parent, must receive undisputed early intervention services until the completion of the proceedings. The due process hearing will be completed, and a decision made within 30 days of the request. The local Birth to 3 Program is responsible for the costs of the hearing.

The administrative law judge will send a copy of the decision to each party with a notice of appeal rights. A hearing decision will consist of finding of fact, conclusions of law, and will be based on the evidence presented. The decision of the administrative law judge is final unless appealed by either the family or the local Birth to 3 Program within 30 days to federal district court or the circuit court for the county in which the child resides.

Appendix A: Birth to 3 Program Review Protocol/Measurement Tool

Birth to 3 Program Review Protocol

B-3_Protocol__1248014.pdf (govdelivery.com)

Objective, Standardized Measurement Tool

The following Record Review Tool will be used for record reviews conducted during calendar year 2025.

Four Point Likert Scale - *A numeric value will be assigned to each level, which will allow for an overall rating of each Key Focus Area*			
Key			
Level 0: Does not meet minimum quality standards Numeric Value = 0	**Level 1:** Emerging minimum quality standards. Numeric Value = 1	**Level 2:** Meets minimum quality standards. Numeric Value = 2	**Level 3:** Exceeds standards Numeric Value = 3
Key Focus Area: Family Engagement *Family Assessment tools utilized for each child will be identified*			
Level 0: The quality practices identified in Level 1 are not present in the review period.	**Level 1:** All of the following quality practices must be present in the review period to achieve this level. Five practices always apply (A); one applies in some situation (S).	**Level 2:** All of Level 1 + one – five (1-5) of the quality practices identified below.	**Level 3**: All of Level 1 + six (6) or more of the quality practices identified below.
	1. Assessment includes child's community experiences, what they are involved in, do the families want community involvement, including engagement with extended family, attendance at community events or activities, participation in community child care, etc. (A) (R)	1. Serving child across natural environments and multiple settings, and include the parent or caregiver (not just seen at one setting). (A) (R) 2. Use of the primary coach approach to teaming. (A) 3. Use of a family assessment tool, such as the RBI. (A)	1. Serving child across natural environments and multiple settings, and include the parent or caregiver (not just seen at one setting). (A) (R) 2. Use of the primary coach approach to teaming. (A) 3. Use of a family assessment tool, such as the RBI. (A)

	2. Completed family assessments at regular intervals and as SC gets to know the family better. (A) (R) 3. Observation of child in other settings (or settings where the family goes). (A) (R) 4. 'Tell us about your family' section of the IFSP is completed with details of the family; the section is updated at initial IFSP or each IFSP review. (A) (R) 5. Joint planning with the family. (A) (R) 6. Interpreter available for assessment and evaluation, IFSP development and review and provision of intervention/services. (racial equity) (S) (R)	4. Supporting family in being advocates for their child. (A) 5. Evidence of effort to provide services when the family is available (working parents, as example). (A) 6. Supporting religious and culturally important and relevant preferences. (racial equity) (A) 7. Family identifies barriers to community integration, or other items, and problem solving with the family is done (not saying 'out of scope')/support family in advocacy) (S) 8. Creative attempts to engage the family in sessions when there are frequent cancelations or lack of response (attempts to contact). (S) 9. Assessment specifically discusses cultural preferences, and if they are part of a group that has social determinants of health to identify families more at risk. (racial equity) (S) 10. Supports and referrals to support community involvement and integration in a variety of activities and locations – promotes diversity. (S) (R) 11. Additional supports beyond those required, are present at IFSP review meetings	4. Supporting family in being advocates for their child. (A) 5. Evidence of effort to provide services when the family is available (working parents, as example). (A) 6. Supporting religious and culturally important and relevant preferences. (racial equity) (A) 7. Family identifies barriers to community integration, or other items, and problem solving with the family is done (not saying 'out of scope')/support family in advocacy) (S) 8. Creative attempts to engage the family in sessions when there are frequent cancelations or lack of response (attempts to contact). (S) 9. Assessment specifically discusses cultural preferences, and if they are part of a group that has social determinants of health to identify families more at risk. (racial equity) (S) 10. Supports and referrals to support community involvement and integration in a variety of activities and locations – promotes diversity. (S) (R) 11. Additional supports beyond those required, are present at IFSP review meetings

		(natural supports, advocates other service providers – HeadStart, childcare providers, etc). (S) (R)	(natural supports, advocates other service providers – HeadStart, childcare providers, etc). (S) (R)
Key Focus Area: Social and Emotional Practices			
Level 0: The quality practices identified in Level 1 are not present in the review period.	**Level 1:** All of the following quality practices must be present in the review period to achieve this level.	**Level 2:** All of Level 1 + one – two (1-2) of the quality practice identified below	**Level 3:** All of Level 1 + three (3) or more of the practices identified below.
	1. Use of standardized assessment tool to assess social-emotional development and needs (norm or criterion referenced). (A) (R)	1. An intentional focus on social and emotional needs and how outcomes support these needs (not necessarily a SE outcome). (A) (R) 2. Providing information to the family on child development. (A) (R) 3. Use of EBP and interventions to support increased SE development. (A) (R) 4. Inclusion of outcomes to support/enhance social and emotional needs, if identified by parent or caregiver or standardized assessment tool. (S) 5. Exploring why a parent may feel child has a diagnosis of autism, or other disability/behavior need. (S) 6. Case notes or therapy notes indicate progress with social and emotional outcomes. (S)	1. An intentional focus on social and emotional needs and how outcomes support these needs (not necessarily a SE outcome). (A) (R) 2. Providing information to the family on child development. (A) (R) 3. Use of EBP and interventions to support increased SE development. (A) (R) 4. Inclusion of outcomes to support/enhance social and emotional needs, if identified by parent or caregiver or standardized assessment tool. (S) 5. Exploring why a parent may feel child has a diagnosis of autism, or other disability/behavior need. (S) 6. Case notes or therapy notes indicate progress with social and emotional outcomes. (S)
Key Focus Area: Transition			

Level 0: The quality practices identified in Level 2 are not present in the review period.	**Level 1:** Level not applicable.	**Level 2:** All of the following quality practices applicable must be present in the review period to achieve this level.	**Level 3:** All of Level 2 and one or more of the practice below.
		1. Family has a clear plan of the next steps and what to expect after the Birth to 3 Program. (A) (R) 2. Transition page of the IFSP is individualized with family-identified transitions. (A) (R) 3. Implementing procedures to prepare the child and family for changes in service delivery, or discharge, including helping with adjustment to and functioning in the new setting. (S) (R)	1. Multiple transition points are addressed on the Transition page of IFSP in addition to leaving the program. This could include: starting child care/moving to new child care, family move, new sibling, parent going back to work, etc. (A) 2. Multiple resources are discussed and offered to families when leaving the Birth to 3 Program, including special education (if applicable) and other community resources. (S) 3. Ongoing assessment was used to address changes in condition, development or diagnosis. (S) (R) 4. Referrals and resources offered to family for changes in needs, condition or diagnosis. (S) 5. Joint visits and teaming used to address changing needs or when additional needs are identified or support/coaching is needed on behalf of the primary coach. (S)

Key Focus Area: Child IFSP Outcome Practices *Child Assessment tools utilized for each child will be identified*			
Level 0: The quality practices identified in Level 2 are not present in the review period.	**Level 1:** Not applicable for this focus area – majority of quality practices are always applicable and required under 34 CFR 303 and DHS 90.	**Level 2:** All of the following quality practices must be present in the review period to achieve this level (when applicable). One practice is sometimes applicable.	**Level 3:** Level 2 achieved + the quality practice identified below.
		1. Assessed delays have strategies and services needed to achieve the identified outcome (IFSP outcome procedures). (A) (R) 2. Outcomes are specific, measurable, and include timelines. (A) (R) 3. Appropriate assessment tools utilized for a comprehensive child assessment. (A) (R) 4. Outcomes are related to developmental areas or concerns identified in the referral, assessment and evaluation. (A) (R) 5. Outcomes are functional, contextualized to the child and family's situation. (A) 6. Outcomes are written in the family's language/voice and priorities. (A) 7. Outcomes are individualized. (A) (R) 8. Services provided support identified outcomes. (A) (R)	1. Team members are in contact with each other for updates on child and progress, this could occur at joint visits, team meetings, or via other methods of communication (phone, text, email) (A)

		9. Outcomes are reviewed and evaluated routinely, indicating progress or lack of progress. (A) (R) 10. Child outcome ratings were determined using objective decision-making, evidenced by: 1) use of the decision tree or bucket list, 2) team discussion and 3) use of an age anchoring tool or process. (S)	