

Dear Colleague,

On November 30, 2016, changes in regulation 10 NYCRR Subpart 69-4, which governs the Early Intervention Program (EIP), were adopted. These changes to regulation were made to conform to federal regulations issued by the U.S. Department of Education (34 CFR Parts 300 and 303), and to conform to recent amendments to Title II-A of Article 25 of the Public Health Law (PHL). The purpose of this correspondence is to summarize the changes in regulations as noted. Providers and counties should be adhering to the revised regulations as of the date of adoption.

The revised regulations for the Early Intervention Program, Subpart 69-4 can be found on the Department of Health website at: http://www.health.ny.gov/community/infants_children/early_intervention/regulations.htm

The following chart outlines, by section, where adopted changes were made. Wording that is underlined indicates a change in previous language or addition of language in the regulation.

Section 69-4.1- Definitions

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.1(b)(1)-(2)	X		Section 69-4.1(b) Assessment means <u>initial</u> and ongoing procedures used to identify: (1) the child's unique needs and strengths and the services appropriate to meet those needs; and, (2) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.	The regulation has been amended to include the word "Initial" to clarify that the assessment process starts at the initial multidisciplinary evaluation (MDE).
Section 69-4.1(j)	X		Section 69-4.1(j). Dominant <u>or native Language when used with respect to an individual who is limited English proficient</u> , means the language or mode of communication normally used <u>by that individual, or in the case of the child</u> , the language normally used by the parent of an eligible or potentially eligible child, <u>except that: (1) For evaluations and assessments conducted pursuant to section 69-4.8 of this Subpart, dominant or native language</u>	The regulation has been amended to ensure that evaluations are conducted in the language that is normally used by the child, if developmentally appropriate.

			<p><u>means the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and assessment. (2) When used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, dominant or native language means the mode of communication that is normally used by the individual.</u></p>	
Section 69-4.1(l)	X		<p>Section 69-4.1(l) Early intervention services means:</p> <p>(1) services that are:</p> <p>(i) designed to meet the developmental needs of children eligible under this program and the needs of the family related to enhancing the child's development in accordance with the functional outcomes specified in the Individualized Family Service Plan, <u>in one or more of the following areas of development, including: (a) physical; (b) cognitive; (c) communication; (d) social or emotional; or (e) adaptive.</u></p> <p>(2) Early intervention services include:</p> <p>(i) Assistive technology device means 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 functional capabilities of children with disabilities. <u>This does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.</u></p>	<p>The regulation has been amended to include functional outcomes related to services added to the IFSP, to address the child's developmental needs in one or more of the five developmental domains.</p> <p>The regulation has been amended to exclude medical devices that are surgically implanted from the definition of Assistive Technology Device.</p>

		<p><u>(xiii) Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.</u></p> <p><u>(xviii) Health Services means services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving other early intervention services.</u></p> <p><u>(c) The term health services does not include the following:</u></p> <p><u>(5) services that are related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.</u></p> <p><u>(i) Nothing in this Subpart shall limit the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes and</u></p> <p><u>(ii) Nothing in this Subpart shall prevent the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly.</u></p>	<p>The regulation has been amended to include additional services as part of the provision of sign language and cued language services.</p> <p>The regulation has been amended to clarify that the exclusion of surgically implanted device from the definition of assistive technology device does not limit the child's right to receive services that are identified in the child's IFSP; and, does not prohibit a provider from routinely checking that a hearing aid or external components of a surgically implanted device are working.</p>
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Section 69-4.1(w)	X		<p>Section 69-4.1(w) Individualized Family Service Plan (IFSP) means a written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family. The plan must: (1) be developed jointly by the family, appropriate qualified personnel involved in the provision of early intervention services, <u>and the early intervention official;</u></p> <p>(2) be based on the evaluation and assessment described in section 69-4.8 of this subpart; and</p> <p>(3) include matters as specified in Section 69-4.11 of this subpart; and</p> <p>(4) <u>be implemented as soon as possible once written parental consent for the early intervention services in the IFSP is obtained.</u></p>	<p>The regulation has been amended to include the early intervention official as an IFSP team member and clarifies that the IFSP must be implemented when written parental consent for the IFSP is obtained.</p>
Section 69-4.1(ao)	X		<p>Section 69-4.1(ao) Personally identifiable information <u>shall mean the same as “personally identifiable information” as defined in 34 CFR 99.3 of the Family Educational Rights and Privacy Act (FERPA), except that the term “student” and “school” as used in FERPA shall mean “child” and “early intervention service provider”, respectively, as used in this Subpart.</u></p>	<p>The regulation has been amended to replace the terms “student” and “school” with “child” and “early intervention service provider”, which must be used in policies, procedures and other documents in the Early Intervention Program.</p>

Section 69-4.2, Early Intervention/Public Health Official's role in the Child Find System

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.2 (b)	X		Section 69-4.2 (b) <u>If a child is referred to the early intervention program fewer than 45 days before the child's third birthday and is potentially eligible for services under section 4410 of the Education Law, the early intervention official, with parental consent, shall refer the child to the committee on preschool special education (CPSE) of the local school district in which the child resides and, is not required to conduct an evaluation, assessment, or initial IFSP meeting for the child.</u>	The regulation has been amended to clarify that for children referred to the EIP fewer than 45 days before their third birthday, the EIO does not have to authorize an MDE or convene an IFSP meeting and, with parental consent, must refer the child directly to the CPSE.

Section 69-4.3, Referrals

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.3(a)	X		<p>Section 69-4.3(a) The following primary referral sources shall, within two working days of identifying an infant or toddler who is less than three years of age and suspected of having a disability or at risk of having a disability, refer such infant or toddler to the official designated by the municipality, unless the child has already been referred or unless the parent objects: all individuals who are qualified personnel; all approved evaluators, service coordinators, and providers of early intervention services; hospitals; child health care providers; day care programs; local health units; local school districts; local social service districts <u>including public agencies and staff in the child welfare system</u>; public health facilities; early childhood direction centers; <u>domestic violence shelters and agencies</u>; <u>homeless family shelters</u>; and, operators of any clinic approved under Article 28 of Public Health Law, Article 16 of the Mental Hygiene Law, or Article 31 of the Mental Hygiene Law.</p>	<p>The regulation has been amended to add new primary referral sources authorized and required to refer children to the EIP, unless the parent objects. The newly added referral sources are</p> <ul style="list-style-type: none"> • public agencies and staff in the child welfare system • domestic violence shelters and agencies • homeless family shelters.

Section 69-4.6, Standards for initial and ongoing service coordinators

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.6(b)	X		<p>Section 69-4.6(b) Service coordination shall be an active ongoing process that involves:</p> <p>(1) assisting parents of eligible infants and toddlers in gaining access to the early intervention services and other services identified in the individualized family service plan, <u>including making referrals to providers for needed early intervention services and other services identified in the IFSP, and scheduling appointments for infants and toddlers with disabilities and their families.</u></p> <p>(3) coordinating the provision of early intervention services and other services (such as <u>educational, social, and medical services for other than diagnostic and evaluation purposes</u>) that the infant or toddler <u>and the family</u> needs or is receiving;</p> <p>(4) facilitating the timely delivery of <u>early intervention services; as soon as possible after written parental consent for the services in the IFSP is obtained.</u></p>	<p>The regulation has been amended to clarify the responsibilities of the service coordinator to include:</p> <ul style="list-style-type: none"> • securing providers for EIP services identified in the IFSP • scheduling appointments for the children and families on their caseload. <p>This regulation has been amended to require the service coordinator to coordinate both EIP services and non EIP services, such as educational and social services that a child and family need.</p> <p>The regulation has been amended to establish written parental consent on the IFSP, as the start of the timeline for when services must start.</p>
Section 69-4.6(c)	X		<p>Section 69-4.6(c) Specific service coordination activities shall include:</p> <p>(3) <u>conducting referral and other activities</u> to assist families in identifying available <u>early intervention program</u> service providers</p>	<p>The regulation has been amended to clarify the responsibilities of service coordinators to include:</p> <ul style="list-style-type: none"> • making referrals to providers of services identified as being needed by the family

		<p>(4) <u>coordinating, facilitating, and monitoring the delivery of early intervention services to ensure that the services are provided and in a timely manner.</u></p> <p>(5) <u>conducting follow-up activities to determine that appropriate early intervention services are being provided and in a timely manner;</u></p> <p>(6) <u>informing families of their rights and procedural safeguards; and</u></p> <p>(9) <u>coordinating the funding sources for services required under this Subpart.</u></p>	<ul style="list-style-type: none"> • coordinating services for the family to ensure services are being provided within required timelines • contacting families and providers to ensure that services are provided within required timelines • conducting follow-up activities to determine that services being provided are appropriate • informing families of their due process rights • obtaining third party insurance information. <p>Note Service coordinators must maintain documentation that shows these requirements are being met for EI eligible children and families whose cases they are assigned.</p>
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Section 69-4.11, Individualized Family Service Plan

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.11(a)	X	X	<p>Section 69-4.11(a) Individualized Family Service Plan (IFSP) Participation</p> <p>(1) If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting <u>of the IFSP team</u> within 45 days of the receipt of the child's referral, to develop the initial IFSP, <u>provided however that such timeline does not apply for any period when:</u></p> <p><u>(i) the child or parent is unavailable to complete the initial evaluation and assessment of the child and family or is unavailable for the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records and the multidisciplinary evaluation, and the initial evaluation and assessment and the initial IFSP meeting are completed as soon as possible after the exceptional family circumstances no longer exist;</u> <u>or</u></p> <p><u>(ii) the parent has not provided timely consent for the initial evaluation and assessment of the child despite documented repeated attempts by the evaluator to</u></p>	<p>The regulation has been amended to include exceptions to the 45 -day timeline requirement for convening a meeting of the IFSP team. These exceptions include exceptional family circumstances and lack of consent.</p> <p>Service coordinators must maintain a record of their activities and any exceptional circumstances that make the child or parent unavailable to complete the initial evaluation and assessment of the child and family.</p> <p>If a family is unavailable for the initial IFSP meeting due to exceptional circumstances, reasons for delay should be documented.</p> <p>Once the exceptional family circumstances no longer exist and parent consent is obtained, the multidisciplinary evaluation, initial evaluation, and assessment of the child and family, and the initial IFSP, must be conducted as soon as possible.</p> <p>If the parent has not provided consent for the initial evaluation and assessment, the evaluator must document repeated attempts to obtain consent. Once consent is</p>

		<p><u>obtain parental consent, and the initial evaluation and assessment and the initial IFSP meeting are completed as soon as possible after parental consent has been obtained for the initial evaluation and assessment of the child.</u>(7) If the IFSP team members, including the early intervention official and the parent, agree on the initial or subsequent IFSPs, the IFSP shall be deemed final and the ongoing service coordinator shall be authorized to implement the plan</p> <p>(9) If the IFSP team members, including the early intervention official and the parent, do not agree on an IFSP, the service coordinator shall implement the sections of the proposed IFSP that are not in dispute, and the parent may exercise his or her due process rights to resolve the dispute.</p> <p>(10) The IFSP shall be in writing and include the following:</p> <p>(iv) a statement of the measurable results or measurable outcomes expected to be achieved for the child and the family_ <u>(including pre-literacy and language and numeracy skills, as developmentally appropriate for the child)</u>, including timelines, and the criteria and procedures that will be used both to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services is necessary.</p> <p>(viii) <u>to the extent appropriate,</u> a statement of other services,</p>	<p>obtained the meetings must be completed as soon as possible</p> <p>The regulation has been amended to include the early intervention official as a member of the IFSP team and to clarify that agreement on the IFSP is not between the EIO and the parent; rather, <u>all members of the IFSP team,</u> must agree on the IFSP for the plan to be deemed final.</p> <p>The regulation has been amended to ensure that for children who are remaining in the EIP beyond their third birthday, and when appropriate for the child, pre-literacy, language, and numeracy skills; be included in the child's IFSP.</p> <p>The regulation has been amended to require that the</p>
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		<p>including medical services, <u>that the child and family needs or is receiving through other sources, but that are neither required nor funded by the program. If such services are not currently being provided, the IFSP shall include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.</u></p> <p>(x) the projected dates for initiation of services, <u>which date must be as soon as possible but no later than 30 days after the parent provides written consent for the services in the IFSP or any subsequent amendments to the IFSP,</u> and the anticipated duration of these services, <u>provided however that: if the parent and other members of the IFSP team determine that one or more types of service(s) included in the IFSP must appropriately be initiated more than 30 days after the parent provides written consent for the services in the IFSP, such service(s) must be delivered no later than 30 days after the projected date of initiation of such service(s) as set forth in the IFSP.</u></p> <p>(xiii) if applicable, <u>establishment of a transition plan with the steps and services</u> to be taken supporting the potential transition of the toddler with a disability to services provided under section 4410 of the Education Law, or to other services, including:</p> <p>(a) discussions with and education of parents regarding</p>	<p>IFSP includes a statement of other services, including medical services or social services, that the child and family needs or is receiving through other sources outside of EI. If these services are not being provided, the IFSP must include how these services will be located.</p> <p>The regulation has been amended to include, projected dates for initiation of services on the IFSP, be as soon as possible, but no later than thirty days after the parent provides written consent for the services. Additionally, if the IFSP team determines a service should be initiated at a later date, that service must be initiated within 30 more days.</p> <p>The regulation has been amended to specify that the transition plan is a component of the IFSP and must include the steps needed to facilitate the child's transition to other services.</p>
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		<p>potential options and other matters related to the child's transition, including:</p> <p>(1) <u>if the child is potentially eligible for services under section 4410 of the Education Law, the service coordinator shall notify the Committee on Preschool Special Education (CPSE) of the local school district in which the child resides of the child's potential transition for services under section 4410 of the Education Law, unless the parent objects to such notification orally or in writing. The service coordinator shall explain to the parent the procedures by which the parent may object to notification of the CPSE of the child's potential transition and the deadline for such objection; and</u></p> <p>(2) <u>if the child is potentially eligible for services under section 4410 of the Education Law, the parent must timely refer, or provide consent for the service coordinator to refer, the child to the CPSE of the local district in which the child resides for an evaluation to determine the child's eligibility for such services.</u></p> <p>(4) <u>the requirement for the service coordinator to convene, with the approval of the parent, a conference among the early intervention official, the parent, and the chair or designee of the CPSE, no fewer than 90 days before the child's third birthday or the date on which the child is first eligible for services under section 4410 of the Education Law, and at the discretion of all parties, no more than nine months prior to the child's third birthday, to discuss any</u></p>	<p>The regulation has been amended to require the service coordinator to notify the CPSE of a child's potential eligibility for preschool special education services, unless the parent objects.</p> <p>The regulation has been amended to require the service coordinator to refer a potentially eligible child to the CPSE, with parental consent.</p> <p>The regulation has been amended to require the service coordinator to:</p> <ul style="list-style-type: none"> • convene a transition conference with parent consent, to discuss services and program options • convene the conference no fewer than 90 days before the child's third birthday or the date on which the child is first
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			<u>services the child may receive under the Education Law</u> , review the child's program options and establish a transition plan.	eligible for preschool services <ul style="list-style-type: none">• establish a transition plan as required by timelines.
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Section 69-4.17 Procedural Safeguards

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.17(i)	X		<p>Section 69-4.17(i)(1) Availability of complaint procedures</p> <p>(i) Complaints shall be submitted in writing to the department.</p> <p>(ii) <u>The complaint shall allege a violation of laws, rules or regulations that occurred not more than one year prior to the date that the complaint is received.</u></p> <p>(iii) <u>The party filing the complaint must forward a copy of the complaint to the early intervention official, any provider who is the subject of the complaint, and to the service coordinator of the child named in the complaint, at the same time the party files the complaint with the Department.</u></p> <p>(iv) <u>The complaint shall include:</u></p> <p>(a) <u>statement that the Department, municipality, or provider has violated a requirement of Part C, Title 34 of the Code of Federal Regulations, Title II-A of Article 25 of the Public Health Law; or Subpart 69-4: Early Intervention Program regulations;</u></p> <p>(b) <u>the facts on which the complaint is based; and</u></p>	<p>The regulation has been amended to clarify changes to complaint procedures.</p> <p>This regulation has been amended to clarify that complaints must be submitted in writing.</p> <p>The regulation has been amended and adds a new limitation of one year in which to file a complaint.</p> <p>The regulation has been amended to require a complainant to forward a copy of the complaint to the early intervention official, any provider(s) who is the subject of the complaint and to the child's service coordinator at the same time the complaint is submitted to the Department.</p> <p>The regulation has been amended to include new required contents of a complaint, including:</p> <ul style="list-style-type: none"> • a statement of the alleged violation of a requirement of federal Part C Regulations or Early Intervention Public Health Law or EIP regulations • the factors on which the complaint is based

		<p><u>(c) the signature and contact information for the complainant.</u></p> <p><u>(v) If alleging violations with respect to a specific child, the complaint shall also include.</u></p> <p><u>(a) the name, date of birth, and address of the residence of the child;</u></p> <p><u>(b) the name of the provider(s), service coordinator, and municipality serving the child;</u></p> <p><u>(c) a description of the nature of the problem associated with the child, including facts relating to the problem; and</u></p> <p><u>(d) a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.</u></p> <p>(2) All investigations shall be completed within 60 calendar days of the receipt of the <u>complaint</u> by the Department of Health</p> <p>(3) Upon receipt of a complaint the complainant shall be informed of the following;</p> <p><u>(ii) the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;</u></p> <p><u>(iii) the opportunity for a parent who has filed a complaint to voluntarily engage in mediation, in accordance with section 69-4.17(g) of this Subpart;</u></p>	<ul style="list-style-type: none"> • the signature and contact information of the complainant. <p>The regulation has been amended and requires that a complaint alleging a violation with respect to a specific child must include:</p> <ul style="list-style-type: none"> • the name, date of birth and address of the child • the name of the provider, service coordinator and municipality serving the child • a description of the problem • a proposed solution to the problem. <p>The regulation has been amended to replace the word 'allegation' with the word 'complaint'.</p> <p>The regulation has been amended to ensure that complainants are informed of:</p> <ul style="list-style-type: none"> • the opportunity to submit additional information regarding the alleged violation • the option for parents who submit a complaint to participate in mediation
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		<p><u>(iv) the right of the complainant to receive a written decision that addresses each allegation in the complaint, contains findings of fact and conclusions, and describes the reasons for the final decision; and,</u></p> <p><u>(v) that the subject of the complaint shall have the opportunity to respond to the complaint.</u></p> <p>(4) <u>The Department may permit an extension of the time limit of the issuance of a written decision under paragraph (2) of subdivision (i) of this section only if:</u></p> <p><u>(i) exceptional circumstances exist with respect to a particular complaint; or</u></p> <p><u>(ii) the parent (or individual or organization) and the Department, municipality, or provider involved agree to extend the time to engage in mediation pursuant to subparagraph (i)(3)(iii) of this section.</u></p> <p>(5) The investigation of any complaint shall include:</p> <p><u>(i) the opportunity for the subject of the complaint to respond to the complaint;</u></p>	<ul style="list-style-type: none"> the right of the complainant to receive a written decision the opportunity for the subject of a complaint to respond to the complaint. <p>Note: the system complaint process no longer maintains anonymity of the complainant.</p> <p>The regulation has been amended to add language which permits extension of the complaint timeline under certain conditions.</p> <p>The regulation has been amended to require the investigation of a complaint to allow the opportunity for the subject of the complaint to respond to the complaint.</p> <p>The regulation has been amended to allow for an on-site investigation of a complaint, if determined necessary by the Department.</p>
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Section 69-4.20, Transition Planning

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.20(a)	X	X	<p>Section 69-4.20(a) A transition plan shall be established in the IFSP to ensure a smooth transition for every child exiting the Early Intervention Program</p> <p><u>(1) If the child may be eligible for preschool services under section 4410 of the Education Law, the service coordinator, with parental consent, shall convene a conference among the early intervention official, the parent, and the chairperson of the CPSE or designee, not fewer than 90 days, and at the discretion of all parties, not more than nine months before the child's third birthday to discuss any services the child may receive under education law.</u></p> <p><u>(2) If the child is not potentially eligible for preschool services under section 4410 of Education Law, the service coordinator, with parental consent, shall make reasonable efforts to convene a conference among the early intervention official, the parent, and providers of other appropriate services for the toddler to discuss appropriate services that the child may receive, including early education, Head Start, Early Head Start, child care programs or other appropriate services.</u></p> <p><u>(3) All meetings to develop the transition plan, including the transition conference, must be at a time and place mutually convenient to all participants</u></p>	<p>The regulation has been amended to add the requirement that a transition plan be included for all children in their IFSP.</p> <p>The regulation has been amended to specify the timeframe to convene a transition conference for a child potentially eligible for preschool services, must be fewer than 90 days, but not more than 9 months from the child's third birthday with the parents' consent.</p> <p>The regulation has been amended to include the requirement that service coordinators have a meeting with the IFSP team to discuss other services for a child, not eligible for preschool services.</p> <p>The regulation has been amended to add that all meetings concerning transition:</p>

			<p>and must meet all requirements pertaining to IFSP meetings in section 69-4.11(a)(2)-(5) of this Subpart.</p> <p>(4) The transition plan <u>established in the IFSP must be developed with the child's family</u> and shall include procedures to prepare the child and family for changes in service delivery, including:</p> <p>(i) <u>a review of program and service options for the child from the child's third birthday through the remainder of the program year, if appropriate;</u></p> <p>(ii) <u>steps for the child and his or her family to exit from the Early Intervention Program;</u></p> <p>(iii) <u>steps and services to help the child adjust to and function in a new setting;</u></p> <p>(iv) <u>procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition; and</u></p> <p>(v) <u>transition services and other activities that the IFSP participants determine are needed by the child and family to support the transition of the child.</u></p>	<ul style="list-style-type: none"> include all required IFSP participants be held at a convenient time and place for all parties. <p>The regulation has been amended to include the child's family in the development of the transition plan. The IFSP must include ways to help the family handle any changes in service provision, including:</p> <ul style="list-style-type: none"> review of program and service options the process for leaving the EIP steps and services to help the child adjust to a new setting when they leave the EIP process to assist new professionals who will work with the child when they leave the EIP additional transition services that the child may need to support their transition out of the EIP.
Section 69-4.20(b)	x		<p>Section 69-4.20(b) <u>For children thought to be eligible for services under section 4410 of the Education Law, not fewer than 90 days prior to the child's potential eligibility for services under the Education Law, Section 4410, the service coordinator shall provide</u></p>	<p>The regulation has been amended to require the notification to CPSE be not fewer than <u>90 days</u> before the child's third birthday, which is a change from the previous 120-day timeline. Also, the responsibility for the notification</p>

		<p>written notification to the committee on preschool special education of the local school district in which an eligible child resides of the potential transition of the child.</p> <p>(1) <u>The service coordinator</u> shall ensure the parent is informed in accordance with procedures in subdivision 69-4.11(a)(10)(xiii) of this subpart of the opportunity to object to such notification prior to providing notice to the CPSE of the child's potential <u>transition</u>.</p> <p>(iii) If the parent does not object to such notification, the <u>service coordinator</u> shall include the following information in the written notice to the CPSE of the child's potential transition.</p> <p>(d) the name and contact information for the child's service coordinator <u>who is transmitting the notification</u></p> <p><u>(iv) if notification in subdivision (b)(1)(iii) of this section is required, the service coordinator must confirm, in written documentation, the transmission of the notification to the CPSE and include such documentation in the child's and family's transition plan established under section 69-41.11(a)(10)(xiii).</u></p> <p>(2) For children in the care and custody or custody and guardianship of the commissioner of the local social services district, the</p>	<p>is transferred from the EIO to the service coordinator.</p> <p>The regulation has been amended to require the service coordinator to explain the CPSE notification process to the parent, including their right to object to the notification.</p> <p>The regulation has been amended to require the service coordinator, rather than the EIO, to provide written notice to the CPSE, of a child's potential transition, if the parent does not object. New requirements for the written notice include:</p> <ul style="list-style-type: none"> • the service coordinator's name • service coordinator's contact information. <p>The regulation has been amended to require the service coordinator to:</p> <ul style="list-style-type: none"> • confirm the notification to the CPSE in writing • document the notification to the CPSE in the transition plan. <p>The regulation has been amended to clarify that the service coordinator is responsible to notify the local commissioner of social</p>
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		<p><u>service coordinator</u> shall notify the local commissioner of social service or designee of the child's potential transition.</p> <p>(4) With parent consent, the <u>service coordinator</u> shall convene a transition conference with the parent, service coordinator, and the chairperson of the CPSE or designee, at least 90 days prior to the child's eligibility for services under Education Law, Section 4410, or no <u>fewer</u> than 90 days before the child's third birthday, whichever is first, <u>provided, however, that such conference shall not be held more than nine months prior to the child's third birthday</u>, to review program options and if appropriate, establish a transition plan.</p>	<p>services or designee, of a child's potential transition.</p> <p>The regulation has been amended to require the service coordinator to convene a transition conference.</p> <p>The timeline requires that:</p> <ul style="list-style-type: none"> • the meeting must be convened <u>at least 90 days</u> prior to potential eligibility or no fewer than 90 days before the child's third birthday • Whichever date comes first is the date that should be used. • the meeting must not be convened more than nine months prior to the child's third birthday. <p>Note The amendment protects children whose needs change frequently, by ensuring that the transition planning does not take place more than nine months prior to a child's third birthday.</p>
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Section 69-4.30, Computation of rates for early intervention services provided to infants and children ages birth to three years old and their families or caregivers

Regulation Citation	Federal Regulation	Public Health Law	Regulation	Comments and Implications
Section 69-4.30(c)	X		<p>Section 69-4.30(c) Reimbursement shall be available at prices established pursuant to this section for the following early intervention program services:</p> <p>(3) Service coordination as defined in section <u>69-4.1(l)(2)(xii)</u> of this Subpart. Service coordination shall be provided by appropriate qualified personnel and billed in 15 minute units that reflect the time spent providing services in accordance with sections 69-4.6 and 69-4.7 of this Subpart, or billed under a capitation <u>or other rate methodology</u> as may be established by the Commissioner subject to the approval of the Director of the Budget <u>and as specified in prior written notice provided by the Commissioner to Early Intervention Officials. Such written notice shall specify that any newly established rate methodology shall apply only to initial IFSPs and IFSP amendments made on or after the effective date of such written notice by the Commissioner. The rate methodology may be established on a per month, per week, and/or service component basis for providing service coordination services.</u> When units of time are billed, the first unit shall reflect the initial five to fifteen minutes of service provided and each unit thereafter shall reflect up to an additional fifteen minutes of</p>	The regulation has been amended to provide the ability for the Department to restructure the service coordination rate methodology.

			service provided. Except for child/family interviews to make assessments and plans, contacts for service coordination need not be face-to-face encounters; they may include contacts with service providers or a child's parent, caregiver, daycare worker or other similar collateral contacts, in fulfillment of the child's IFSP.	
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