Children's Integrated Services Early Intervention Guidance for Program Supervisors

Contents

Definitions of Common Terms 4

Common Reports 5

Annual Performance Review: 5

618 Actives Report: 6

618 Exit Report: 6

Monthly Child Count Submissions 7

Process 7

FITP Voucher 7

FITP Reject Report: 8

Child Count Submissions: Data for Referral Information 8

Child Count Submissions: Data Needed When No One Plan Results (NOPR) 9

Child Count Submissions: Data Needed for Active Information 9

Data Needed for Service Grid Information 9

Child Outcome Summary Forms (COS) information 10

What is the COS made of? 10

Ratings and Progress Categories: 11

Developmental Trajectories: 12

How is the COS Calculated and Reported? 13

How and When Should the COS be Performed? 13

Decision Tree 14

More Information on COS: 15

Data Needed for Exit 15

All Exits Must Include: 15

For Children who are Exiting Prior to Age Three: 15

For Children Who are Exiting on Their Third Birthdate and Have Been Served for at Least 90 Days (calculated from the Initial One Plan date and the date of exit) 16

For Children Who are Exiting on Their Third Birthdate, Have Been Served for at Least 90 Days (calculated from the Initial one Plan date and the date of exit) and are Potentially Eligible for Part B 16

For Children Who are Exiting on Their Third Birthdate but Have Not Been Served for at Least 90 days (calculated from the Initial One Plan date and the date of exit) 16

Process Flow Chart For When A Child Exits From CIS Early Intervention 17
Monthly Data Cleaning 18
CIS EI Family Survey 18
What is the CIS-EI Family Survey? 18
What does it measure? 18
Which families receive the survey? 18
When is the survey period? 18
How do regional teams receive the survey? 19
What Is The UID and How Do I Find It? 19
How can families respond to the survey? 19
How can I deliver a survey to the family? 19
What is a script I could use to talk about the survey with families? 19
How can regional teams track their CIS-EI Family Survey delivery attempts? 20
What do I do if there are siblings or if an identified child on the tracking sheet lives in the same household as another child also on the list? 20
When is a survey undeliverable? 20
How do I access a translated or interpreted CIS-EI Family Survey? 20
Can I complete the survey with the family or on the phone with the family? 20
Why are regional teams (and not the state) responsible for delivering this survey to families? 21
How can I see the status of my region's response rate? 21
Why is statewide response rate data shared out with everyone? 21
In the future, can we change the questions in the CIS EI Family Survey? 21
Why isn't this, or a similar survey, delivered to all families who receive CIS? 21
How are the response rate targets set? 21
When and how is the information shared and used? 21
Does anyone follow up with families as a result of the information they share? If so, who? 22
CIS Ethnicity and Race Data Guidance 22
Why do we need to collect ethnicity and race data? 22
Why are the ethnicity and race categories the way they are? 22
How is the ethnicity and race data used in CIS? 22
Why does Hispanic/Latinx override all? 22
I am uncomfortable about asking for a family to identify their ethnicity and race. Can I just guess or not ask? 23
I am uncomfortable asking this information of families. What is a script I can use to ask for this

information? 23
If a family does not see themselves in any of the race categories, what should I do? 23
What do I do if a family wants to decline/ has concerns about providing demographic information? 23
Federal Definitions of Race/Ethnicity Categories 24
Frequently Asked Questions 24
How does the state define 'Family Circumstance'? 24
How does the state define 'Provider Circumstance'? 24
How does the state define availability with regards to Family vs Provider circumstance? 25
How do we correctly fill out the 'Payer' section of a service grid? 25
How should it be handled if there is no provider available immediately? Should a region send in a grid with a blank provider space or wait until they know what type of provider it would be? 25
What if a family is reluctant to give their child's SSN to us? 25
What is considered a late referral? Why does this matter? 26
Autism Spectrum Disorder (ASD) Suspicion/Diagnosis: What data needs to be reported to the state? 26
We have a child who we think needs a service more than 4x a month. Why does the state need to know? 26
What do we do when we have a client who wants their private insurance billed for the services, but cannot afford the copay or deductible? 27
W9 27
What Do We Do When a Child Changes Regions? 28
For the Region where the Client is Exiting: 28
For the New Region the Client is Entering: 29
What Do We Do When a Child Lives in One Region, but is Getting Services in Another? 29
How to set up translation services 29
Request for Interpreter services: 29
Requests for Translation 29
Semi Annual Report Overlap 30
What Does a New Provider Need if They Want to Serve EI Children? 30
Findings Process 31
GlobalScape 32
I Have a Question That Is Not Listed Here: 32

Definitions of Common Terms

Child Outcome Summary Form (COS): The COS is a team process for summarizing information related to a child's progress on each of the three child outcomes on a 7-point scale. It is used as an analysis instrument to determine how well the Children's Integrated Services Early Intervention (CIS-EI) program is at helping young children achieve their best developmental trajectory. It serves three purposes:

- Federal Purposes:
    - Provides data to meet the federal Part C Individuals with Disabilities Education Act (IDEA) requirements for monitoring, the State Performance Plan (SPP) and the Annual Performance Report (APR).
    - The state is required to submit information about outcomes to OSEP and the legislature as a condition of federal funding.
    - The Office of Special Education Programs (OSEP) identifies determinations for states based in part on the outcomes data submitted.
- State Purposes:
    - Uses child outcomes data to inform local continuous improvement.
    - Uses child outcomes data to inform state-wide programmatic decisions and continuous improvement.
    - Reports outcomes data to all stakeholders, from families to legislators to describe the difference the state is making for children.
- General Purpose:
    - Examine the data to inform conversations about how to make CIS Early Intervention more equitable for all children.

Cohort: For Early Intervention purposes, the cohorts are the child records that fall within a specific period of time that meet the parameters of whatever the report is asking. For example, in Indicator 1 of the APR, the state is asked to report if all new EI services were delivered within 30 days for all children. The cohort is made up of the child records of children who had new services added to their service grids between July 1 and June 30th of the reporting year.

FITP: Acronym for Family Infant Toddler Program. This was the name of Vermont's Part C program before CIS-Early Intervention was adopted. Some of the older programs (mainly DXC) still refer to EI as the FITP.

Gainwell: The billing software run by the Department of Health that acts as the "checkbook" for Early Intervention. The state's Microsoft Access Database transfers data once a week into Gainwell, where it is compared with the state Medicaid system. Vouchers that allow billing to go through for CIS-EI are created here.

GlobalScape: A website that is used to securely send data to the state in a way that meets HIPAA and FERPA standards.

IDEA Part C: Acronym for the Individuals with Disabilities Education Act Part C, which is the name the federal government uses to describe the program that is known as CIS-EI in Vermont.

Infant Family Support Plan (IFSP): Federal name for what is known in Vermont Early Intervention

as the One Plan.

Loop: Every referral we receive must result in some form of exit—either No One Plan Resulting (NOPR), or the client exits after receiving services. Some children enter and exit EI several times, so the state describes each referral-exit time frame as a 'loop in the program' or 'loop' for short. The loop must follow the logical order rules: first a referral is received, and then there is either a NOPR to close the loop, or there is an initial One Plan date followed by a service grid, eventually followed by an exit date to close the loop. A loop can only have one referral date, one initial One Plan date and one exit date. There is no limit to the number of service grids a loop can have, so long as the service grid is dated on or after the initial One Plan date.

Loop Error: A Loop Error is the term used when the referral-exit sequence breaks the rules of the loop order and results in an illogical flow. The logical order rules state that a loop is comprised of a referral date, and then either a NOPR date to close the loop, or an initial One Plan date followed by a service grid, eventually followed by an exit date to close the loop. A loop can only have one referral date, one initial One Plan date and one exit date. There is no limit to the number of service grids a loop can have, so long as the service grid is dated on or after the initial One Plan date.

MMIS: Acronym for Medicaid Management Information System. This is the billing software where data from CIS-EI is transferred to in order to communicate with the larger Medicaid/Gainwell system.

Office of Special Education Programs (OSEP): This is the federal body that provides oversight to Individuals with Disability Education Act (IDEA) Part C across the United States. Part C is known in Vermont as Children's Integrated Services Early Intervention (CIS-EI)

Query: A tool in Microsoft Access Database used by the state to retrieve data with specific parameters. The state is building and using queries to pull the data that is used for reporting, data cleaning and other purposes.

Common Reports

Annual Performance Review:

Submitted to OSEP on February 1. Copies of the APR can be found on the Child Development Division website: https://dcf.vermont.gov/cdd/reports/ei

- **Indicator 1:** % of infants and toddlers with IFSPs who receive Early Intervention services on their IFSPs within 30 days of the date of signed consent.
    - This is determined using service grids.
- **Indicator 2:** % of infants and toddlers with IFSPs who primarily receive Early Intervention services in the home or in community-based settings.
    - This is determined using service grids.
- **Indicator 3:** % of infants and toddlers with IFSPs who demonstrate improved:
    - A) positive social-emotional skills;
    - B) acquisition and use of knowledge and skills; and
    - C) use appropriate behaviors to meet their needs.
        - This is determined using the COS form.
- **Indicator 4:** % of families participating in Part C who report that Early Intervention services have helped the family:

- A) know their rights;
- B) effectively communicate their child's needs; and
- C) help their child develop and learn.
    - This is determine by the Family Survey

- **Indicator 7:** % of eligible infants and toddlers with IFSPs for whom:
    - A) an initial evaluation,
    - B) initial assessment, and
    - C) an initial IFSP meeting were conducted within 45 days of the referral.
        - This is determined using the One Plan date.

- **Indicator 8:** % of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
    - A) Developed an IFSP with transition steps and services at least 90 days, and, at the discretion of all parties, not more than six months prior to the toddler's third birthdate.
    - B) For toddlers potentially eligible for Part B preschool services, notified (consistent with any opt-out policy adopted by the state) the state educational agency and the local educational agency where the toddler resides at least 90 days prior to the toddler's third birthdate.
    - C) Conducted the transition conference, with the family's approval, at least 90 days, and, at the discretion of all parties, not more than 6 months prior to the toddler's third birthdate.
        - This is determined using the Exit data.

618 Actives Report:

Submitted to OSEP. This report uses the cohort of children who are actively being served by Early Intervention on December 1. Of those children, this report breaks down the:

- Point in time: All children who were active and receiving services on December 1:
    - Number of children in each age category (Birth-1, 1-2, and 2-3) who have had their services delivered in the home, community or service provider location on December 1.
    - The number of children who are identified by their race/ethnicity who have had their services delivered in the home, in the community or at a service provider location on December 1.
    - Breakdown of the number of clients by gender
        - This is determined using the service grids and the race/ethnicity category on the referral form.
- Full Year: All children served between December 2 and November 30 of the following year.
    - The number of children who are identified by their race/ethnicity who have had their services delivered in the home, in the community or at a service provider location.
    - Breakdown of the number of clients by gender
        - This is determined using the service grids, race/ethnicity and gender categories on the referral form.

618 Exit Report:

Submitted to OSEP. This report uses the cohort of served in the last reporting period. Of those

children, this report breaks down the:

- Reason for exit by ethnicity
- Reason for exit by gender
    - This is determined by using the Exit information.

Monthly Child Count Submissions

Process

'Child count' refers to the data that is submitted to the State by the 8th of every month. There is a child count spreadsheet (located on the CIS Website https://dcf.vermont.gov/cdd/partners/cis/forms, the 6th option under the 'Early Intervention Forms' section). Information on this spreadsheet should include:

- Child information- name, date of birth, gender, race/ethnicity
- Location of services (town the child lives in, supervisory union)
- Referral information (see below for details)
- No One Plan Resulting (NOPR) information (see below for details)
- Active Information (see below for details)
- Child Outcome data- both for Entry and Exit
- Exit information (see below for details)

Additional data should also be sent to the state in conjunction with the spreadsheet:

- Service grids
    - Where applicable, the justification for a service happening outside of the natural environments.
- Insurance Forms

The state enters this data into our Access Data system.

FITP Voucher

Once all of the child count information has been entered into the state's database, the information is transferred to Gainwell. Once this is successful, an FITP Voucher is put in place. This allows all billing for Early Intervention services to go through the Gainwell system for payment. The voucher is created in two ways:

- If the child already has Medicaid, they are known to the Gainwell system already. If the data from the State matches what is in Gainwell, the FITP voucher is added to their record.
- If the child does not have Medicaid, they are not already known to the Gainwell system. The data transfer from our State database to Gainwell creates a record in the Gainwell system that includes the FITP voucher.

If the data from the State database does not match information already reflected in Gainwell, then the FITP Voucher is not active, and no billing can go through. The data mismatches are sent back to the state in what is known as the FITP Reject Report.

FITP Reject Report:

This report is generated when the data that is sent from the State Database to Gainwell does not match an already existing record. The categories that it checks are:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number
- Overlapping End Dates – this happens when there are loop errors within the database.

The State team will reach out to regions to ask for confirmation on which data is correct. The region must confirm with the family.

Child Count Submissions: Data for Referral Information

Referral: For the purpose of the state's EI data collection and reporting, a referral is defined as the data collected at the beginning of an Early Intervention loop that includes the child's data captured on the CIS-01 and the CIS-01 Supplemental forms. This consists of:

- First and Last Name
- Date of birth
- Social security number or Medicaid Unique Identification Number (UID)
- Gender
- Town that the child lives in
- Supervisory Union that the child lives in
- Primary service coordinator at the time of referral
- Date of referral—this is the date that the referral was received specifically by the Early Intervention program. Referrals made internally by other CIS programs should be recorded as the date that the original program hands off to Early Intervention. For example, if a child is open with Nursing on 1/1/2023, and then Early Intervention is added to their One Plan on 5/5/2023, the date of the referral reported to the State would be 5/5/2023.
- Race/Ethnicity
- Insurance status
- Custody status- Some regions do not know this at entry. Please provide the information that you have on hand at the time of the referral.
- Primary language- On the child count spreadsheet, this field can be left blank if the primary language is English.
- Source of referral

- Referring concern

Child Count Submissions: Data Needed When No One Plan Results (NOPR)

- NOPR Determination Date- this is the date that it was determined that the client would not be on a One Plan.
- Reason for No One Plan
- Evaluation date- please provide the date that a 5-domain evaluation if it occurred. Not all clients will have this. This space is used for verification of Initial Evaluation invoices sent to the state for payment.

Child Count Submissions: Data Needed for Active Information

- Initial Evaluation Date: This is the date that the 5 Domain Evaluation/Assessment was completed to determine eligibility for CIS-EI. This evaluation must occur within 45 days of the referral to CIS-EI. The exception to this rule is children who are 'medically eligible', who may have the 5-Domain Assessment occur when the child is healthy or old enough.
    - If the Initial Evaluation did not occur within 45 days, please provide a reason.
        - If the child is auto-eligible and will be getting an evaluation and/or assessment when the child is old/healthy enough, please record this as ‘family circumstance-child auto eligible’
- Initial Meeting to Develop the One Plan: Also known as: Initial One Plan Meeting, or Active Date. At minimum, this is the date of the first meeting where eligibility for CIS-EI is discussed using the evidence from the 5 Domain Assessment, and the family signs off on the eligibility form. Most of the time, the team is able to complete the One Plan, and the family consents and signs off on services. In some cases, another meeting is needed to finish the plan and give consent for any potential services.
    - If the Initial One Plan meeting did not occur within 45 days, please provide a reason.
- Reason for Eligibility

Data Needed for Service Grid Information

- Date of Signed Consent: Also known as DOSC. This is the date that the family agrees and gives their written consent to any new or changed services.
- Outcome Types – Select **one** outcome type
    - New Outcome: A check box on the current service grid that indicates if this is a new or added service for which the family gave consent on the date of signed consent.
    - New Frequency: A check box on the current service grid that indicates if this service has changed frequency for which the family gave consent on the date of signed consent.

- Outcome Continuing: A check box on the current service grid that indicates if this service has not changed from previous service grids.
- Service Ended: A check box on the current service grid that indicates if this service has ended and that the family gave consent to end the service on the date of signed consent. The end date should *not* be put into the "Actual Start Date" field. This causes confusion as to whether the service began or ended on that date.

- Projected Start Date: This is the date that the new service is projected to begin. This field is included for benefit of the family.
- Actual Start Date: This is the date that the service actually began. Services should begin within 30 days of the date of signed consent. The date the service ends should *not* be put into this field. This field should show the date the service actually began.
- Payer: This indicates who the primary payer of the service is.
  - Medicaid: Children with Medicaid Insurance should select this box for every service.
  - Private Insurance: Children with Private Insurance should select this box for every service.
  - POLR: Acronym for Payer of Last Resort. This refers to the CIS-EI fund which ensures that the program is of little-to-no cost to the family. At this point in time, checking this box ensures that a service can still be paid for using Early Intervention funds if Medicaid or Private Insurance denies the service claim.

Child Outcome Summary Forms (COS) information

What is the COS made of?

The COS is a team process for summarizing information related to a child's progress on each of the three child outcomes on a 7-point scale. It is used as an analysis instrument to determine how well the Children's Integrated Services Early Intervention (CIS-EI) program is at helping young children achieve their best developmental trajectory. The three outcomes are:

- **Outcome One: Positive Social Emotional Skills.** This includes but is not limited to:
  - Relating with Caregivers- Demonstrate regulation and attachment, respond/initiate/sustain interactions, acknowledge comings and goings..
  - Attending to Other People in a Variety of Settings- Express awareness/caution, respond to/offer greetings, respond to own/others' names...
  - Interacting with Peers- Convey awareness, respond/initiate/sustain interactions, share/cope/resolve conflicts, play near and with peers...
  - Participating in Social Games and Communicating with Others- Respond to/initiate/sustain games and back-and-forth communication, demonstrate joint attention, engage in mutual activity, follow rules of games...
  - Following Social Norms and Adapting to Change in Routines- Transition between activities, respond to new/familiar settings/interactions, behave in ways that allow participation, follow routines and rules...

- Expressing Own Emotions and responding to Emotions of Others- Show pride/excitement/frustration, manage own emotions, display affection and comfort others...

- **Outcome 2: Acquisition of Use of Knowledge and Skills.** This includes but is not limited to:
  - Show an interest in learning- Persist, show eagerness and awareness, imitate/repeat actions, explore environment...
  - Attending to Other People in a Variety of Settings- Figure things out, use trial and error, remember steps/actions and execute them with intention, experiment with new/known actions...
  - Engaging in Purposeful Play- Show early awareness and exploration, use objects according to function, play by building, pretending, organizing and expanding play scenarios and roles...
  - Understanding Pre-Academics and Literacy- Notice differences or associations among things, demonstrate matching/sorting/labeling by size/color/shape/numbers/function, interact with books and pictures, practice early writing and reading...
  - Acquiring Language to Communicate- Learn and use sounds, words, and sentences with increasing complexity including sign language and augmentative and alternative communication (AAC)...
  - Understanding Questions Asked and Directions Given- Respond to gestures/verbal requests, understand meaning of increasingly complex words/questions/directions, know and state details about self (e.g., name, age)...
- **Outcome 3: Use of Appropriate Behaviors to Meet Need**. This includes but is not limited to:
  - Moving Around and Manipulating things to Meet Needs- Move with increasing control and purpose (e.g., reach, roll, crawl, walk, run, climb) to navigate the environment - with accommodations as needed, manipulate objects/tools (e.g., crayons, scissors, switches, fragile items) with increasing control...
  - Eating and Drinking with Increasing Independence- Suck/swallow, chew, bite, finger feed, use utensils, hold bottle, drink from cup, show growing independence with amount/type of food eaten, access food and feed self....
  - Dressing and Undressing with Increasing Independence- Assist with dressing, take off/put on shoes and clothes, undo/do fasteners...
  - Diapering/Toileting and Washing with Increasing Independence- Lift legs for diaper change, sit on potty, wash hands, brush teeth, help with bathing...
  - Communicating Needs- Indicate hunger/need for sleep/diaper change, express discomfort/hurt, request or reject food, express choice/preferences...
  - Showing Safety Awareness- Avoid dangers (e.g., putting things in mouth, touching hot stove), follow safety rules across settings and situations...

Ratings and Progress Categories:

Each outcome is rated on a scale of 1 to 7. Rating criteria are based on identifying the child's functioning relative to age-expected functioning. This is done when the child enters and exits the

program. Once the child exits, the score from the entry COS and the exit COS are combined into a developmental trajectory designation. An increase in rating numbers means the child increased their rate of growth, meaning the child is on a different trajectory that brings them closer to functioning at an age expected level than their original trajectory before they entered the program.

On the Exit COS, each outcome is labeled as 'progress made' or 'no progress made'. 'Progress' is defined as acquiring any new skill while in the program. This means that even if the child learned one thing, then there is progress. For example, an infant may score high on their initial COS because their developmental trajectory stems around basic needs, but the expectations grow with the child. For example, an infant may be scored as a 7 at entry because they were able to roll over, sleep and eat. When they exit as a three-year-old, they may be rated at a lower score. This is because the expectations for a three-year-old are more complex than that of an infant- so while the child scored lower, there was progress made because they are able to do more than when they started the program. The only examples of when a child would make 'no progress' is if there was some traumatic or medical event that caused the child to regress.

Developmental Trajectories:

There are 5 developmental trajectories that outcomes are organized into once they have been combined:

- A- did not improve functioning
    - Rated lower at exit than entry; or rated 1 at both entry and exit, and scored 'No' on the progress question
    - These children acquired no new skills or regressed. They did not gain even one new skill.
- B- improved functioning, no change in trajectory
    - Rated 5 or below at entry and rated the same or lower at exit and scored a 'Yes' on if progress was made
    - These children acquired new skills but continued to grow at the same rate, and did not change the growth trajectory they were on when they entered the program
- C- moved closer to functioning like same aged peers
    - Rated higher at exit than entry; and rated 5 or below at exit
    - These children acquired new skills and accelerated their rate of growth. They made progress towards catching up with same-aged peers but were still functioning below age expectations at exit. These children changed their growth trajectories and 'narrowed the gap'
- D- improved functioning to that of same aged peers
    - This is made when rated 5 or lower at entry and rated 6 or 7 at exit
    - These children were functioning below age expectations when they entered the program but were functioning at age expectations when they left. They started out below expectation but caught up while in service.

- E- functioning like same age peers.
    - This is made when rated 6 or 7 at entry and rated 6 or 7 at exit.
    - These children were functioning at age expectation when they entered the program and were functioning at age expectation when they left.

OSEP does not expect that all children will exit age appropriate and realize that there are differences in patterns for children with different kinds of developmental concerns.

How is the COS Calculated and Reported?

The developmental trajectories are combined in two different ways to answer two questions called Summary Statements. Summary Statements are reported to OSEP.

- Summary Statement 1: Of those infants and toddlers who entered CIS-EI below age expectations, the percent who substantially increased their rate of growth by the time they exited the program. This is determined by the following formula: the count of (C+D) divided by the count of (A+B+C+D).
- Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations by the time they exited the program. This is determined by the following formula: the count of (D+E) divided by the count of (A+B+C+D+E).

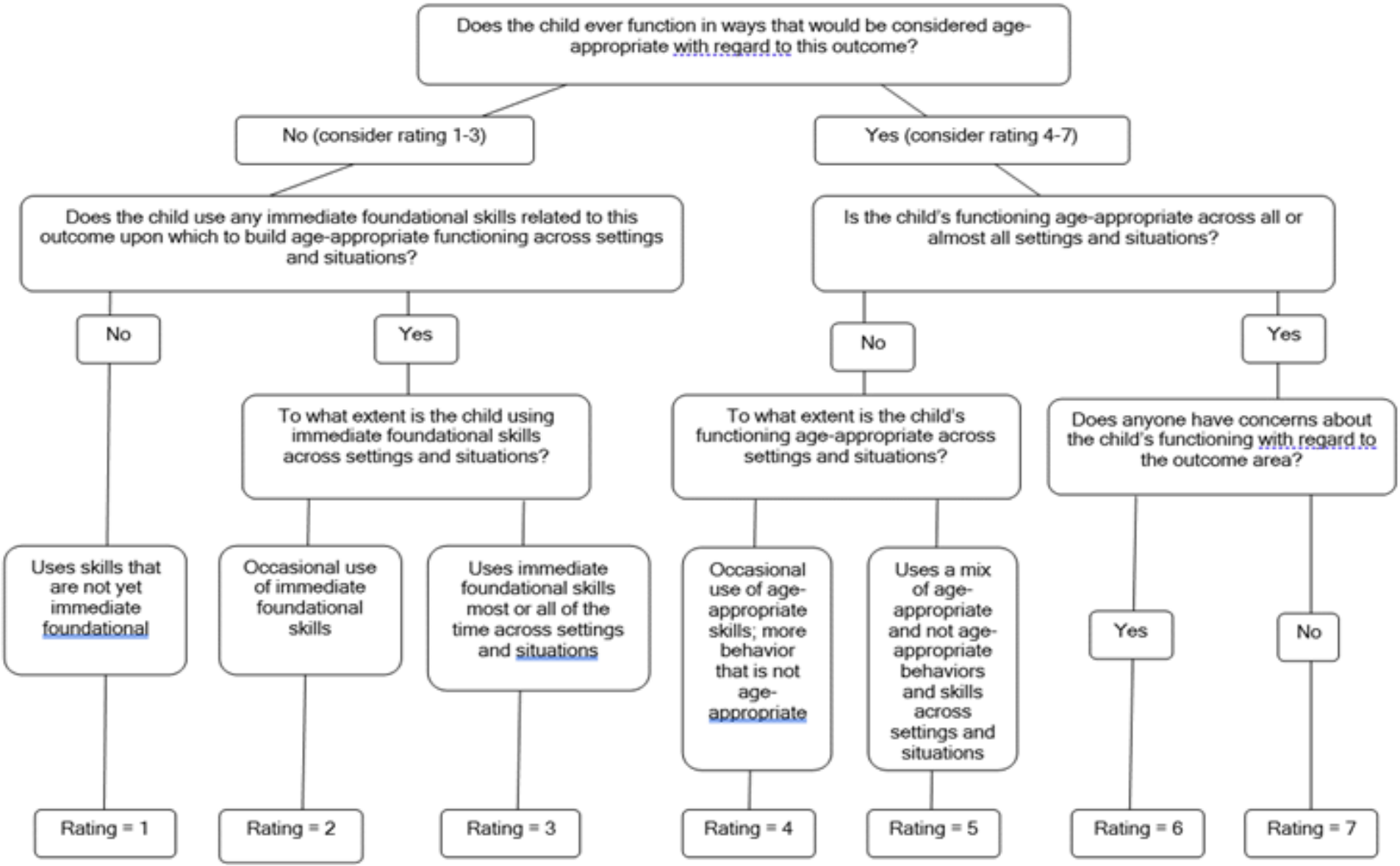
How and When Should the COS be Performed?

The COS should be completed by two CIS practitioners, alongside and with input from the family.

- An 'Entry' COS should be completed within 5 days of the One Plan.
    - If the child is auto eligible, a COS should be done as soon as the child is old/healthy enough for one to be completed.
- An 'Exit' COS should be completed within 5 days of the exit. The only meaningful difference in the process with the exit is that there is a 'progress made' option. For more information on the 'progress made', please see above section 'Rating and Progress Category'

Practitioners should use the decision tree to determine ratings. This flow chart tool helps narrow down determining a rating that best demonstrates the child's developmental trajectory.

Decision Tree for Part C Child Outcome Summary Rating Discussions



VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION

The tool can also be found on the second page of the 'Child Outcome Summary Form' which can be found on the CIS website: https://dcf.vermont.gov/cdd/partners/cis/forms, the first option under the 'Early Intervention Forms'.

More Information on COS:

There are great resources on COS:

- https://ectacenter.org/eco/pages/cos.asp - Child Outcomes Summary Process
- https://ectacenter.org/eco/pages/videos.asp - an eight and a half minute long video that describes the child outcomes step by step.
- https://ectacenter.org/eco/pages/selflearning.asp - a collection of videos on information around the COS and the COS process, including 'Understanding the Child Outcomes' and 'Understanding Young Children's Development.
- https://ectacenter.org/eco/pages/cosform.asp - a collection of links and resources around the COS Form and Instructions
- https://ectacenter.org/eco/pages/cos-calc.asp - COS calculators to test and reflect on your child outcomes
- https://ectacenter.org/eco/pages/cospd.asp - COS Process Professional Development
- https://dasycenter.org/cos-kc/ - Child Outcomes Summary Knowledge Check- a tool used to practice scenarios and test understanding of the COS process.

Data Needed for Exit

All Exits Must Include:

- Date of Exit
- Date of the Transition Plan- the transition plan is defined as at least one outcome on the One Plan that is related to transitioning out of CIS-EI.
- Referral to other resources in the community. Options are:
    - Head Start
    - Community-based Child Care Program or Preschool
    - School based pre-school classroom
    - Child's Integrated Services Coordinator
    - Exited with no referrals

For Children who are Exiting Prior to Age Three:

- Please indicate the reason that the child is exiting prior to age three. The options are:
    - Development at Appropriate Level
    - Moved to other region- please include the name of the region that they are moving to, if known

- Moved out of State
- Withdrawn by parent or guardian
- Unable to Contact
- Deceased

For Children Who are Exiting on Their Third Birthdate and Have Been Served for at Least 90 Days (calculated from the Initial One Plan date and the date of exit)

For these clients, there are federal reporting requirements that must be met.

- Indicator 8A: the transition plan must have occurred between 90-180 days from the date of exit.

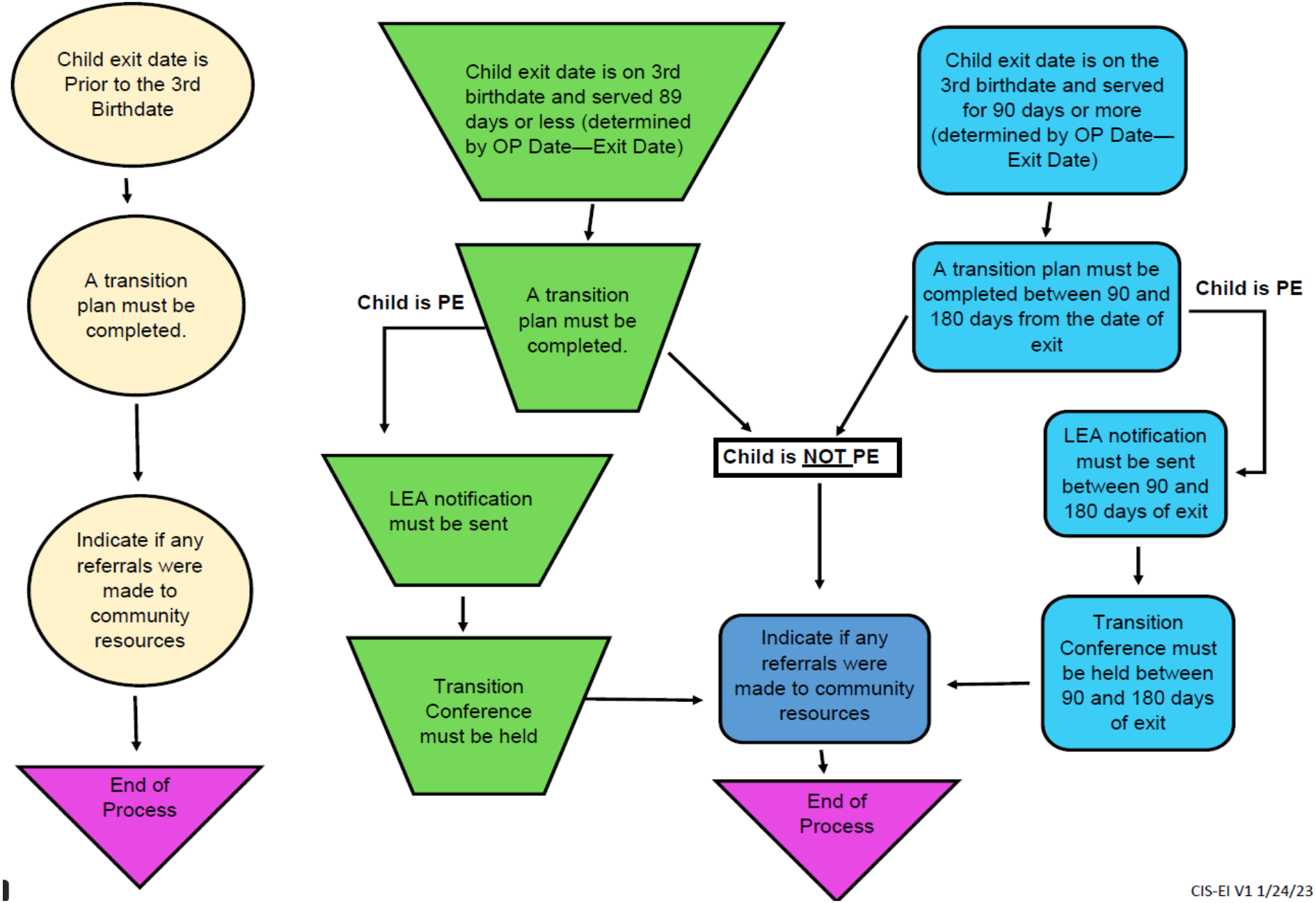
For Children Who are Exiting on Their Third Birthdate, Have Been Served for at Least 90 Days (calculated from the Initial one Plan date and the date of exit) and are Potentially Eligible for Part B

- Indicator 8B: the LEA notification must have been sent to the school district between 90 and 180 days prior to the exit date.
    - Parent permission is not required to send this letter. The only case of 'family circumstances' would be if the LEA was sent early because the family wanted to expedite the transition process.
- Indicator 8C: a transition conference must be held between the team and Part B between 90-180 days prior to the exit.

For Children Who are Exiting on Their Third Birthdate but Have Not Been Served for at Least 90 days (calculated from the Initial One Plan date and the date of exit)

- Children who are not potentially eligible for Part B must have a transition plan only.
- Children who are potentially eligible for Part B must have an LEA notification sent and a transition conference, but there is no time frame it must be completed in.

Process Flow For When A Child Exits from CIS Early Intervention



CIS-EI V1 1/24/23

Monthly Data Cleaning

Data Cleaning spreadsheets are sent out every month after the regional Child Count data has been entered into the state's database. These are an opportunity for the state and the regions to confirm that the data reported in child count is accurately represented in the state system.

There are two kinds of data cleaning spreadsheets that are sent every alternate month:

- **Quality:** This data cleaning is reviewing the information from each timeline indicator (1,7 and 8s) and ensures that there are accurate reasons for delay recorded
- **Missing**: This data cleaning is reviewing any information that may be missing for each timeline indicator (1,7 and 8s)

At the end of the reporting year (June 30), there will be close-out data cleaning. This data cleaning will cover all aspects of each indicator to ensure that the data is correct and accurate for final reporting.

CIS EI Family Survey

What is the CIS-EI Family Survey?

Part C of the Individuals with Disabilities Education Act (IDEA) requires that states use an approved tool to measure family outcomes for families in the CIS-EI program. Vermont's CIS- EI Family Survey is made up of:

- Introduction Letter, Demographics Information, Comment Opportunities
- Section A: Multiple Choice 'Ways that Family Supports Child's Needs'
- Section B: Multiple Choice 'Helpfulness of Early Intervention Program'

Sections A & B make up the Family Outcomes Survey-Revised (FOS-R), an OSEP approved tool to measure program outcomes. ECTA Center: Family Outcomes Surveys

What does it measure?

Data from Section B is sent to the Office of Special Education Programs (OSEP) in the Annual Performance Report (APR) and populates Indicator 4 for Vermont's Part C Program.

Which families receive the survey?

Surveys go out to exiting and active families that have been served by CIS-EI for at least six months.

When is the survey period?

The CIS-EI Family Survey is sent to the regional CIS-EI teams for hand delivery to families that have been served for at least 6 months in two prongs:

- Prong 1: Exiting families are surveys November 1- March 31. The intent is that the family survey is hand delivered at or close to the last visit with the family before they exit.
- Prong 2: Active families are surveys March 15-June 30. The intent is that the family survey is hand delivered to active children's families.

How do regional teams receive the survey?

A packet containing a survey for each of the families identified is mailed to CIS-EI Supervisors from the State.

If the region would like electronic copies of the survey, please reach out to AHS.DCFCDDCISEI@vermont.gov.

What Is The UID and How Do I Find It?

The UID is a Unique Identification code for each child. Families need to enter this UID to complete the survey electronically. This is important so that the state can identify which region each family is from for data analysis.

The UID can be found in the tracking document sent from the State. It can also be found at the bottom of a family's paper survey.

How can families respond to the survey?

Families have several ways to respond to the survey:

- Online by scanning the QR code or navigating to the site listed on the family survey letter (families will need the unique survey ID on the bottom of their survey—can also be found on a regions electronic tracking sheet).
- By mail using the business reply envelope provided in the survey packet.
- By phone with an interpreter. Please contact the CIS State Administrative Team at AHS.DCFCDDCIS@vermont.gov to coordinate.

How can I deliver a survey to the family?

- Best practice is to hand deliver the survey to the family member at a visit.
- The survey link can be emailed or texted to the family (please see the State provided script)
- The survey can be mailed to the family. If regions would like to avoid paying for postage, the State
- Team must be contacted so that a survey can be sent directly to the family.
- If a family/child primarily receives CIS services in a child care setting, the survey can be left at the child care with the Child Care Providers permission, but some communication (phone or electronic) should happen with the family about the survey, the importance of their feedback, and how to respond.

What is a script I could use to talk about the survey with families?

"Each year Early Intervention completes an evaluation of our program to help us learn how we are helping you and your child/family. It also allows us to collect information about how our program can improve for your family and other families receiving CIS Early Intervention services. One way that you can contribute to this evaluation is by completing this brief survey [explain how to complete]. You will need the unique code found [provide location]. It

will take you ten to fifteen minutes to complete and is completely confidential. I wont see your answers. CIS-EI really values the information you and other families provide in this survey. Your feedback helps us make improvements to the early intervention program and train Early Intervention practitioners like me about what families say works best for them and their children. Thank You!"

How can regional teams track their CIS-EI Family Survey delivery attempts?

A member of the CIS State Team will email a password protected spreadsheet containing a list of all children, including their Unique Identification Code (UID), who's family/caregiver is to be surveyed.

This tracking spreadsheet is a central place to track deliveries, attempted deliveries, undeliverable surveys, and notes such as if two children reside in the same house (whereby only one of the surveys should be delivered).

This spreadsheet will need to be returned to a member of the State Team by an assigned time after the survey period closes (typically mid- July at the latest).

What do I do if there are siblings or if an identified child on the tracking sheet lives in the same household as another child also on the list?

Surveys should only be sent to families one time during the survey period, regardless of how many children they have. If there are multiple children living in the same household, please indicate on the tracking sheet that the children are connected. The CIS State team will combine them into one letter.

When is a survey undeliverable?

A CIS-EI survey is considered undeliverable if the service provider (or any other designated member of the child's team) is not able to deliver (by hand, mail, or electronic means (email or text)) the survey to the family for any of the following reasons:

- The family has been determined "lost to follow Up" (see 'lost to follow up' guidance for more information) before the first day of the survey period or within sixty days after the first day of the survey period.
- A distributed survey is not successfully received due to incomplete or changed contact information, and the family has not responded to other forms of outreach.
- The family exits the program before the first day of the survey period.

If a family exits *during* the survey period, this is not considered undeliverable. Please attempt to deliver the survey before they exit.

How do I access a translated or interpreted CIS-EI Family Survey?

Please contact the CIS State Administrative Team at AHS.DCFCDDCIS@vermont.gov to coordinate.

Can I complete the survey with the family or on the phone with the family?

Providers can help a parent/caregiver understand a question and can be present when the survey is being completed, but providers ***cannot*** ask the questions directly of the family (either by phone or in person) and record the answers. Parent/Caregivers ***must*** be provided with the opportunity to give

confidential feedback.

If a family is having, or might have, difficulty reading and responding to the survey, please contact the CIS State Administrative Team at AHS.DCFCDDCIS@vermont.gov to coordinate

Why are regional teams (and not the state) responsible for delivering this survey to families?

Surveys are more likely to be returned when there is a personal connection to the survey request. Regional CIS-EI staff have direct connections to families and are best positioned to support and encourage response.

How can I see the status of my region's response rate?

Throughout the survey period, the State Team will send out statewide updates to regional EI Supervisors.

You can also request a regional update from a CIS State Team Member at any time.

Why is statewide response rate data shared out with everyone?

Sharing data in this format (all regions and percentages) has been a common practice across EI data so that regions can get a sense of how the state as a whole is progressing on certain measures.

It also helps to facilitate regional conversations and strategy sharing.

In the future, can we change the questions in the CIS EI Family Survey?

Each year, based on family, provider, and partner feedback, we update the first and second page of the survey.

At this time, we are not able to modify Sections A & B since they make up the standardized tool that is OSEP approved.

If you would like to provide feedback about the survey, please contact a member of the CIS State Team.

Why isn't this, or a similar survey, delivered to all families who receive CIS?

The CIS State Team is working with regional partners to identify the best way to receive feedback from all families connected to CIS.

How are the response rate targets set?

The Vermont Interagency Coordinating Council sets the state's targets. If you would like information about the Vermont Interagency Coordinating Council, please reach out to a member of the CIS State Team.

When and how is the information shared and used?

Data from the CIS-EI Family survey is shared several ways:

- The information is reported out to regions in late summer/early fall.
- The information is shared with the Vermont Interagency Coordinating Council in September.

- The information is reported to OSEP in the Annual Performance Report in February.

Does anyone follow up with families as a result of the information they share? If so, who?

The CIS State Team Family Engagement Coordinator reviews survey responses throughout the survey period.

Families that provide consent to be contacted (the first check box on page two) *and* share direct questions, requests for resources, unmet service needs, or potential violations of IDEA or Part C, are contacted.

Attempts are made to follow up with families who express an interest in engaging with program improvement work (by checking the second permissions box on page 2).

CIS Ethnicity and Race Data Guidance

The Children's Integrated Services (CIS) State Team created this document to help answer frequent questions from our partner agencies related to collecting race and ethnicity (see Definitions) information from CIS families.

Why do we need to collect ethnicity and race data?

The State of Vermont, CIS Unit is committed to advancing equal opportunity for all children and families in Vermont. Collecting ethnicity and race information helps administrators make informed decisions about program design to ensure equal access to services.
CIS-Early Intervention (CIS-EI) is funded primarily by the federal government through the Individuals with Disabilities Education Act (IDEA) Part C Grant. To receive these funds, Vermont must report on certain data points, two of which are ethnicity and race.

Why are the ethnicity and race categories the way they are?

The U.S. Department of Education has been collecting data on race and ethnicity since 1977. The current categories were established in 2007 after a ten-year review process.

How is the ethnicity and race data used in CIS?

The ethnicity and race data are aggregated (combined) at a statewide level and are never broken down by individuals. The data supports the equitable service delivery of CIS.
Some CIS programs are required to collect ethnicity and race data for Federal reporting. The data in these reports show the demographics of children/families in Vermont who are served compared to other states.

Why does Hispanic/Latinx override all?

According to the federal government, the 1970 census had a massive undercount of Americans of Spanish origin or descent. In the 20 years that followed, research suggested this group of people would appropriately self-identify if asked in a two-part question. When asked if this would result in an inaccurate overcount, the U.S. Department of Education wrote in 2007:

> "…the Department [of Education] has determined that the best approach for racial and ethnic information to be reported by educational institutions and other recipients is to include individuals who are Hispanic/Latino of any race only in the ethnic category. The Department wants to minimize the reporting burdens for educational institutions and other recipients..."

For more information on how the categories got to be the way they are, a good resource to check out is Policy Questions on the Department of Education's 2007 Guidance on Collecting, Maintaining and Reporting Data by Race or Ethnicity.

I am uncomfortable about asking for a family to identify their ethnicity and race. Can I just guess or not ask?

No. The family must be asked and given the opportunity to make their own determination to decide whether to provide the information.

I am uncomfortable asking this information of families. What is a script I can use to ask for this information?

> "I am going to ask you some questions about yourself and your child, such as name, age, address, gender, ethnicity, and race. We use this data to ensure CIS is delivered equally across the state. The information is never broken down by region or individual records. Would it be ok to go through these questions together?"

Please reach out to your supervisor or CIS State Technical Assistance (TA) Liaison if additional resources could support having these conversations with families.

If a family does not see themselves in any of the race categories, what should I do?

To acknowledge this, the State has provided a write-in option for individuals to self-identify their race. Please share with families that information collected in the write-in option will only be used at the state-level. For federal reporting CIS is required to report the written responses into one of the standard categories using guidance provided by the U.S. Department of Education.

The family should review the categories carefully and choose or write-in the one they feel best represents them.

What do I do if a family wants to decline/ has concerns about providing demographic information?

We are seeking legal and federal guidance on whether we can include an option for families to decline to respond.

If there are specific questions or concerns, please reach out to your supervisor or CIS State TA Liaison for additional guidance.

Efforts should be made to collect demographic information throughout your connection with the family

if it is not collected at the point of referral or during the intake process.

Federal Definitions of Race/Ethnicity Categories

The definitions are from the National Center for Educational Statistics.

- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa.
- **Ethnicity/Race** – Are Categories developed in 1997 by the Office of Management and Budget (OMB) that are used to describe groups to which individuals belong, identify with, or belong in the eyes of the community. The categories do not denote scientific definitions of anthropological origins.
- **Hispanic/Latinx** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Two or More Races:** If one of the races reported is Hispanic, report this child as just Hispanic. Any other combinations that do not include Hispanic should be reported in this category.

Frequently Asked Questions

How does the state define 'Family Circumstance'?

Family circumstances are circumstances that are attributable solely to a situation within, or at the express request of, the family over which the provider has no input or control.

FSD involvement often falls under family circumstance. State review of case timelines may be needed to determine this designation.

Exceptional weather circumstances are allowable when a provider agency is closed due to extreme weather, or travel conditions pose a substantial hazard. This must be well documented in the child's file.

All circumstances must have written documentation recorded in the child's file. "Well documented" means **at least one full sentence describing the exact circumstances**.

How does the state define 'Provider Circumstance'?

Provider circumstances are circumstances that are attributable solely to a situation within, or at the

express request of, the provider over which the family has no input or control.

How does the state define availability with regards to Family vs Provider circumstance?

There must be a provider who can offer:

- at least 3 different dates
- reflecting a diversity of times and days of the week (not, for example all Tuesdays at 3pm)
- over the course of the 30 days (not, for example, all within the last week of those 30 days).

If the family cannot make any of those three dates, then the delay is due to family circumstance because the provider has done their due diligence for availability.

If the provider cannot meet these three requirements when offering dates to the family, any delay is caused by provider circumstances.

Clear documentation of attempts to schedule, including specific dates, must be recorded in the child's file.

State review of case timelines, including specific dates, may be needed to determine this designation.

How do we correctly fill out the 'Payer' section of a service grid?

Regions should always check POLR for every EI service covered by the bundle, **and** whatever insurance type the child has. This is so that either the child's private insurance or Medicaid will be billed first, and if it is rejected by that institution, POLR will cover it.

If the regions have questions about this, we can answer them on a case-by- case basis. Please attach EI Financial Assistance form, available on the CIS website: https://dcf.vermont.gov/cdd/partners/cis/forms, the second option under the 'Early Intervention' section.

How should it be handled if there is no provider available immediately? Should a region send in a grid with a blank provider space or wait until they know what type of provider it would be?

No, regions should never submit a service grid to the state with a blank "provider" field.
Regions should find out who has the shortest waiting list **before** completing the One Plan with the family. In other words, service coordinators should evaluate their options for who/where could start services the soonest and bring that information to the meeting with the family.

It is important to have this service on the service grid, even if it is known that there will be a delay. This gives families the 'proof' they need if they would like to file official complaints.

What if a family is reluctant to give their child's SSN to us?

While the Early Intervention program is offered to families at little-to-no cost, the providers who serve them are not volunteers who work for free. We do need the child's SSN to ensure that providers are paid properly.

The SSN is one of the 5 data points that are necessary for entry into the CIS EI database, and without it, the FITP voucher cannot be created, and thus billing cannot proceed.

Some regions have found that reassuring families that their child's information is not shared or sent to other agencies and is only used as a data point in compliance with HIPAA, is an effective strategy to get the number.

Please reach out to the Part C Coordinator (Leslie.Davis@vermont.gov) if more support is needed, or if it will be more comfortable to have the State reach out for this conversation.

What is considered a late referral? Why does this matter?

The late referral process revolves around the transition timeline for children who are referred to EI close to their third birthdate.

According to federal guidelines, "late referrals" are referrals that are received by EI 135 days or fewer before a child's third birthdate. These referrals necessitate a parallel process of intake and transition in order to meet all the transition timelines.

For the purposes of reporting Indicators 8A, 8B, and 8C, a "late referral" is a child who was served by CIS-EI for **90 days or fewer**. This time is measured between the date of the Initial One Plan Meeting and the third birthdate.

This means that it is possible to receive a referral for a child that is 135 days from the third birthdate that could still be counted in the reporting cohort because the Initial One Plan Meeting date was more than 90 days before the third birthdate.

Autism Spectrum Disorder (ASD) Suspicion/Diagnosis: What data needs to be reported to the state?

Regions should send notification to the state if a child is diagnosed with or is suspected of having ASD. This should include:

- Child name and DOB
    - Diagnosed with ASD:
        - The date the diagnosis was made
        - The practitioner/doctor who made that determination
    - Suspected of having ASD:
        - The date of the failed MCHAT

Please keep in mind that this information should only be shared with the state if the family has accepted the diagnosis/suspicion and have agreed to move forward with services.

We have a child who we think needs a service more than 4x a month. Why does the state need to know?

The state must be informed of services delivered to children more than 4x a month because of financial oversight requirements. As the state is moving forward with working with CMS/Gainwell/MMIS/Medicaid on payment reform, we need to make sure that we are in compliance with any standards they have. We are also looking to eventually get rid of Prior Authorizations, and this data will help.

If a provider recommends that a child receive any individual service (SI-I, SLP, PT, OT, OMSLP, etc.) more than 4x a month, and that child DOES NOT have a Dx of ASD, then the Part C Coordinator (Leslie Davis (Leslie.davis@vermont.gov) needs to approve the high frequency.

To do this, she needs a small paragraph of justification from the provider or the evaluation summary as justification detailing the present levels of functioning. You can email this to her directly at Leslie.Davis@vermont.gov (make sure you CC Data and Reporting Coordinator, Samantha.higgins@vermont.gov so that she can make sure the notification is recorded properly in the database) or via GlobalScapes— whatever is easier for you.

The single exception to this is when the child DOES have a diagnosis of ASD, the SLP or the Specialized Instructor (SI-I, developmental educator, or DE) provider may provide services up to 8x a month without submitting any justification.

What do we do when we have a client who wants their private insurance billed for the services, but cannot afford the copay or deductible?

The State of Vermont will pay for Early Intervention services that are recorded on the service grid that are not covered by private insurance.

First, the family should fill out the CIS EI Financial Assistance Request form that is found on the CIS website: https://dcf.vermont.gov/cdd/partners/cis/forms, the second option under the "Early Intervention Forms' section.

Sometimes the co-pay/deductible bill goes to the family. In this case, the region should upload the financial assistance form along with the bill that the family received to the State via GlobalScape. Please ensure the family that these bills will be paid on their behalf, and not to make a payment. **If families make the payments, the State cannot reimburse them, we can only reimburse the provider.**

The providers can and should reach out to the state when they receive their Explanation of Benefit/Remittance Advice (EOB/RA) that indicates a co-pay/deductible. To be paid, they must submit the following to the state through GlobalScape or other secure method:

1. An invoice that has:
    - A current date
    - Name of the provider
    - The name of the service(s)
    - The date that the service service(s) took place
    - The cost they are requesting to be paid.
2. A copy of the EOB/RA that illustrates the co-pay/deductible

W9

If this is their first submission: they should include a W9. The W9 is used by the state's business office to create an account where they send the payments to. W9's should:

a. A current W-9 form must be attached for all regular suppliers and one-time reportable payments. A link to the template can be found here: https://www.irs.gov/pub/irs-pdf/fw9.pdf

b. W-9 forms must be physically signed and dated within the last six months. We do not accept electronically signed W-9 forms.

c. W-9 forms will not be accepted if there is any reason to question the authenticity of the form. This includes but it not limited to the following situations:

   i. Any original information is crossed out, written over, or covered up.

   ii. Form is electronically signed in any manner. This includes drop and drag signatures.

   iii. Form is partially typed and partially handwritten.

   iv. Form is handwritten in multiple colors of ink.

d. Financial Operations has the right to request a new W-9 form at anytime if it is deemed that something is questionable, illegible, or unclear.

e. State of Vermont employees must not fill out any portion of a W-9 on a supplier's behalf or instruct a supplier how to fill out the form.

f. State of Vermont employees must not instruct a supplier on how to properly complete a W-9 form. The IRS provides comprehensive instructions to help suppliers fill out the forms correctly. If a supplier needs assistance with completing a W-9 form properly, then they should seek the assistance of their tax professional, accountant, or the IRS directly.

When the state receives the request, we verify that:

- the child is in EI,
- the provider is on the latest service grid that we have on file and
- that the dates of the request match the frequency of what we have on the service grid.

If everything matches, the state will pay the bills through direct deposit using the information from the W9.

A state billing person will reach out to you with questions if any come up. You can reach also reach out at any time to AHS.DCFCDDCISEI@vermont.gov if you have questions about specific bills or children.

What Do We Do When a Child Changes Regions?

For the Region where the Client is Exiting:

1. There should be a transition plan date- this is when the family talked about their exit from the region.
2. An Exit COS should be performed.
3. Exit data should be sent to the state with child count.
4. The exiting region should make a referral to the new region.
5. The exiting region should give the One Plan, other relevant supporting documents as needed, and the Exit COS to the new region.

For the New Region the Client is Entering:

1. The referral date should be the date that the exiting region contacts the new region.
2. The initial evaluation date in most cases will be the same as the previous region's. However, if the child was out of the program for more than 6 months, then the region the client is entering must perform a new evaluation.
    - As a billing note: This subsequent initial evaluation performed because the child has been out of the program for 6 months will not be covered Medicaid. Instead, it should be included on the Initial Evaluation Invoice form sent to the state. This form can be found on the CIS Partners website: https://dcf.vermont.gov/cdd/partners/cis/forms, the 4th option under the 'Early Intervention Forms' section.
3. The One Plan date should be the date that the family agrees to receive services within the new region. Sometimes there may be cases where the One Plan goals and outcomes do not change, but they still need to sign a 'new' One Plan.
4. A new service grid with the date the family signs consent to receive services in the new region should be sent to the state, even if the outcomes/services have not changed.
5. The new region can use the Exit COS from the previous region as their Entry COS.

What Do We Do When a Child Lives in One Region, but is Getting Services in Another?

The region where the child lives (sleeps at night) should hold the plan, and then work with the second region to coordinate services and reimbursements.

Please feel free to reach out to the State if there are questions.

How to set up translation services

Children's Integrated Services will pay for translation and interpretation services.

Request for Interpreter services:

1. Go to: https://www.aalv-vt.org/interpret.
2. Select "Vermont AHS Request" from the form choices to request an interpreter (http://www.123contactform.com/form-2399179/AALV-Interpretive-Service-Request-Form-For-Vermont-AHS).
3. Select "DCF" from the Department drop-down list.
4. Select 'Child Development Division' under DCF Division
5. Select your region from the District Office drop down list.
6. Enter the staff name and contact information for who is working with the client.
7. Fill out the appointment information
8. List the infant/toddler client of record in the Client Name box (so we have that to cross-walk with our CIS-EI 'active' client list should we monitor/audit these requests).

Requests for Translation

Please email AHS.DCFCDDCIS@vermont.gov with a the documents that are needed for translation and the date that they are needed by. Please give up to 2 weeks for the documents to be translated.

Semi Annual Report Overlap

The Semi Annual Report is a report around 10 performance indicators for all of CIS by service area. These performance measures are :

- At least one goal is met by One Plan review or exit from CIS
- Initial contact to clients is done within 5 days of the date of referral
    - Per Vermont Special Education rules, Early Intervention is actually supposed to make initial contact within 2 days.
- Screening and Assessments occurred within 45 days of the referral
- One Plan was created within 45 days of the referral
- All new services within the reporting period began within 30 days of the signed consent
- All 6 month review happened on time
- All Annual reviews happened on time
- At least 50% of referrals came through to the CIS Coordinator.
- Looking at the percent of clients who exited all CIS services due to being lost to follow up
- Looking at the percent of clients who exited CIS services because all goals were met.

This report is submitted to the state twice a year. Data for the time frame of January 1- June 30 is due to the state by July 31, and the data for the time frame July 1-December 31 is due to the state by January 31. The CIS coordinator will be looking to the CIS EI data person to provide them with the information for the EI program.

What Does a New Provider Need if They Want to Serve EI Children?

The minimum requirements for a provider to deliver Early Intervention services is to have a Medicaid NPI number. For any billing to occur, the provider must be able to submit claims through GlobalScape.

The provider must follow the Vermont System of Payments:

- Bill private insurance first (if applicable)
    - If this pays out, great!
    - If there is a co-pay or deductible, please see above
    - If the private insurance denies everything, please submit the claim through Gainwell.
    - If the family denies access to their private insurance, please bill Gainwell.
- Bill Gainwell. Gainwell will test Medicaid and other payment streams to see if they can be covered there.
    - If Gainwell denies, then please submit a Prior Authorization (PA) that can be found on

the CIS website: https://dcf.vermont.gov/cdd/partners/cis/forms, the third option under the 'Early Intervention Forms'

Please feel free to reach out to the State team with support for onboarding around the billing process.

Findings Process

The findings process is a part of federal reporting and monitoring that is reported in the APR. Its purpose is to review several indicators for compliance.

Vermont has an advantage where our monthly data cleaning process keeps our data mostly clean. The findings process is in two 'prongs':

- **Prong One**: Looking at data reported in August and July. The data pulled is:
  - Indicator One:
    - Missing Start Dates for Services
    - Missing reason for delay for Start Dates of Services that are more than 30 Days from Signed Consent
  - Indicator 7:
    - Missing Initial Evaluation dates
    - Missing reason for delay for when the One Plan was not created within 45 days of referral
  - Indicator 8:
    - Missing Transition Plan date for children who exited on their third birthdate
    - Missing reason for delay that a transition plan was not created between 90-180 days for children who exited on their third birthdate
    - Missing LEA notification date for children who exited potentially eligible
    - Missing reason for delay for when the LEA Notification was not sent within 90-180 days from exit for children who exited potentially eligible
    - Missing transition conference date for children who exited potentially eligible for Part B
    - Missing reason for delay for when the transition conference was not held between 90-180 days from exit for children who are potentially eligible for Part B

- **Prong Two**: Looking at data reported in January: The data pulled is:
  - Indicator One:
    - Missing Start Dates for Services
    - Missing reason for delay for Start Dates of Services that are more than 30 Days from Signed Consent
  - Indicator 7:
    - Missing Initial Evaluation dates
    - Missing reason for delay for when the One Plan was not created within 45 days

of referral

- Indicator 8:
  - Missing Transition Plan date for children who exited on their third birthdate
  - Missing reason for delay that a transition plan was not created between 90-180 days for children who exited on their third birthdate
  - Missing LEA notification date for children who exited potentially eligible
  - Missing reason for delay for when the LEA Notification was not sent within 90-180 days from exit for children who exited potentially eligible
  - Missing transition conference date for children who exited potentially eligible for Part B
  - Missing reason for delay for when the transition conference was not held between 90-180 days from exit for children who are potentially eligible for Part B

Regions will get a formal letter identifying the records that need to be addressed. To respond to these, please add the data to the next month's child count. If there are any questions, please reach out to the AHS.DCFCDDCIS@vermont.gov email.

GlobalScape

A website that is used to send data to the state in a way that meets HIPAA and FERPA standards. Users are able to sign in using their email and are able to upload documents directly to the state office. People who send a lot of documents to the state should have a GlobalScape account.

To get an account, please send a request to AHS.DCFCDDCIS@vermont.gov and include the email address you would like to use. Once the account is set up, the state will send you two emails, the first with your log in name and the second with your password.

If you have trouble with your GlobalScape account, please email AHS.DCFCDDCIS@vermont.gov with a description of the challenge you are having.

I Have a Question That Is Not Listed Here:

If there are questions you would like to see answered here, please email Samantha at Samantha.higgins@vermont.gov, or ask during a monthly EI call.