



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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## **Reissued Early Intervention Memorandum 94-4**

**To:** Early Intervention Officials  
Interested Parties

**From:** Donna M. Noyes, Ph.D., Director  
Early Intervention Program

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**Subject:** Service Coordination

This memorandum provides guidance regarding the purpose of service coordination services and the role and function of service coordinators under the Early Intervention Program.

Service coordination must be provided to all children referred to an Early Intervention Official as suspected of having a disability. Since infants and toddlers with disabilities require a comprehensive array of services that may be provided by multiple agencies or individuals, federal and state laws require the provision of a service coordinator who is responsible for ensuring communication, collaboration, and coordination among providers of service to eligible children and their families.

Early intervention service coordination combines the traditional case management activities of organizing and coordinating needed services with the philosophy of family-centered care. A major goal of service coordination is to create opportunities for the provision of collaborative, family-centered, community-based services for infants and toddlers with disabilities and their families. Service coordinators help families identify and prioritize concerns, assist parents in developing of plans and strategies to meet the needs of their children and family units, and strengthen families' competencies and sense of control over life events.

### ***What is service coordination and who provides it?***

Service coordination is defined in regulation as "assistance and services provided by a service coordinator to enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized under the Early Intervention Program" (10 NYCRR 69-4.1[k][2][xi]).

Service coordination services are provided by qualified personnel who are approved to provide service coordination services by the Department or other state early intervention service agency (10 NYCRR 69-4.5[a]). Service coordinators may be an employee of the municipality or under contract with the municipality. Service coordination services are provided by two types of service coordinators under the Early Intervention Program: initial service coordinators and ongoing service coordinators.

***What is an initial service coordinator?***

The initial service coordinator is defined in regulation as "the service coordinator designated by the early intervention official upon receipt of a referral of a child thought to be eligible for early intervention services, who functions as the service coordinator who participates in the formulation of the Individualized Family Service Plan" (10 NYCRR 69-4.1[y]).

Section 2543 of Public Health Law (PHL) requires the early intervention official to promptly designate an initial service coordinator upon the referral of a child thought to be an eligible child. When appropriate, the early intervention official must select a service coordinator who has an established relationship with the child or family to serve as the initial service coordinator. For example, it may be appropriate for the early intervention official to designate a qualified staff member of a hospital approved to be the initial service coordinator for a family whose infant has been in a neonatal intensive care unit for an extended period of time and has an established relationship with that staff member.

***What is an ongoing service coordinator?***

The ongoing service coordinator is defined in regulation as "the service coordinator designated in the individualized family service plan" (10 NYCRR 69-4.1[af]).

Section 2545(2)(i) of the PHL requires that the Individualized Family Service Plan (IFSP) developed for an eligible child must include the name of the service coordinator selected by the parent who will be responsible for the implementation of the IFSP and coordination of agencies and persons responsible for delivery of the services contained within the IFSP.

***What qualifications are required to be an approved provider of service coordination services?***

There are two types of approved providers of service coordination under the Early Intervention Program:

- (1) Incorporated entities, sole proprietorships, partnerships, and state-operated facilities that are approved by the Department of Health or other state early intervention service agency to deliver service coordination services; and
- (2) Individual service coordinators approved by the Department of Health.

Only qualified personnel with appropriate licensure, certification, or registration are eligible to be approved by the Department of Health as an individual service coordinator. Approval requirements for providers of service coordination services are attached (10 NYCRR 69-4.7).

All early intervention service coordinators, whether individual service coordinators or employees of an approved provider of service coordination services, are required to have all of the following qualifications (10 NYCRR 69-4.4).

- A minimum of one of the following educational or service coordination experience credentials:
  - Two years experience in service coordination activities as delineated in regulation (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or,
  - One year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or,
  - One year of service coordination experience and an Associates degree in a health or human service field; or
  - A bachelor's degree in a health or human service field.
- Demonstrated knowledge and understanding in the following areas:
  - Infants and toddlers who are eligible for early intervention services;
  - State and federal laws and regulations pertaining to the Early Intervention Program;
  - Principles of family centered services;
  - The nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and,
  - Other pertinent information.

These qualifications enable approved providers of service coordination services to employ service coordinators with appropriate education and/or experience who are not otherwise considered "qualified personnel" (as defined at 10 NYCRR 69-4.1[aj]) under the Early Intervention Program. This enables the participation of paraprofessionals with a diversity of cultural and experiential backgrounds, and who have unique connections to the community, to participate as service coordinators within a supervised employment setting. In addition, it provides for the employment of parents of children with disabilities who may lack certain professional qualifications but who bring a breadth of experience with families and service systems to the job. This capacity for flexibility in hiring service coordinators is particularly important in meeting one of the program's statutory goals, i.e., meeting the needs of historically underrepresented populations.

***Are approved service coordinators required to participate in in-service training?***

Approved providers of service coordination services must participate in the introductory service coordination training session sponsored or approved by the Department of Health in the first three months and by no later than one year of direct or contractual

employment as an early intervention service coordinator, provided that training sessions are offered and accessible in locations with reasonable proximity to their place of employment at least three times annually (10 NYCRR 69-4.4[b]).

Approved providers of service coordination services are also required to furnish assurances of their participation in in-service training pursuant to a plan developed by the Department of Health (10 NYCRR 69-4.5[a][4][viii]). The Department of Health will establish a comprehensive, statewide training program, which will provide for ongoing training for service coordinators.

***What responsibilities are unique to the initial service coordinator?***

The initial service coordinator is frequently the first representative of the public agency responsible for the program with whom the parent interacts subsequent to a referral of their child to the early intervention official. The initial service coordinator has primary responsibility for ensuring that parents are informed about the Early Intervention Program and their rights under the program; securing the essential information and consent from parents necessary for participation in early intervention services; and assisting parents in selecting an evaluator and obtaining a screening and/or multidisciplinary evaluation for their child.

The specific responsibilities are described in regulation (10 NYCRR 69-4.7). These include:

- Arranging promptly a first contact with the parent(s) in a time, place, and manner reasonably convenient for the parent(s), within a timeframe consistent with the requirement to convene the IFSP meeting within 45 days of a referral. During these first contacts, the parent(s) may identify family priorities, concerns, and resources. With parental consent, the initial service coordinator should share this information with the evaluator to provide input into the family-directed assessment of the parent's priorities, concerns, and resources as related to the development of the child.
- Obtaining basic information necessary to enroll the child and family in the program.
- Ensuring that the parent has received *The Early Intervention Program: A Parent's Guide*, the parent's handbook that provides information about the program. Initial service coordinators are responsible for providing parents with an overview of the early intervention system and services, and the role of service coordinators; reviewing *The Early Intervention Program: A Parent's Guide* to ensure parents understand the information contained within the book; and, reviewing parents' rights under the Early Intervention Program (10NYCRR 69-4.7[c][1]).
- Explaining and discussing with the parent the potential benefits of early intervention services to the child and family, including the availability and benefits of parent support groups.
- Ascertaining whether the child and family are presently receiving case management

services or other services from public or private agencies. When families are engaged in other case management services, the service coordinator must discuss options for collaboration with other case managers working with the family and obtain consent for the release of information to facilitate such collaboration (10 NYCRR 69-4.7[d]).

- Assisting parents in meeting basic needs and/or immediate priorities other than early intervention services for the child and family (e.g., housing, food, and primary health care). The initial service coordinator may assist the parent to identify appropriate formal and informal resources to aid the family in meeting their immediate needs while proceeding with plans for evaluation and IFSP development.
- Coordinating all aspects of the screening and evaluation process to determine a child's eligibility for the Early Intervention Program. The initial service coordinator is responsible for:
  - Reviewing with parents the options for approved evaluators to perform their child's screening and/or evaluation from the list of approved providers supplied to early intervention officials by the Department (10 NYCRR 69-4.7[j]).
  - Discussing pertinent information about potential evaluators with parents, including their location, types of evaluations performed, and settings for evaluations (e.g., home vs. evaluation agency). Initial service coordinators are also responsible for discussing with parents any needs they might have in accessing an evaluation for their children and arranging or assisting the parent to arrange for the child's multidisciplinary evaluation (10 NYCRR 69-4.7[k]).
- Discussing the IFSP process with the parents of children determined to be eligible for early intervention services (10 NYCRR 69-4.7[o]). Service coordinators are required to inform parents:
  - Of the required participants in the IFSP meeting, and the parent's option to invite other parties;
  - That the initial service coordinator may invite other participants provided that the service coordinator explains the purpose of others' participation and obtains the parent's consent;
  - That inclusion of family assessment information is optional;
  - That the family's priorities, concerns, and resources will play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator, and early intervention official;
  - Of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the IFSP meeting or at any other time after the formulation of the IFSP; and,
  - That the final decisions about the services to be provided to the child will be made by the parent and the early intervention official; and
  - That services can be delivered in a range of settings such as an approved provider's facility, as well as a variety of natural environments, including the child's home, childcare site or other community settings.
- Participating in the meeting to develop the IFSP. The initial service coordinator is a required participant in the meeting to develop the initial IFSP. The early intervention

official is required to convene a meeting to develop the IFSP within 45 days of the receipt of a referral, except under exceptional circumstances (such as the illness of the child or parent) or at the parent's request. The initial service coordinator must document in the child's record reasons for extension of the 45 day time period for the development of the IFSP (PHL §2545, 10 NYCRR 69-4.11[a][1]).

- Informing parents of their option and providing them with the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, to be responsible for ongoing provision of service coordination and ensuring the implementation of the IFSP (PHL §2545). Parents must also be informed of their option to request a change in their service coordinator at any time in the future.
- The initial service coordinator is responsible for facilitating the transmission of information concerning the child and family, including the IFSP document, to the ongoing service coordinator selected by the parent at or subsequent to the IFSP meeting (if applicable) and to service providers identified in the IFSP.

***Are the initial and ongoing service coordinators responsible for informing parents about the use of Medicaid and other third party insurance under the Early Intervention Program?***

Yes. Initial and ongoing service coordinators are responsible for informing parents that Medicaid and private insurance are required sources of payment for services provided under the Early Intervention Program. The initial and ongoing service coordinator should inform the parent that it is impermissible for accident and health insurance policies and contracts, delivered and effectuated in New York State, to provide that payment for early intervention services will be applied against any maximum annual or lifetime limits (Insurance Law §3231, PHL §2559[3][c]). Parents must also be informed that the municipality is responsible for any co-payments and deductibles when insurance is billed for early intervention services. The municipality cannot obtain payment from an insurer if the insurer is not prohibited from and will apply payment for early intervention services to the annual and lifetime limits specified in their insurance policy (10 NYCRR 69-4.7[g] and [h]).

The Department has supplied all early intervention officials with a list of third party insurers governed by the State and has developed an Early Intervention Memorandum regarding third party insurance reimbursement for early intervention services. See 10 NYCRR 69-4.22 and the guidance memorandum on the use of private insurance for reimbursement of early intervention services that was provided by the Department of Health reissued January 2000. (Copies may be obtained from the New York State Department of Health, Bureau of Early Intervention, 287 Corning Tower Building, ESP, Albany, New York 12237.)

***Are the initial and ongoing service coordinators responsible for obtaining information about the status of the family's third party insurance?***

Yes. Initial and ongoing service coordinators are required to obtain, and parents are required to provide, information about the family's third party insurance coverage, including Medicaid status and/or private health insurance (10 NYCRR 69-4.7[h]). Initial and ongoing service coordinators are further required to promptly notify the early intervention official of the family's insurance coverage. Specifically, the initial service coordinator is required in regulation 10 NYCRR 69-4.7(h) to provide the early intervention official with the following information pertaining to the family's insurance coverage:

- Medicaid enrollment status and identification number, if any;
- Type of other health insurance policy or health benefits plan, name of insurer or plan administrator, and policy or plan identification number;
- Type of coverage extended to the family by the policy; and,
- Any additional information necessary for reimbursement by Medicaid or other third party insurance for early intervention services.

***What happens if a parent has no third party insurance?***

Eligible children and their families under the Early Intervention Program are entitled to receive appropriate early intervention services at no cost to the family, regardless of third party insurance coverage. Third party payments are, however, important sources of revenue for the Early Intervention Program, to ensure the continued viability of the program.

Initial service coordinators are also required to assist parents of potentially eligible and eligible children in identifying and applying for benefit programs for which the family may be eligible (10 NYCRR 69-4.7 [i]). These programs include:

- The Medical Assistance Program (Medicaid);
- Supplemental Social Security Income Program;
- Physically Handicapped Children's Program;
- Child Health Plus; and,
- Social Security Disability Income.

***What are the responsibilities of the initial service coordinator for a child who is found to be ineligible for the Early Intervention Program?***

Initial service coordination must be provided and is a billable service for any child thought to be eligible for early intervention services and referred to the early intervention official. Inevitably, some children who are referred for early intervention services will be determined to be ineligible for the program. The responsibilities of the initial service coordinator for a child determined by an approved evaluator to be ineligible for early intervention services and the child's family are described in regulation (10 NYCRR 69-4.7[n]) and include:

- Informing the parent of the right to due process procedures (described in regulation at 10 NYCRR 69-4.17(f)), including the right to mediation and an impartial hearing to contest the evaluator's eligibility determination;
- Informing the parent of other services which the parent may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.

***What responsibilities are common to both initial and ongoing service coordinators?***

All initial and ongoing service coordinators whether direct municipal employees or under contract with the municipality, must provide service coordination services consistent with the standards delineated in program regulations (10 NYCRR 69-4.6). Regulations (10 NYCRR 69-4.6[a][1]) require that every eligible infant and toddler be provided with one service coordinator who is responsible for coordinating all services across agency lines and serving as the primary point of contact in helping parents to obtain the services and/or

assistance they need. The service coordination process is described in regulation (10 NYCRR 69-4.6[b]) as an active process that involves:

- 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 (IFSP);
- Ensuring the IFSP outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities, concerns and resources change;
- Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is receiving;
- Facilitating the timely delivery of available services; and,
- Continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.

The specific activities required of initial and ongoing service coordinators are defined in regulation (10 NYCRR 69-4.6[c]) as including:

- Coordinating the performance of evaluations and assessments: Initial service coordinators are responsible for assisting parents in all aspects of arranging and obtaining a screening and/or multidisciplinary evaluation to determine a child's eligibility for the program. Ongoing service coordinators are responsible for arranging or assisting parents to arrange additional evaluations and assessments of the child and voluntary family assessments when additional evaluations are necessary to complete the required six-month reviews and annual evaluations of the IFSP or as otherwise needed.
- Facilitating and participating in the development, review and evaluation of IFSPs: The initial service coordinator facilitates and ensures the development of the initial IFSP. The ongoing service coordinator is responsible for implementation of the IFSP and facilitating any necessary changes to the IFSP (10NYCRR 69-4.11[a][10][xii]). The ongoing service coordinator is also responsible for arranging and facilitating the required six-month reviews and annual evaluations of the IFSPs.
- Assisting families in identifying service providers: In preparation for the IFSP meeting, the service coordinator assists the parent in identifying appropriate service providers. Initial and ongoing service coordinators should be knowledgeable about the approved evaluators, service coordinators, and providers within their municipality and, as appropriate, within adjacent municipalities. Service coordinators should be knowledgeable about the service models offered by different approved providers, the types of qualified personnel employed by various providers, languages spoken by staff and the extent to which service providers offer culturally consonant services for diverse populations.
- Informing families of the availability of advocacy services: Initial and ongoing service coordinators are responsible for ensuring that parents are informed about advocacy services to facilitate their participation in the Early Intervention Program. Such information is particularly important for parents when a dispute about their child's eligibility or services arises and the pursuit of mediation or an impartial hearing procedure is being considered by the parent. All parents should be informed of their right to have an advocate accompany them to their child's evaluation and meetings pertaining to the IFSP.



- Coordinating with medical and health care providers: Initial and ongoing service coordinators are responsible for facilitating any necessary collaboration between early intervention service providers and medical and health care providers providing services to the child and/or family. Service coordinators should ascertain whether the child and family are engaged with a primary health care provider, and refer for primary health care as appropriate. With parental consent, the service coordinator may maintain communication with health care providers by providing information about the child's participation in the program and relevant documentation. Initial and ongoing service coordinators may, with parental consent, obtain medical information from the child's primary care and/or specialty physicians when the information is relevant for the provision of services in the IFSP.

Service coordinators have primary responsibility for ensuring that parents are provided with ongoing information concerning the procedural safeguards afforded to them under law (PHL §2549) and regulation (NYCRR 69-4.17) and how to access due process procedures when necessary. Service coordinators should ensure that families are informed of, and, to the extent possible, understand:

- The voluntary nature of the Early Intervention Program;
- Their right to select an approved evaluator and that their decision to access a multidisciplinary evaluation for their child does not obligate them to further participation in the program;
- The right to request a second evaluation or component of the evaluation from the early intervention official upon a determination by the evaluator of ineligibility for services;
- The right to access mediation and impartial hearing procedures in the event of a dispute with the early intervention official over their child's eligibility or any aspect of the IFSP;
- The right to confidentiality of all information pertaining to their child and family and requirements for parental consent for release of information;
- The responsibility of the early intervention official to ensure that parents receive all information in their dominant language or other mode of communication used by the parent, including Braille, sign language or oral communication, unless clearly not feasible to do so.

### ***What responsibilities are unique to the ongoing service coordinator?***

The ongoing service coordinator is responsible for monitoring the delivery of early intervention services in accordance with the IFSP. Ongoing service coordinators provide parents with continuing opportunities to share information, priorities, and concerns regarding their IFSP. A variety of methods are available to the ongoing service coordinator for providing such opportunities to families and monitoring and coordinating the provision of services in the IFSP, including home visits, telephone contacts with the parent, other caregiver, and service providers, and meetings with the parent and service providers to foster and support collaboration and integration of service strategies.

The ongoing service coordinator is responsible for facilitating the child's transition to preschool special education services and/or other programs and services needed by the child and family as the child ages out of the Early Intervention Program, including the development of a transition plan. The service coordinator is responsible for the following activities in regulation at NYCRR 69-4.20:

- Reviewing information concerning the transition procedure with the parent and obtaining parental consent for the transfer of appropriate evaluations, assessments, Individualized Family Service Plans, and other pertinent records.
- Assisting the parent(s) in development of a transition plan to other appropriate early childhood and supportive services, when the child is thought not to be eligible for preschool special education services under Section 4410 of the Education Law.
- Facilitating the development of a transition plan which describes procedures to prepare the child and family for changes in service delivery, including:
  - Steps to help the child adjust to and function in a new setting; and,
  - Procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition; and,
  - With parental consent, the service coordinator is responsible for incorporating the transition plan into the Individualized Family Service Plan.

The early intervention official is required to provide written notification to the Committee on Preschool Special Education of the school district in which the child resides at least 120 days prior to a child's potential transition to preschool special education services under Section 4410 of the Education Law and, with parental consent, convene a conference to develop a transition plan. See 10 NYCRR 69-4.20 and guidance on transition that was provided by the Department of Health and State Education Department in a joint memorandum from the two agencies issued February 1994. (Copies may be obtained from the New York State Department of Health, Bureau of Early Intervention, 287 Corning Tower Building, ESP, Albany, New York 12237-0618.)

***How can the need for ongoing service coordination be estimated?***

The number of hours per month of service coordination included in the IFSP should be individually specified for each eligible child and their family based on the estimated time that will be needed by the service coordinator to perform the functions discussed above. More service coordination time than average may be indicated for families:

- Involved with multiple service providers and agencies;
- Whose child or other family member has complex medical and health needs;
- Experiencing environmental and social stresses; and,
- Whose other life circumstances may lead to the need for additional service coordination support.

As a guideline, ongoing service coordinators should plan for an average of about one hour of total (contact and non-contact) time per week per family. Additional service coordination time may be needed for particular service events, such as six-month reviews and annual evaluations and transitions of children from the Early Intervention Program to other service systems.

Service coordination services are not a substitute for other appropriate early intervention services which may be needed by the child and/or family, including social work services,

counseling, or psychological services (defined in regulation at 10 NYCRR 69-4.1[k]). Appropriate referrals and requests for amending the IFSP should be made as needed.

***How should service coordination services be coordinated with case management services provided outside of the Early Intervention Program?***

For children served by Medicaid, early intervention service coordination is a form of Comprehensive Medicaid Case Management Services (CMCM). Some children and their families referred to the early intervention official will be enrolled in and receiving Comprehensive Medicaid Case Management Services at the time the early intervention official designates an initial service coordinator. In such instances, parents need to be informed that only one service coordinator/case manager is reimbursable under Medicaid. The CMCM provider and the early intervention official must contact the local social services district CMCM program to disenroll the child from CMCM and enroll the child in early intervention service coordination services.

If the CMCM provider engaged with the family at the time of the referral is an approved provider of early intervention service coordination services, the initial service coordinator designated by the municipality must discuss with the parent the option of receiving service coordination services from their CMCM provider. In such instances, the CMCM provider can be selected as the ongoing service coordinator and bill the municipality for early intervention service coordination services provided to the family at prices set by the Department.

For children participating in a Medicaid Home and Community-Based Services Waiver Program or the Care-At-Home Program at the time of a referral to the early intervention official, the initial service coordinator must inform the parents that the waiver case manager must serve as the ongoing service coordinator for purposes of the Early Intervention Program. The parent must be informed that in this case seeking other service coordination services could result in the loss of the child's Medicaid eligibility. In these situations, the waiver case manager/service coordinator bills Medicaid Management Information Services (MMIS) directly for case management/service coordination services and may not bill the municipality for service coordination services.

***What is a billable service coordination service?***

Contacts for service coordination services do not need to be direct contacts with the family to be billable events. For example, billable activities include face-to-face and telephone contacts with caregivers, childcare providers, and service providers as necessary to fulfill and monitor the child's IFSP. Activities which are indirectly related to the planning or implementation of a child's IFSP, such as case recording, travel, training and conferences, supervisory conferences, team meetings and administrative responsibilities, are not separately billable service coordination events. These activities have been factored into the Department's reimbursement rate for service coordination services. Service coordinators must maintain appropriate documentation concerning the IFSP process, receipt of the services contained in the IFSP, and six-month and annual reviews of the IFSP. Contacts with parents, evaluators, and service providers should be documented and included in the child's record.

***What about caseloads?***

Early intervention service coordination is a service for which there was no direct analog in the prior family court order system. Service coordinators have wide-ranging responsibilities for assisting and facilitating families in negotiating all aspects of the Early Intervention Program. Service coordinators are also responsible for assisting families in accessing other services and negotiating other service systems, which may be of benefit to them. Because the service coordinator role is intended to be flexible and tailored to meet individual family needs, resources, and priorities, families will be accessing differing intensities of service coordination services. This will appropriately result in variations in service coordinator caseloads. For example, an economically stable family with a strong support network who has a toddler with a delay in speech development and whose current health and developmental status is otherwise normal may have less need for service coordination than an impoverished, socially isolated family whose child has special medical needs in addition to a disability.

The Department anticipates a range in caseloads from 25 to 60 families per one full-time equivalent service coordinator, with an average caseload of about 35 families. When determining an appropriate caseload, early intervention officials and providers of service coordination services should consider a variety of factors, including the mix of families new to the program or transitioning from the program with families who are not in a transitional phase of service delivery, plus community and life circumstances of families which may dictate a lesser or greater need for services. In determining appropriate caseloads, recognition should also be given to the unique developmental needs of infants and toddlers and the ensuing parenting needs and strengths of their families. Finally, service coordinators must receive sufficient oversight and supervision to ensure that each service coordinator has the necessary guidance to provide the service coordination activities listed in the program regulations.

The Department anticipates that caseload guidelines will be refined with additional Early Intervention Program implementation experience. In addition, the effective implementation of early intervention service coordination will be an important target of the Department's quality assurance efforts.

For further information and assistance, please contact the Department of Health, Bureau of Early Intervention, Room 287, Corning Tower Building, Empire State Plaza, Albany, New York 12237-0618, (518) 473-7016.

Attachment - Regulations relating to service coordination:  
10 NYCRR 69-4.4, 4.5, 4.6, 4.7.

New York State Early Intervention Program Regulations

***Sec. 69-4.4 Qualifications of Service Coordinators***

- (a) All early intervention service coordinators shall meet the following qualifications:
- (1) a minimum of one of the following educational or service coordination experience credentials:
- (i) two years experience in service coordination activities as delineated in this subpart (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or
- (ii) one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or
- (iii) one year of service coordination experience and an Associates degree in a health or human service field; or
- (iv) a Bachelor's degree in a health or human service field.
- (2) demonstrated knowledge and understanding in the following areas:
- (i) infants and toddlers who may be eligible for early intervention services;
- (ii) state and federal laws and regulations pertaining to the Early Intervention Program;
- (iii) principles of family centered services;
- (iv) the nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and
- (v) other pertinent information.
- (b) Service coordinators shall participate in the introductory service coordination training session sponsored or approved by the Department of Health in the first three months and by no later than one year of direct or contractual employment as an early intervention service coordinator, provided that training sessions are offered and accessible in locations with reasonable proximity to their place of employment at least three times annually.
- (1) Employees of incorporated entities, sole proprietorships, partnerships, and State operated facilities approved to deliver service coordination services must submit documentation of participation in the introductory service coordination training to their employers for retention in their personnel record.
- (2) Individual service coordinators must submit documentation of their participation in introductory service coordination training to the Department of Health for retention with their approved application to deliver service coordination services.
- (3) Failure to participate in the introductory service coordination training sponsored or approved by the Department of Health may result in the disqualification as a provider of service coordination services in accordance with procedures set forth in Section 69-4.17(i).

***Sec. 69-4.5 Approval of Service Coordinators, Evaluators, and Service Providers***

- (a) Early intervention service coordinators, evaluators, and/or service providers shall be approved to deliver service coordination services, evaluations, and early intervention services as follows:

(1) incorporated entities, sole proprietorships, partnerships, and state-operated facilities operating under the approval of any state early intervention service agency shall apply to such agency or to the Department of Health for approval to provide service coordination services, evaluations, and/or early intervention services, except that those entities which are currently approved by or otherwise affiliated with the Department of Social Services or Office of Alcohol and Substance Abuse Services shall apply to the Department of Health for approval to provide service coordination services, evaluations, and/or early intervention services;

(2) municipalities, incorporated entities, sole proprietorships, and partnerships not approved by any state early intervention service agency shall apply to the Department of Health for approval to provide service coordination services, evaluations, and/or early intervention services;

(3) those entities and individuals seeking approval to provide early intervention service coordination services, evaluations, and/or early intervention services shall complete an approved Medicaid provider agreement and reassign Medicaid benefits to the municipality;

(4) the state early intervention services agency or the Department of Health shall approve applicants, other than individuals, as providers of service coordination, evaluations, and/or early intervention services based on:

(i) the character and competence of the service provider;

(ii) assurances of fiscal viability;

(iii) assurances of the capacity to provide service coordination services, evaluations, and/or early intervention services;

(iv) assurance of availability of qualified personnel;

(v) completion of an approved Medicaid provider agreement and reassignment of Medicaid benefits to the municipality;

(vi) assurances of adherence to applicable federal and state laws and regulations;

(vii) assurances of the capacity to deliver services on a twelve-month basis and flexibility in the hours of service delivery, including weekend and evening hours;

(viii) assurances of capacity and agreement that qualified personnel will participate in inservice training pursuant to a plan developed by the Department of Health;

(ix) assurances of compliance with the confidentiality requirements set forth in Section 69-4.17(c) of this subpart;

(x) provision of copies of all organizational documents, such as partnership agreements or certificates of incorporation; and

(xi) such additional pertinent information or documents necessary for the Agency's approval, as requested.

(5) Individual service coordinators, evaluators, and service providers shall be approved by the Department of Health to provide early intervention service coordination services, supplemental evaluations, and/or early intervention services. Qualified individuals with appropriate licensure, certification, or registration shall apply to the Department of Health for approval to provide service coordination services, supplemental evaluations, and/or early intervention services. The Department of Health shall approve individuals to deliver early intervention service coordination services, supplemental evaluations, and/or early intervention services based on the following factors:

(i) the character and competence of the individual;

(ii) assurances of the capacity to provide service coordination, supplemental evaluations, and/or early intervention services;

(iii) qualifications as specified in this subpart;

- (iv) completion of an approved Medicaid provider agreement and reassignment of Medicaid benefits to the municipality;
  - (v) assurances of adherence to applicable federal and state laws and regulations;
  - (vi) current licensure, certification, or registration in a discipline designated by the Commissioner as qualified personnel;
  - (vii) assurances to notify the Department of Health within two working days of suspension, expiration, or revocation of licensure, certification, or registration;
  - (viii) assurances of the capacity to deliver services on a twelve-month basis and flexibility in the hours of service delivery, including weekend and evening hours;
  - (ix) assurances of capacity and agreement to attend in-service training programs pursuant to a plan developed by the Department of Health;
  - (x) assurances of compliance with the confidentiality requirements set forth in Section 69-4.17(c) of this Subpart; and
  - (xi) such additional pertinent information or documents necessary for the Agency's consideration, as requested.
- (b) All applicants shall receive written notice of their approval to deliver service coordination services, evaluations, and/or early intervention services from the Department of Health, State Education Department, Office of Mental Retardation and Developmental Disabilities or Office of Mental Health.
- (1) The notice shall inform the applicant that a contract with the municipality is necessary to be reimbursed for service coordination services, evaluations, and/or early intervention services and to be included on the list of approved evaluators, service coordinators, and/or service providers.
- (2) The early intervention officials for municipalities in the catchment areas in which the applicant proposes to deliver service coordination services, evaluations, and/or early intervention services, shall receive written notice of the applicant's approval from the state agency approving the application.
- (c) The municipality, upon entering into a contract with the approved provider of service coordination services, evaluations and/or early intervention services, shall notify the Department of Health within 10 working days of the finalization of the contract. The notification shall include the time period for which the contract is valid.
- (d) The State Education Department, Office of Mental Retardation and Developmental Disabilities, or Office of Mental Health shall notify the Department of Health of their approval of any applicant as a provider of service coordination services, evaluations and/or early intervention services within five working days.
- (e) Approved service coordinators, evaluators and/or service providers shall notify, in writing, the state early intervention service agency which granted his or her approval, if such service coordinator, evaluator and/or service provider wishes to modify the catchment area, the target population or the qualified personnel available to deliver services.
- (f) The State Education Department, Office of Mental Retardation and Developmental Disabilities, or Office of Mental Health shall notify the Department of Health of any modifications in the catchment area, the target population or the qualified personnel available to deliver services submitted to such agency by an approved service coordinator, evaluator or service provider within five working days of notification.
- (g) An approved service coordinator, evaluator and/or service provider who intends to cease providing service coordination services, evaluations or early intervention services, or in the case of an agency, intends to cease ownership, possession or operation of the agency, or chooses to voluntarily terminate status as an approved service coordination, evaluation and/or service provider agency, shall submit to the Commissioner and early intervention official written notice of such intention not less than 90 days prior to the intended effective date of such action.

**Sec. 69-4.6 Standards for Initial and Ongoing Service Coordinators**

(a) All individuals approved to provide early intervention service coordination shall fulfill those functions and activities necessary to assist and enable an eligible infant and toddler and parent to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law, including other services not required under the Early Intervention Program, but for which the family may be eligible.

(1) Each eligible infant and toddler and their family shall be provided with one service coordinator who shall be responsible for:

(i) coordinating all services across agency lines; and

(ii) serving as the single point of contact in helping parents to obtain the services and/or assistance they need.

(b) Service coordination shall be an active ongoing process that involves:

(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;

(2) ensuring the Individualized Family Service Plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities concerns and resources change;

(3) coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is receiving;

(4) facilitating the timely delivery of available services; and

(5) continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.

(c) Specific service coordination activities shall include:

(1) coordinating the performance of evaluations and assessments;

(2) facilitating and participating in the development, review and evaluation of Individualized Family Service Plans;

(3) assisting families in identifying available service providers;

(4) coordinating and monitoring the delivery of services;

(5) informing families of the availability of advocacy services;

(6) coordinating with medical and health care providers, including a referral to appropriate primary health care providers as needed; and

(7) facilitating the development of a transition plan to preschool services if appropriate or to other available supports and services.

**69-4.7 Initial Service Coordinators**

(a) Upon referral to the early intervention official of a child thought to be an eligible child, the early intervention official shall promptly designate an initial service coordinator, selecting whenever appropriate a service coordinator who has an established relationship with the child or family and shall promptly notify the parent of such designation in writing.

(1) Upon receipt of the referral, the early intervention official shall make reasonable efforts to promptly forward a copy of the Early Intervention Program parents' handbook to the parent by mail or other suitable means.



(2) For children in the care and custody or custody and guardianship of the local social services commissioner, the early intervention official shall notify the local commissioner of social services or designee of the designation of an initial service coordinator.

(b) The initial service coordinator shall promptly arrange a contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.

(c) The initial service coordinator shall inform the parent of their rights and entitlement under the Early Intervention Program and shall document the information provided in the child's record.

(1) At the initial contact with the parent, the initial service coordinator shall ensure the parent has a copy of the Early Intervention Program parents' handbook, review the handbook, provide an overview of the early intervention system and services, discuss the role of the initial service coordinator, and review the parent's rights, responsibilities and entitlements under the program.

(d) The initial service coordinator shall ascertain if the child and family are presently receiving case management services or other services from public or private agencies. If so, the initial service coordinator shall discuss options for collaboration with the parent and, if appropriate, obtain consent for the release of information for the purpose of collaboration with other case management services.

(e) All information provided to the parent shall be in the parent's dominant language or other mode of communication unless clearly not feasible to do so.

(f) All information obtained from the parent shall be confidential and may only be disclosed upon written consent, unless otherwise required or permitted to be disclosed by law.

(g) The initial service coordinator shall inform the family that services must be at no cost to parents and use of Medicaid and/or third-party insurance for payment of services is required under the Early Intervention Program.

(1) The service coordinator shall inform the parent that any deductible or co-payments will be paid by the municipality.

(2) The service coordinator shall inform the parent that use of third-party insurance for payment of early intervention services will not be applied against lifetime or annual limits specified in their insurance policy, if such policy is subject to New York State law and regulation.

(3) The service coordinator shall inform the parent that the municipality will not obtain payment from their insurer if the insurer is not prohibited from applying, and will apply, payment for early intervention services to the annual and lifetime limits specified in their insurance policy.

(h) The initial service coordinator must obtain, and parents must provide, information about the status of the family's third party insurance coverage and Medicaid status and promptly notify the early intervention official of such status, including:

(1) Medicaid enrollment status and identification number, if any;

(2) type of health insurance policy or health benefits plan, name of insurer or plan administrator, and policy or plan identification number;

(3) type of coverage extended to the family by the policy; and

(4) such additional information necessary for reimbursement.

(i) The service coordinator shall assist the parent in identifying and applying for benefit programs for which the family may be eligible, including:

(1) the Medical Assistance Program;

(2) Supplemental Social Security Income Program;

- (3) Physically Handicapped Children's Program;
  - (4) Child Health Plus; and
  - (5) Social Security Disability Income.
- (j) The initial service coordinator shall review all options for evaluation and screening with the parent from the list of approved evaluators including location, types of evaluations performed, and settings for evaluations (e.g., home vs. evaluation agency). Upon selection of an evaluator by the parent, the initial service coordinator shall ascertain from the parent any needs the parent may have in accessing the evaluation.
- (k) The initial service coordinator shall at the parent's request assist the parent in arrangement of the evaluation after the parent selects from the list of approved evaluators.
- (l) If the parent has accessed an approved evaluator prior to contact by the initial service coordinator, the initial service coordinator shall contact the parent to assure that the parent has received information concerning alternative approved evaluators and ascertain from the parent any needs the parent may have in accessing the evaluation.
- (m) Upon receipt of the results of the evaluation, the initial service coordinator may with the approval of the early intervention official and with parental consent, require additional diagnostic information regarding the condition of the child, provided that such information is not unnecessarily duplicative or invasive to the child according to guidelines of the Department of Health.
- (1) Prior to obtaining written consent for additional diagnostic information, the initial service coordinator shall provide the parent with a written explanation which shall include:
- (i) diagnostic information requested;
  - (ii) reasons for obtaining the information, and use of the information;
  - (iii) location of diagnostic testing;
  - (iv) source of payment and that no costs shall be incurred by the parent;
  - (v) a statement that the information shall not be used to refute eligibility; and
  - (vi) a statement that the meeting to formulate the Individualized Family Service Plan shall be held within the 45 day time limit.
- (2) The initial service coordinator shall assist the parent in accessing the diagnostic testing as needed and desired by the parent.
- (3) The initial service coordinator shall facilitate the parent understanding of the results of the diagnostic information, and with parent consent, incorporate this diagnostic information into the planning and formulation of the Individualized Family Service Plan.
- (n) Upon the determination of a child as ineligible for early intervention services, the initial service coordinator shall inform the parent of the right to due process procedures as set forth in this Subpart.
- (1) The initial service coordinator shall inform the parent of other services which the parent may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.
- (o) Upon determination of the child's eligibility for the early intervention program, the initial service coordinator shall discuss the Individualized Family Service Plan process with the parent and shall inform the parent:
- (1) of the required participants in the Individualized Family Service Plan meeting and the parent's option to invite other parties;

- (2) that the initial service coordinator may invite other participants, provided that the service coordinator obtains the parent's consent and explains the purpose of this person's participation;
  - (3) that inclusion of family assessment information is optional;
  - (4) that their priorities, concerns and resources shall play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official;
  - (5) of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the Individualized Family Service Plan meeting or at any other time after the formulation of the Individualized Family Service Plan;
  - (6) that the final decisions about the services to be provided to the child will be made by the parent and the early intervention official; and
  - (7) that services can be delivered in a range of settings such as an approved provider's facility, as well as a variety of natural environments, including the child's home, child care site or other community settings.
- (p) The initial service coordinator shall assist the parent in preparing for the meeting to develop the Individualized Family Service Plan, including facilitating their understanding of the child's multidisciplinary evaluation and identifying their resources, priorities, and concerns related to their child's development.
- (1) The initial service coordinator shall discuss with the parent the options for early intervention services and facilitate the parent's investigation of various options as requested by the parent.