Provider Guidance Manual

TN Department of Disability & Aging | Tennessee Early Intervention System

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Chapter 1: Introduction

Purpose

The purpose of this manual is to provide information relative to basic principles and guidance for the provision of Part C, early intervention services in Tennessee through the Tennessee Early Intervention System (TEIS). This manual contains information for Eligibility Evaluation Agencies (EEAs), Early Intervention Resource Agencies (EIRAs), and vendors who deliver services to eligible children and their families. The manual can be found on the TEIS Community Resource website, TEIS Community Resources (tn.gov). This manual will be reviewed and updated quarterly. Notifications regarding updates will be managed by the Department of Disability and Aging (DDA).

Nothing in this manual is intended to replace or supersede any federal or state laws applicable to each agency or the terms of agreements (e.g., the contract) agencies have entered with the State of Tennessee. This manual is intended only to provide guidance on the implementation of all such laws and agreements.

Definitions

Battelle Developmental Inventory Third Edition (BDI-3)— this assessment tool measures all developmental areas for children birth through 7 years and 11 months. It will be used for eligibility, planning and intervention, progress monitoring, and program evaluation.

Caregiver— broader term than parent/guardian that includes any person who provides daily care to the child.

Child Find— any activity or event structured to locate, identify and evaluate children birth through two years of age to determine a level of developmental delay or other disability which may qualify the children for TEIS services.

Co-treatment— two providers of different professional disciplines providing treatment to the same child at the same session.

Co-visit— early Interventionist providing developmental therapy attends the session of a provider of a different discipline to collaborate on the treatment of a mutually served child for the purpose of joint planning and IFSP teaming, ensuring consistency of therapeutic techniques across situations and settings. Six co-visits per discipline per calendar year are permitted for each child at the discretion of the IFSP team.

Department of Children's Services (DCS)— Tennessee's public child welfare agency that establishes statewide standards for performance that reflect best practices for child welfare. Services promote high quality prevention and support services to children and families that promote safety, permanency, and well-being.

Department of Disability and Aging (DDA)— the lead agency for Tennessee Early Intervention System (TEIS).

Developmental Assessment— ongoing measurements of a child's progress toward achieving Individualized Family Service Plan (IFSP) outcomes.

Developmental Delay(s)— the failure to meet certain developmental milestones, such as sitting, walking, and talking, at the average age.

Developmental Therapy— a specific, individualized, and focused intervention designed to promote an eligible child's motor, cognitive, communication and social-emotional development as well as adaptive (self-help) skills. It consists of family training and special instruction as defined by the Individuals with Disabilities Education Act (IDEA). 34 CFR § 303.13(b)(3), (14).

Early Interventionist (EI)— an individual that provides individual and group intervention for infants and young children who have developmental delays or who are at risk for delays in the areas of cognitive, adaptive (self help), social-emotional, fine motor, gross motor, and communication development.

Early Intervention Resource Agency (EIRA)— a contracted agency that delivers developmental therapy to Part C eligible children.

Early Intervention Service Programs (EIS Programs)— an entity designated by the lead agency (DDA) responsible for implementing the requirements of IDEA Part C as outlined under IDEA 34 CFR §303.700 through 303.702. For Tennessee these are defined as the nine TEIS Point of Entry Offices (POE).

Early Intervention Service Providers (EIS Providers)— an entity (whether public, private, or nonprofit) or an individual that provides early intervention services under part C of IDEA. For TEIS, this typically refers to agencies/individuals contracted to provide services to children/families on the child's Individualized Family Service Plan (IFSP). For Tennessee, EIS providers include EIRAs, Eligibility Evaluation Agencies (EEA) and vendors. EIS Providers are also referenced as an Early Intervention Service Providers (EISP).

Eligibility Evaluation Agency (EEA)— a contracted agency that completes intake procedures, vision and hearing screenings, and provides evaluations to assist in the establishment of initial eligibility, annual IFSP development, and third birthday progress (as needed).

Extended Option— provision of early intervention services for children already receiving Part C services beyond the age of three (3) who have also been determined eligible for Part B services.

Family Educational Rights and Privacy Act (FERPA)— a federal law that protects the privacy of student education records.

Family Guided Routines Based Intervention (FGRBI)— a service delivery model that is based on ongoing research focusing on developing and validating an early intervention approach that incorporates the Part C of IDEA mandates and the recommended evidence-based practices for supports and services for young children with special needs and their families, Family Guided Routines Based Intervention (fgrbi.com)

Health Insurance Portability and Accountability Act (HIPAA)— a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Individualized Education Program (IEP)— the written plan developed for Part B eligible children with disabilities which includes special education instruction, supports, and services a student receives from Pre-K to 12th grade. It is developed, reviewed, and revised in accordance to IDEA regulations.

Individualized Family Service Plan (IFSP)— the written plan, developed for Part C eligible children, which includes individualized outcomes, and supports and services as determined by the IFSP team. The IFSP guides the early intervention process.

Individualized Family Service Plan (IFSP) Meeting— required periodic reviews of the IFSP by the IFSP team members.

Individualized Family Service Plan (IFSP) Team— individuals who participate in the development of the IFSP, including the parents/guardians of each Part C eligible child along with a TEIS Service Coordinator, and early intervention personnel as appropriate.

Individualized Family Service Plan (IFSP) Teaming— activities that support IFSP team members to function collaboratively in the development and implementation of a functional IFSP, which serves to align team members' efforts to improve child-level progress.

Individuals with Disabilities Education Act (IDEA)— federal statute which is intended to maximize the development and school readiness of individuals with disabilities, birth through 21 years of age.

- **Part B of IDEA**— special education services provided by Local Education Agencies (LEAs).
- **Part C of IDEA**— statewide early intervention programs (TEIS in Tennessee).

Local Education Agency (LEA)— a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary schools or secondary schools.

Natural Environment— settings which are natural and/or normal for the child's same age peers who have no disabilities as set forth in Part C of the IDEA. Natural environments are places where children experience every day typically occurring learning opportunities. These settings may include but are not limited to the home, community, and childcare. (CFR Sec. 303.126 Natural Environment).

Office of Special Education Programs (OSEP)— division of the U.S. Department of Education dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing oversight, funding, and monitoring of states' and territories' implementation of IDEA.

Parent— a parent is defined as: a biological or adoptive parent of the child, a foster parent, a guardian generally authorized to act as the child's parent or authorized to make early intervention, educational, health, or developmental decisions for the child (but not the state if the child is a ward of the state); or an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare. (34 CFR 303.27)

Point of Entry Office (POE)— one of nine Tennessee Early Intervention Offices responsible for the oversight and management of referrals upon entry and eligibility into the system, all service coordination activities, and exit from the system.

Protected Health Information (PHI)— data created, received, stored, or transmitted by HIPAA covered entities and their associates in relation to the provision of healthcare and payment for healthcare services.

Qualified personnel— personnel who have met state approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the individuals are providing early intervention services (CFR Sec.303.31 Qualified Personnel).

Regional Administrator (RA)— an individual that leads and oversees TEIS District Administrators statewide to ensure the provision of services and supports to families served through Tennessee Early Intervention System (TEIS). Regional Administrators develop and maintain a comprehensive manual that provides guidance to TEIS District Administrators and Program Coordinators to ensure efficient district office functions and the provision of services and supports to TEIS families. Regional Administrators also provide ongoing strategic planning and problem-solving support to TEIS central office leadership in order to ensure TEIS district office operations are aligned to agency and departmental goals and priorities.

Targeted Case Management (TCM)— includes all activities conducted by Point of Entry (POE) staff to support children and families. TCMs held regularly enable staff to gather updates on family and child progress toward IFSP goals, family assessment information, service delivery, insurance, demographics, and any other issues pertinent to service coordination.

Tennessee Early Intervention Data System (TEIDS)— the statewide data system for TEIS.

TEIDS Service Request— the online form, State of Tennessee (formstack.com) used to notify the State of any changes in providers of service delivery through hiring, termination or promotion and for password resets or assistance with erroneous data system entries.

Tennessee Early Intervention System (TEIS)— Tennessee's Part C Program of the IDEA, operating under the lead agency, the Department of Disability and Aging; a comprehensive statewide program of early intervention services for infants and young children with disabilities, and their families.

TEIS District Administrator (DA)—an individual that oversees the training, monitoring, coaching, and daily operations of Point of Entry staff, including program coordinators, service coordinators, eligibility specialists, and administrative secretaries.

TEIS Eligibility Specialist (ES)— an individual that provides oversight and monitors the completion of the eligibility determination process. ESs request and document attempts and receipt of medical records, coordinating eligibility determination, establishing Part C eligibility, and assigning eligible children to TEIS Service Coordinators.

TEIS Program Coordinator (PC)— an individual who oversees the provision of service coordination for families participating in TEIS. Program Coordinators provide training, monitoring, and supervision of service coordinators in the development and implementation of Individualized Family Service Plans (IFSP) to improve child and family outcomes. Program Coordinators work collaboratively with service coordinators to monitor progress toward these outcomes. Program Coordinators support service coordinators to ensure timeliness of case management responsibilities.

TEIS Referral Team— a group of referral specialists that process referrals received by phone, fax, or email, and on-line submission to TEIS. TEIS Statewide Referral Specialists contact referral sources to clarify information and coordinate referral processing with POE and Eligibility Evaluation Agencies.

TEIS Service Coordinator (SC)—an individual that provides case management for families who have Tennessee Early Intervention System (TEIS). Service Coordinators are responsible for the oversight, facilitation, and collaboration in the development, implementation, and evaluation of the Individualized Family Service Plan (IFSP) to improve child and family outcomes.

TEIS Service Coordinator Lead— an individual that provides case management for children and families enrolled in TEIS while also serving as a mentor for other service coordinators working in the district. The SC Lead maintains supervisory duties as well as a service coordination caseload.

TEIS Statewide Administrative Secretary— an individual that may be assigned to assist POE offices when the permanent administrative assistant is on leave or needs support. The Statewide Administrative Secretary also has responsibilities that support all POE offices.

TEIS Statewide Program Coordinator— an individual that directly supervises the Statewide Service Coordination team.

TEIS Statewide Referral Specialist— an individual who serves as a member of the Statewide Referral Team, processing referrals received by phone, fax, or email, and as needed, specialists:

- contact referral sources to clarify information
- coordinate referral processing with POEs and Eligibility Evaluation Agencies (EEAs)

TEIS Statewide Service Coordinator— an individual that performs the same job duties as other Service Coordinators but may be assigned to any district in the state as needed. These assignments may be short-term to cover a leave of absence or other similar situation, or long-term in instances of consistently high caseloads. Statewide Service Coordinators work out of their local POE office.

TEIS Statewide Team— a team that is available to support the nine point of entry offices (POE) as needed. The statewide team consists of a District Administrator, Program Coordinator, Service Coordinator Lead, Service Coordinators, Eligibility Specialist, and an Administrative Secretary. The statewide team is utilized when caseloads are high due to staffing issues or to cover long or short-term leaves following data review and approval. Members of the statewide team work out of their local POE office.

Telehealth— the provision of therapy services administered remotely by means of telecommunications technology.

Transition Planning Conference (TPC)— the meeting held for a child in early intervention after the child is at least two years and three months of age and no more than three years of age for the purpose of discussing future placements, steps and procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting after the child transitions out of early intervention.

Vendor— service providers that deliver Part C early intervention services such as speech therapy, physical therapy, occupational therapy, audiology, vision services, behavioral, assistive technology, etc. These services are provided in home, clinic, and community settings, in-person and via telehealth.

Chapter 2: General Provider Information

Overview

The lead agency for Part C in Tennessee is DDA. DDA implements Part C through TEIS, which utilizes a framework of state personnel and a network of early intervention service providers.
TEIS is guided by the following Principles of Early Intervention:

- Infants and young children learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their child's learning and development.
- The primary role of an early intervention service provider is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contact through transition, must be dynamic and individualized to reflect the child and family members' preferences, learning styles and cultural beliefs.

- IFSP outcomes must be functional and based on the family-identified priorities specific to the child and family's needs.
- Intervention with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.
- Children and their families deserve to have early intervention services of the highest quality possible.

Confidentiality

Confidentiality and protecting the privacy of the children and families that we serve is the responsibility of all parties who directly or indirectly support services to families. DDA/TEIS follows our internal guidelines including sending emails containing PHI via secure email to ensure compliance with HIPAA, FERPA, and all State and Federal laws and guidelines. All contracted provider agencies should follow their agency's guidance to ensure the protection of PHI, as well as the privacy of children and families served.

Reporting Abuse and Neglect

All adults in Tennessee are mandated reporters under state law. Anyone with reasonable cause to believe that a child is being abused or neglected must immediately report to Department of Children Services (DCS) at Report Child Abuse (tn.gov) or 877-237-0004. The reporter can remain anonymous. TEIS staff reporting abuse or neglect are to notify their supervisor immediately.

Incident Reporting Protocol

If the Department of Human Services, the Department of Children Services, the police department, or other regulatory or governing body is involved with a provider agency regarding an event that occurred during the delivery of early intervention services to a TEIS child in a home, community, or center-based setting; the provider agency must notify TEIS as soon as possible and keep TEIS informed of related activities until resolution.

Referrals

Each month approximately 2,000 referrals are received by TEIS. The primary referral source for children birth to three in Tennessee is physicians. Referrals are also made by family members, hospitals, childcare providers, agencies that work with children and families such as the Department of Children's Services (DCS) or the Department of Health (DOH), and anyone that has a concern regarding the development of a child in the birth to three age range. The statewide referral team processes all TEIS referrals.

Referrals can be made by:

- downloading the MyTn App
- faxing 615-401-7714
- emailing DD.TEIS_Referrals@tn.gov
- submitting the TEIS Child referral form online on the TEIS website, State of Tennessee (formstack.com)
- calling (800) 852-7157

Referrals received during typical state business hours (8 a.m.–4:30 p.m.) are entered and dated the day of receipt. TEIS is responsible for processing all referrals. Referrals are accepted from birth until less than 45 days before a child's third birthday. Referrals received less than 45 days from a child's third birthday will

be referred to the Local Education Agency with parental consent. For referrals of children over the age of 3, TEIS shares LEA contact information with the parent.

Eligibility

A child is eligible for TEIS services based on information provided by the child's doctor, as well as the results of a developmental evaluation. In Tennessee, a child can qualify for early intervention services if he/she:

- has a specified medical diagnosis TEIS Eligibility Information (tn.gov)
- meets evaluation criteria with identified delays that shows a 25% delay in at least two developmental areas (Cognitive, Adaptive, Social-Emotional, Motor, Communication)
- meets evaluation criteria with a 40% delay in at least one developmental area (Cognitive, Adaptive, Social-Emotional, Motor, Communication)

Early Intervention Service Provider

An early intervention service provider (EISP) is responsible for the following:

- Participating in the IFSP Team's assessment of a child with a disability and a family-directed assessment of the resources, priorities, and concerns of the child's family, as related to the needs of the child in the development of integrated goals developed in the IFSP:
    - EISP directly involved in conducting evaluations and assessments must participate, at a minimum, in initial and annual IFSP meetings. If unable to attend in person, service providers may participate via telephone, teleconference, written report, or by a knowledgeable authorized representative. If a provider attends the IFSP meeting in person, he/she should sign the IFSP document as proof of attendance.
    - For periodic (Six Month and Annual) IFSP Review Meetings, EISPs providing developmental therapy are responsible to submit Progress Toward Goals reports to SCs ten days in advance of scheduled meetings. https://stateoftennessee.formstack.com/forms/progress_toward_goals
    - Providers of other therapies should submit progress reports upon request from the SC. Service providers are encouraged to participate in all IFSP meetings when possible. Providers may sign the IFSP signature page if present for review and given the opportunity, however this is not a requirement.
- Providing early intervention services in accordance with the IFSP for the infant and young child with a disability:
    - EISPs, with the exception of EEAs, are to provide support of IFSP goals utilizing the FGRBI model of service delivery for those children for whom they have been identified as the responsible service provider on the IFSP. EISPs, apart from EEAs, should select an ongoing assessment method to document every child's progress toward outcomes/goals.
    - Early Intervention Service Providers will be required to select a reason for delay in the Service Log for services delivered outside of the timely service delivery window.
- Consulting with and training parents and caregivers regarding the provision of early intervention services described in the IFSP of the infant or young child with a disability (CFR Sec.303.12 Early Intervention Service Provider):

    - All early intervention services are to be provided in the child's natural environment to the maximum extent appropriate. A natural environment for some children will be childcare. Early intervention service providers are to collaborate with childcare providers to address and support the goals on the IFSP.
    - Part C programs are encouraged to provide services to children in their natural environments to the maximum extent possible and are required to annually report to the Office of Special Education Programs (OSEP) the percent of children receiving most services in each of the following settings:
        - Home
        - Community (childcare centers, public parks, etc.)
        - Other (clinics, hospitals, non-inclusive settings)
- For the purposes of determining the appropriate setting for services delivered to children while they are attending a center-based program, the following should be considered:
    - The setting is considered "Community" if all the following statements are true:
        - Childcare is inclusive and open to the community.
        - Childcare services are available to typically developing children in the same classroom with children with disabilities.
        - Therapy services are provided within the childcare agency's licensed space.
        - Therapy services are provided during the child's classroom routine.

    - The setting is considered "Other" if *any* of the following statements are true:
        - Center-based setting is specialized to serve children with disabilities.
        - The child is pulled out of the classroom to receive therapy services.
        - The child is unable to participate in classroom activities during therapy time.

Records Management

Confidentiality

Information regarding the child or family may be shared with other early intervention agencies only with written consent from the parent. Releases are obtained by the EEA for TEIS with the statement, "All Early Intervention Service Providers serving my child" allowing Early Intervention Service Providers on the IFSP to communicate with one another. Agencies should follow TEIS's policies as well as their own polices for obtaining releases.

Personnel Records

Each agency shall keep on file documentation of licensure/credentials as appropriate for each staff member's specialty area and/or copies of degrees/transcripts of all staff providing direct services to TEIS eligible children. Documentation should be available upon request. A current copy of the licensee's Certificate(s) of Insurance (COI) pertaining to professional liability insurance(s) and other required insurance is to be kept on file and available upon request.

Credentials/Qualifications Documentation

Documentation of provider and supervisor credentials will be submitted upon request to DDA. Failure to do so may result in staff being prohibited from accepting referrals and all children currently served by such staff being moved to other early intervention service providers with appropriate qualifications.

Required Background Checks

Each agency shall also be responsible for verifying background checks through the State of Tennessee websites or other appropriate databases as stated in the contract.

Destruction of Records

Books, records, and documents of the vendor should be maintained for a period of five (5) years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice.

Child educational records, paper and/or electronic forms, shall be maintained for a period of five years after the child exits TEIS. Records may be destroyed only after parents/caregivers are notified that personally identifiable information collected, maintained, or used is no longer needed to provide services to the child under Part C of IDEA.
Below is the link to the Destruction of Records Policy:
https://rmd-rda.tnsos.net/index.php/node/34417

Transition

Children exit from TEIS the day before their third birthday unless they choose and are eligible for the TEIS Extended Option. Early Intervention Service Providers typically participate in transition by providing developmental information to the SC or attending meetings at caregiver's request during the transition process.

TEIS Extended Option

The SC will review the Family Notification brochure with parents/guardians at every IFSP meeting, allowing parents to be aware of the choices available to them as their child approaches their third birthday. The TEIS Extended Option will not be available if the parent/guardian declines a TPC with the Local Education Agency (LEA).

Families who are eligible and have chosen the TEIS Extended Option will continue to receive all IDEA services as specified on the child's IFSP until the start of the school year after the child turns 5 if agreed upon by the IFSP Team. The extended IFSP process offers family support and training, which includes an education component that promotes school readiness and incorporates preliteracy, language, and numeracy skills. The LEA is responsible for evaluating the child to determine Part B eligibility. Once a child has been determined eligible for Part B services by the LEA, the SC will facilitate the Age 3 TEIS Eligibility Decision Meeting. During the TEIS Decision Meeting the family will choose to continue Part C services through the TEIS Extended Option, transition to Part B for services, or end all services. Providers should connect parents/guardians to their SCs for specific questions or more detailed information. IFSP Team members will be invited to the TEIS Decision Meeting by the SC. SCs will notify providers in writing of the parent/guardian's decision regarding the Extended Option, Part B services, or no services.

For more information on TEIS Extended Option please refer to the following link: TEIS Extended Option

Interpreters

EIRAs may invoice for interpreters. Please use the following line items on the invoicing workbook: Professional Fees, Grants and Awards or Other Non-Personnel.

Mileage

EIRAs may set their own mileage rate but may not invoice TEIS for amounts above what is provided in the Travel Regulations and must invoice at the rate paid to employees if the agency sets a rate lower than the federal rate. Please see link for travel regulations. https://www.tn.gov/finance/rd-doa/fa-travel.html
State Travel Regulations (tn.gov)

Budget and Billing

Part C of IDEA requires states to use Federal IDEA Part C funds to identify and coordinate all available funding resources to pay for Part C Services. Services must be provided at no cost, unless a state has adopted a system of payment for services, which can include the use of public benefits or insurance or private insurance. Part C funds should only be used for direct services to children.

EIRAs and vendors should be familiar with Tennessee's System of Payments Policy 20.3.1 System of Payments-TEIS 03192024.pdf (dropbox.com)

Agencies should refer to their individual contract concerning budget and billing guidelines. However, the following information applies:

- For EIRAS, invoices to the State should be sent no more often than monthly, with all necessary supporting documentation, and submit such to: DDA.TEIS.Invoices@tn.gov. Invoices are to be formatted in a manner acceptable to the State. The State may request specific formatting (i.e., per a workbook) to be used for invoicing.

- For vendors, invoices to the State should be sent at least once per month. Billing should not be retained at the agency for more than one month. Submit billing in an acceptable and timely manner. The State may request specific formatting (i.e. CSM 1500, UB04, or Billing memo) to be used for invoicing.

- For all early intervention service providers, reimbursements shall be for actual, reasonable, and necessary costs based upon an existing budget, not to exceed the maximum liability established in a contract. Families may not be charged any fees associated with a TEIS funded IFSP service (e.g., therapy supplies, registration fees, classroom/fieldtrip supplies, etc.). For EIRAs, invoices are to be submitted prior to any reimbursement for allowable costs.

Agencies/Individuals should refer to their individual contract concerning payment terms and conditions. In general terms, the following applies:

- The Maximum Liability of DDA/TEIS will not exceed the grant contract amount.

- The Maximum Liability of DDA/TEIS in any contract is not subject to increase for any reason unless amended.

- For EIRAs, reimbursement to an agency for travel, meals, or lodging, if allowed per contract, is limited to the specified amounts in the "State Comprehensive Travel Regulations", which are amended from time to time. Reimbursement is contingent upon and limited by budget funding. Please see link for travel regulations. https://www.tn.gov/finance/rd-doa/fa-travel.html
- Line-item variances may be allowed up to a specified amount in an approved fully executed contract. Variances cannot exceed the total contract amount. Agencies will contact central office staff as appropriate concerning any increases in the overall budget.
- The agency shall submit any final invoice and a grant disbursement reconciliation report in a format satisfactory to DDA/TEIS and within the timeframe specified in the Grant Agreement. If total disbursements by DDA/TEIS exceeds the total amount of the contract, the agency will refund the difference to DDA/TEIS. The Agency shall submit the refund with the final grant disbursement reconciliation report.
- DDA/TEIS will not be responsible for the payment of any invoice submitted after the grant disbursement reconciliation report. Such invoices will not be paid by DDA/TEIS
- The agency must close out its accounting records at the end of the term to ensure further transactions are not carried forward once the term ends.

Licensure

Licensure Rule 0465-02-02-.02, "Developmental Disabilities Preschool Facility/Service" means a non-residential service which offers a program of training, habilitation, or care for children with developmental disabilities, or children at risk of developmental disabilities, not of the chronological mandatory age to be enrolled in services of the Department of Education (DOE), and which is designed to teach self-help, socialization, communication, or school readiness skills, or designed to train parents or surrogates in methods and techniques of habilitation. This category of service is provided in either a center based or community-based environment. Each setting requires a separate license. (Licensure Definitions).

All EIRAs, other than those providers which are LEA-based, are required to obtain the appropriate license(s) before establishing an agreement with DDA/TEIS. Providers will submit a copy of the following documentation to the TEIS Billing Team upon receipt to their agency:

- DDA license and Letter of Compliance

- DOE Early Learning Division Certification of Approval for EIRAs that provide community-based group services in a Local Education Agency (LEA)

All providers are required to maintain licensure during the time that services are rendered within the DDA system. If the license lapses, then the agency will not be reimbursed for services provided during the lapsed period.

The licensure rules that apply to each type of EIRA are reviewed and referenced in detail below. The complete list of DDA Licensure rules can be found at the Tennessee Secretary of State's site here. 0465 - Intellectual and Developmental Disabilities (tnsosfiles.com)

Specific Licensure Information for EIRAs

It is the responsibility of all EIRAs, home/community-based and/or community-based intervention in a DDA-funded group, to comply with the licensure requirements of DDA. EIRAs that provide center-based early intervention in a school administered setting will comply with the program requirements of the Tennessee Department of Education, Early Learning Division (DOE ELD). Those EIRAs with additional funding sources might have additional program requirements and must also comply with those sources' rules and regulations.

Chapter 3: Documentation in Tennessee Early Intervention Data System (TEIDS)

Obtaining a TEIDS Account

TEIDS is utilized by the nine TEIS point of entry (POE) offices, their service providers, and the department staff. This system is used to track children from referral to exit from TEIS. Providers should obtain a TEIDS User Profile by submitting a request using the Tennessee Early Intervention Data System (TEIDS) Service Request Form.

Early Intervention Service Providers must log into TEIDS at least every ninety days to avoid being deactivated. If deactivation occurs, you can submit a Service Request via the TEIDS Service Request Form. You can also reset a forgotten password using this form.

Deactivating a TEIDS Account

Providers will notify DDA/TEIS when a TEIDS user ends employment with contracted agency by using the Tennessee Early Intervention Data System (TEIDS) Service Request Form to inactivate the individual's access within three (3) business days of the separation of employment.

TEIDS Support

Providers will use the Tennessee Early Intervention Data System (TEIDS) Service Request Form to obtain assistance with user accounts and support, password reset, and/or assistance with deletion of erroneous entries. to obtain assistance with user accounts and support, password reset, and/or assistance with deletion of erroneous entries.

Child's Educational Record

Tennessee Early Intervention Data System (TEIDS) maintains the child's Part C educational record. TEIDS is a real-time, web-based data system which houses the following information:

- Demographic
- Notification/Referral
- Health/Immunization
- Parent
- Financial Support
- Evaluation
- Contact Log
- IFSP
- Service Log for Delivered Services
- Accounts Payable (Reimbursement for Delivered Services)
- Transition

Entering a Service Log Note

To enter a Service Log note, complete the following steps:

- Log into the TEIDS website at www.teids.org. with the username and password that was provided. Click "Submit".
- If you are a first-time user, you will be asked to change your password. Follow the instructions provided to change the password. Individuals will be re-directed back to the log in screen. Log in with username and new password.
- You will now be on the home screen.
- Select the child of interest from the dropdown menu on the home page. If you do not see the child's name, use the "search child" feature to find the child. Child's name will appear, click on "detail" feature to find the child.
- The Service Log information screen will appear. This is where you will enter the information for the Service Log.
- On the Service Log screen, select the appropriate IFSP based on the date of service.
- Select the discipline for the service to be entered based on the drop-down menu to the left of the screen.
- Type in date of session using mm/dd/yyyy format.
- Select the choice that properly reflects the session in the "present or absent" block.
- Enter IFSP Teaming information. Choose co-visit, IFSP meeting, IEP meeting or leave N/A.
- Start time and end time using military time (example: 09:00=9:00 a.m., 13:00= 1:00 p.m.)
- Choose the setting for the session.
- Enter session notes and then click save. Session notes should be entered within five business days from date of service provided unless your agency has a more stringent policy.

At minimum, a Service Log should contain the following information:

- attendees
- goals addressed
- progress noted
- next steps

- next visit scheduled

Information in TEIDS is viewed by State and other professionals authorized to use the system. Professional judgement should be used when writing notes. Any requests for release of information from TEIDS should be forwarded to the POE office for processing.

Each Service Log entry must be saved. To save an entry, click the arrow one time only. The Service Log will appear in the area "Service Log" in date order.

Contact Log

The Contact Log is part of the child's early intervention record and is used to document communication or interactions with or on behalf of the family or interactions between IFSP team members. The Contact Log is in reverse chronological order, with the newest entries at the top. Contact Logs should be an accurate representation of all communication and services provided to the child and family. Contact Logs cannot be edited or deleted by the user once entered. If an error is made, a provider may submit a request to delete the entry using the TEIDS Service Request form. The provider is responsible for re-entering corrected Contact Logs. The Contact Log should contain information that is professional, accurate, objective, factual, concise, and useful to the IFSP team in planning or providing early intervention services.

Contact Log fields include:

- Contact Date
  - If mistyped, type a corrected entry and submit a request for deletion of the erroneous entry. Incorrect dates lead to the Contact Log being out of reverse chronological order.
- Method (of contact)
  - Options include email, fax, in person, mail, phone, telehealth, and text.
- Reason for Contact/Reason
  - This should be a brief phrase of only a few words (such as "Referral Received "or "Scheduled Intake").
- Result of Contact/Contact Result
  - This is where the actual result of the contact is documented. This should be a longer entry than the reason field.

General Dos/Don'ts for Contact Log Entries

Do	Don't
Document all correspondence to and from the parent/guardian. For example: • scheduling initial contacts • scheduling meetings including dates, times, and location • recording rescheduled meetings	Quote the words of others from their emails, phone calls, texts, etc.

Document correspondence pertinent to the eligibility determination process or IFSP Teaming. Examples include: • obtaining medical records • send reports to SC or family • phone calls/emails between IFSP team members	Document speculation about the status of a child's family unit or family members in any situation. Document confidential conversations without permission from parent/guardian.
Document summaries of IFSP meetings and contacts with the child, and caregivers.	Document personal opinions or opinions outside the scope of referral processing, eligibility determination, or service coordination.
Document initial therapy dates.	Document third party conversations. For example: behaviors or decisions attributed to a parent/guardian, child, or child's family member without personal knowledge of these events.

Chapter 4: Developmental Therapy

Overview

Developmental therapy is a service provided by an EI to help families support their child's development. The EI will provide information and resources to support the family in making informed decisions and to gain confidence in helping their child reach developmental milestones.

Agencies that hold these contracts are called Early Intervention Resource Agencies (EIRAs). Developmental Therapy services in Tennessee include home and community-based services.

Model of Service Delivery

Family Guided Routines Based Intervention (FGRBI) is the model of service delivery for children and families receiving TEIS services. FGRBI promotes the ability of early intervention service providers to coach caregivers to engage their young children in learning as they participate in everyday routines and activities that are meaningful to them. FGRBI is an approach for providing early intervention services within the child and family's natural environment. The FGRBI website has many resources for early intervention service providers.

Selection of Developmental Therapy Service Providers

Potential early intervention service providers are identified prior to the IFSP meeting so that the family can be presented all available options. Family preference is the primary factor considered when choosing a developmental therapy provider. The following information may also be included to aid selection:

- Proximity to child's home
- Family's daily schedule and routines

- Expertise of potential early intervention service providers
- Availability of the service provider to deliver the service within the family's natural environment
- Availability of the service provider to begin the service timely

Developmental Therapy Settings

Part C of IDEA requires that eligible children receive needed early intervention services in natural environments to the maximum extent appropriate. The regulations for Part C define the "natural environments" as "settings that are natural or typical for a same-aged infant or young child without a disability, may include the home or community settings." Developmental therapy should only be provided in settings other than the natural environment when there is no way for IFSP goals to be met in the home or community environment.

Home

Developmental therapy services are typically provided in the child's home. The EI works with the family by facilitating conversations about their daily routines and supporting them in implementing strategies to enhance the child's development and participation in those routines. EIs work alongside the family to identify priorities and implement strategies to address these priorities.

In TEIDS, developmental therapy is listed as "Home/Community" allowing EIs to meet with families in both the home and a community location, such as a park, grocery store, or childcare center if requested by the parent. Center-based developmental therapy services are not considered community settings.

Telehealth

Developmental therapy upon caregiver request occasionally may be provided via telehealth using a HIPPA compliant platform. This should be an IFSP team decision based primarily on the family's preference and specific needs of the family, not for the convenience of the provider. Services may be delivered via telehealth under special circumstances when approved by TEIS Central Office Leadership. The IFSP should be updated to clearly reflect the setting of telehealth prior to beginning services via telehealth. Service delivery via telehealth should follow the same guidelines as those set for home-based services. Documentation for this service should be the same format as for home-based services except for the selection of setting within TEIDS. In cases where developmental therapy is provided via telehealth, the IFSP team should check in periodically with the family to offer in-person services.

Services Provided in Childcare or Other Community Setting

Although childcare is not a covered service under IDEA, developmental therapy services may be provided in a childcare setting at the request of the family. When developmental therapy is provided in a childcare or other community setting, the IFSP team is to work with the caregiver to facilitate the appropriate strategies within the daily routines of the childcare or other community setting.

Developmental therapy sessions should occur in the child's classroom with the teacher or caregiver present and not in a separate or isolated area. The EI should work within the typical

routines of the childcare center to assist staff in identifying strategies that support the child in participating in these routines.

When visits are conducted in a childcare setting, the EI should make regular, verbal contact with the family at least monthly. Discussion and documentation of childcare visits provided to families should be entered into TEIDS within five calendar days of the session and include:

- Targeted goal for the session(s)
- Observed routine(s) and coaching provided to caregiver
- Progress towards goal for the session(s)
- Strategies for family to incorporate into daily routines

Developmental Therapy – Center-Based

In some areas, center-based intervention in a group setting is an available method of service delivery. Determination of the methodology is based on the child's IFSP goals and whether these goals support the need for a group setting rather than an individual method of service delivery. It is an IFSP team decision when available.

Frequency and intensity are determined by the IFSP team. TEIS will support up to a maximum of 5 hours of center-based developmental therapy per week per child not to exceed 2.5 hours a day. Beginning April 8, 2024, children referred for center-based development therapy will receive services in a center-based EIRA setting once a week. Children who enroll in center-based services who require additional developmental therapy to meet IFSP goals will be able to access additional hours of home/community-based developmental therapy. Intervention in a center-based setting should be individualized to each child and reflect parent priorities.

The IFSP team's justification/rationale for a child's need of group services should address each component listed below:

- IFSP Goals
- Age of the child
- IFSP frequency and intensity requested
- Documentation of how the group intervention methodologies will be integrated in the home via the early interventionist
- Documentation regarding efforts to utilize all other payor sources and options
- Community-based group services cannot supplant an existing or potentially arranged childcare (ex. Early Head Start) regardless of the payor source.

Service Delivery

After the selection of an EIRA is finalized at the IFSP meeting, the SC enters service information on the TEIDS Planned Services page. The EI will then have access to the child's educational record in TEIDS. The SC is responsible for sending a Service Notification form to alert the EIRA of a new child added to their caseload. There should be no waiting lists for services. All referrals must be accepted by the EIRA

provided that the agency has an opening. The EIRA shall provide notification and justification to TEIS for any declination of referrals. Please refer to agency contract for further information.

Timely Provision of Service

All states report annual data on Federal Compliance Indicator 1: Timely Provision of Services. TEIS reports the percentage of children who receive early intervention services in a timely manner. This indicator refers to the percentage of children for whom all services are timely, not the percentage of services that are timely. If one or more of the services for a child are not delivered within the defined timeline, the child would not be counted in the percentage of children receiving timely services.

States are required to provide the criteria used to determine which children receive IFSP services in a timely manner. For Tennessee, "timely services" is defined as occurring within 30 days from the Planned Service Start Date on the IFSP. The target for all federal compliance indicators is 100%. Contract guidelines for developmental therapy providers state that a provider shall immediately consult with the appropriate DDA/TEIS district office regarding any child for whom they are unable to provide timely delivery of service. If the service was delivered untimely due to family reasons, it will not count against the federal target. However, if the reason for the delay was found to be due to a fault of the early intervention system (DDA/TEIS or the service provider) findings of noncompliance may be issued.

Indicator 1 Guidance

Service Provider Service Delay Reasons listed in TEIDS	Guidance	Reason Coding for Indicator 1 Reporting (not visible in TEIDS)
Service began before the 30-day service due date	Use this reason if the service was delivered within the 30-day timeframe but is being identified as untimely in TEIDS due to lack of Service Log or other error.	Timely
Difficulty in locating or contacting family	Select this reason if the service provider was unable to establish contact with the family to schedule the initial service after multiple attempts, resulting in late initial service delivery.	Family
Family cancellation/no show of a timely scheduled service appointment	Use this reason if the service was scheduled timely (within 30 days) but	Family

	the family cancelled or no showed, resulting in a late service.	
Family availability or scheduling preference	Use this reason if the family is offered service appointment times within the 30-day timely window but the dates and/or times did not work with family's schedule, resulting in a late service.	Family
Provider waiting on service pre-approval or physician order/prescription needed for insurance	Use this reason if a prior approval or authorization is required before the provider can begin the service and delays in obtaining this authorization resulted in late service delivery. Attempts to obtain the authorizations must have occurred within a timely manner.	Exceptional Circumstance
Exceptional circumstances due to weather incidents, civil unrest, quarantine mandates, personnel unexpected or unplanned event, or other extreme external forces.	Select this reason if a service is scheduled in a timely manner but unplanned events or emergencies outside of the provider's control prevent timely delivery. Examples of exceptional circumstances include illness, accidents, hospitalizations, weather, other extreme external forces.	Exceptional Circumstance
Provider availability	This reason should be utilized when the service was not delivered timely due to provider availability, including agency waitlists and therapist shortages.	System
Provider delay in beginning service	Select this reason if there is a delay in beginning a service related to agency planning error, such as delays in assigning a therapist, requesting a change on the child's IFSP before the service can begin (e.g. frequency or intensity), or planned vacations or holidays.	System

Provider cancellation or no show for timely scheduled service	Select this reason if the provider cancels or no shows for a timely scheduled service for reasons that were not due to an exceptional circumstance.	System
Service Coordinator delay in locating provider or notifying the provider about service added	Service providers should select this reason if the TEIS Service Coordinator did not notify a service provider within five working days from parental signature on the IFSP that a service was added, which resulted in an untimely service.	System
Unknown reason for delay	Use this option if the reason for delay is not listed in any other reasons provided or if there is no documentation about the cause of service delay.	System

Indicator Coding for Federal Reporting:

- Timely: Service was delivered within 30 days from the planned service start date.
- Untimely/Family: Service was not delivered timely but reason for delay was related to family availability, responsiveness, or scheduling preferences. These services are coded as timely for federal reporting.
- Untimely/Exceptional Circumstances: Service was not delivered timely due to unusual circumstances outside of the provider's control. These services are coded as timely for federal reporting.
- Untimely/System: Service was not delivered timely due to a fault of the early intervention system. These are coded as untimely for federal reporting and subject to findings of noncompliance.

Provider Documentation Responsibilities

Each provider of developmental therapy is responsible for accessing, utilizing, and entering service information into the child's educational record to document the following in TEIDS:

- Contact with the family to schedule and deliver the service within 30 days from the Planned Service Start Date based on IFSP intensity and frequency. If the service cannot be delivered within 30 days from the Planned Service Start Date, the POE Office must be contacted immediately.
- Information for each scheduled session (delivered or missed) within five calendar days from the date of service in the TEIDS Service Log

- Date of the scheduled service is entered into the TEIDS Service Log under, "Actual or Missed Service Date"
- Delivery of services (entered into TEIDS as "Service Provided")
- Missed services as one of the following:
  - Absence due to Provider: Provider cancelled the visit
  - Absence due to Family: Family cancelled visit
  - Family No Show: Family and/or child was not home for scheduled visit or did not show for center-based session

See Attendance Section for more details

- Delivered service information (detailed in TEIDS Service Log)
- Communications with the family and other IFSP team members (in the TEIDS Contact Log)

Note: Documentation in the TEIDS Service Log for the initial (i.e., first visit) service date MUST, at a minimum, include a review of the IFSP goals to be recognized as a valid timely service. A Service Log entry which only addresses agency intake, introductions, scheduling, etc., does not constitute an authorized IFSP service.

Provider Service Delivery Responsibilities

Each EI has the following responsibilities:

- Provide information to families regarding child's developmental progress and coaching the families to enhance the child's development within their daily routines
- Allow the current IFSP at least three (3) to four (4) months of implementation time to assess progress
- Review communication from other team members in the Contact Log and Service Log to ensure that services and supports to the family are consistent among all IFSP team members
- Monitor the child's IFSP goal(s) and progress toward mastery as a part of ongoing assessment
- Maintain active TEIDS accounts by logging into TEIDS at least every 90 days to avoid being deactivated. (Please see Chapter 3: TEIDS Deactivating a TEIDS Account for more information.)

Note: Early Intervention Service Providers, with the exception of EEAs, have the option to attend Eligibility and/or Individualized Education Program (IEP) meetings as a substitute for a regular session if requested by the family. It is not necessary for the child to be present during the meeting for the provider to consider it as a session. The primary objective of the provider's presence in an Eligibility and/or IEP meeting is to facilitate a seamless transition process for the child and their family. While the provider's role does not involve advocating for the child, they play a vital role in exemplifying collaborative teamwork among all members participating in the meeting.

Note: EIs providing the service of home/community based developmental therapy may attend up to six sessions, per child, per discipline, per calendar year of therapeutic services(s) listed on a child's IFSP in the place of developmental therapy, at the discretion of the IFSP team.

Attendance

Both the child and caregiver must be present for home-based IFSP services and community based IFSP services. If the child and/or family is not participating in the early intervention service, it is the responsibility of the service provider to notify the SC after two consecutive no shows and to document this communication in the TEIDS Contact Log. No-Show is defined as IFSP planned service in which the child or family was not present for a pre-arranged, mutually scheduled session and the family made no written or verbal attempt to cancel the appointment prior to the scheduled appointment. If a parent does not respond to a reminder for a mutually agreed upon previously scheduled visit, the EISP should keep the scheduled appointment. A lack of a response from the parent does not cancel a scheduled appointment. Parent cancellation is actual contact from the parent/caregiver anytime up until the time of a session to cancel the session. In case of cancelled or no-show appointments EISPs should make every effort to reschedule. EISP should document all attempts to reschedule.

EISPs may not discharge a child/family due to the child's failure to attend scheduled sessions without documented notification and discussion with the SC. The SC will follow up with the family. The Service Provider may be requested to attend an IFSP Review Meeting to discuss the reasons for the missed visits and to make changes as necessary to the IFSP.

Attendance Policy

Each EIRA must have a written attendance policy and ensure the policy is shared with TEIS families. If a family does not adhere to the attendance policy, the EIRA should contact the SC and document all missed sessions in TEIDS. The EIRA must notify DDA/TEIS in writing at least 15 days prior to discharging the child.

Appointment Availability

Each EIRA will accommodate appointment times during normal business hours Monday through Friday. If requested by the family, the EIRA will provide appointment times outside of normal business hours.

Documentation in TEIDS

Each EIRA will maintain a daily record for each child's service. The service will be documented in the TEIDS Service Log to include a minimum of the service date, start/end times, actual setting, and service note detail. All missed visits will be documented in the TEIDS Service Log. The TEIDS Contact Log will be utilized to document all child/family communications.

IFSP Team Communication

If a family informs a service provider about a change or requests a service, the service provider should refer the family to the service coordinator, ensuring they have the correct contact information. The service provider then has five business days to notify the service coordinator of the family's request. After notifying the service coordinator, the service provider should document their contact with the coordinator in the Contact Log within five days of the interaction.

Excused Absences

Families may occasionally need to pause services due to extended absences caused by military responsibilities, hospital stays, vacations, or other reasons. If the absence is less than thirty days, the provider should enter a Service Log for each missed session. For absences longer than thirty days, a note should be made in the Contact Log. Additionally, the provider must notify the service coordinator of the extended absence. If the absence is more than thirty days, an IFSP team meeting may be necessary to determine if the service needs to be removed from the IFSP.

Chapter 5: Vendor Guidelines

Overview

A vendor is an individual or agency that contracts with DDA/TEIS for providing early intervention services under the IDEA. Contracts are authorized for the delivery of services, such as, but not limited to, speech therapy, physical therapy, occupational therapy, assistive technology, etc. TEIS provides services to children through agencies or individuals who enter into a vendor contract with DDA/TEIS. Vendor agencies have staff members that are licensed individually, as appropriate, for their discipline and who are qualified to provide a specific service. Contracts are amended, as needed, based on needs identified by DDA/TEIS for specific services.
Vendor contracts require adherence to state and federal regulations regarding the IDEA.

Child's Educational Record

Tennessee's Early Intervention Data System (TEIDS) maintains the child's Part C educational record. TEIDS is a real-time, web-based data system (see Chapter 3). Vendors providing direct services, billing personnel, supervisors and administrators have access to TEIDS when the vendor is identified on the IFSP as a service provider for a child. Vendors are responsible for ensuring all documentation is entered into TEIDS Contact Log and Service Log and is timely and accurate. Vendors should follow all licensure and contractual requirements in regard to maintaining a child's record.

Timely Provision of Services

Timely provision of services is IDEA Federal Compliance Indicator 1. TEIS reports the percentage of children who receive early intervention services in a timely manner. This indicator refers to the percentage of children for whom all services are timely, not the percentage of services that are timely. If one or more of the services for a child are not delivered within the defined timeline, the child would not be counted in the percentage of children receiving timely services. Tennessee defines timely services as services delivered within 30 calendar days of the date of signed parent consent for services to begin on an IFSP. If the service provider is unable to meet the 30-calendar day timeline, the service provider will enter notes into the Contact Log and Service Log detailing the circumstance(s) that impacted the timely delivery of service and notify the SC or District Administrator (DA).

Indicator 1 Guidance

Service Provider Service Delay Reasons listed in TEIDS	Guidance	Reason Coding for Indicator 1 Reporting (not visible in TEIDS)
Service began before the 30-day service due date	Use this reason if the service was delivered within the 30-day timeframe but is being identified as untimely in TEIDS due to lack of Service Log or other error.	Timely
Difficulty in locating or contacting family	Select this reason if the service provider was unable to establish contact with the family to schedule the initial service after multiple attempts, resulting in late initial service delivery.	Family
Family cancellation/no show of a timely scheduled service appointment	Use this reason if the service was scheduled timely (within 30 days) but the family cancelled or no showed, resulting in a late service.	Family
Family availability or scheduling preference	Use this reason if the family is offered service appointment times within the 30-day timely window but the dates and/or times did not work with family's schedule, resulting in a late service.	Family
Provider waiting on service pre-approval or physician order/prescription needed for insurance	Use this reason if a prior approval or authorization is required before the provider can begin the service and delays in obtaining this authorization resulted in late service delivery. Attempts to obtain the authorizations must have occurred within a timely manner.	Exceptional Circumstance
Exceptional circumstances due to weather incidents, civil unrest, quarantine	Select this reason if a service is scheduled in a timely manner but unplanned events or emergencies	Exceptional Circumstance

mandates, personnel unexpected or unplanned event, or other extreme external forces.	outside of the provider's control prevent timely delivery. Examples of exceptional circumstances include illness, accidents, hospitalizations, weather, other extreme external forces.	
Provider availability	This reason should be utilized when the service was not delivered timely due to provider availability, including agency waitlists and therapist shortages.	System
Provider delay in beginning service	Select this reason if there is a delay in beginning a service related to agency planning error, such as delays in assigning a therapist, requesting a change on the child's IFSP before the service can begin (e.g. frequency or intensity), or planned vacations or holidays.	System
Provider cancellation or no show for timely scheduled service	Select this reason if the provider cancels or no shows for a timely scheduled service for reasons that were not due to an exceptional circumstance.	System
Service Coordinator delay in locating provider or notifying the provider about service added	Service providers should select this reason if the TEIS Service Coordinator did not notify a service provider within five working days from parental signature on the IFSP that a service was added, which resulted in an untimely service.	System
Unknown reason for delay	Use this option if the reason for delay is not listed in any other reasons provided or if there is no documentation about the cause of service delay.	System

TEIS Service Notification

A vendor is notified of a service being added to the IFSP when the SC or other member of the TEIS POE Office emails the TEIS Service Notification form to the vendor. If the vendor has a form that the SC must use to notify the agency of IFSP services, the SC is not required to complete the TEIS Service Notification.

Therapy Setting

Part C of IDEA requires that eligible children receive needed early intervention services in natural environments to the maximum extent appropriate. The regulations for Part C define the "natural environments" as "settings that are natural or typical for a same-aged infant or young child without a disability, may include the home or community settings."

Service Delivery

When a vendor is added to Planned Services on the IFSP, the vendor then has access to the child's educational record in TEIDS.

Responsibilities prior to providing each service (evaluation and ongoing sessions):

- Review the child's IFSP to ensure:
  - Service is listed on the IFSP
  - Start date of service
  - Method, setting, frequency, and intensity are rendered as listed on the IFSP
  - Vendor is in-network with the insurance listed for that service
  - Insurance, social security numbers, and names are correct
- Notify the child's SC or DA if any errors are noted in the method, setting, frequency, or intensity of the service or if insurance numbers, social security numbers or name for the child has changed.
- Obtain orders from physicians as needed
- Contact the family and schedule the initial session within thirty (30) calendar days of the planned service start date on the IFSP for the start of ongoing services

Responsibilities at the time-of-service delivery:

- Follow the method, setting, frequency and intensity listed on the IFSP.
- Verify insurance with the family (e.g., termed, loss of insurance, new insurance, changes, or additional coverage, etc.).
  - Notify the SC or DA immediately, if insurance has changed.
- Ensure that early intervention services are provided in a manner consistent with State and Federal requirements under IDEA Part C.
- Enter information into the Contact Log and the Service Log for each encounter with a child and family (See Chapter 3).

Ongoing responsibilities:

- Produce documentation of licensure and/or copies of degrees/transcripts if requested by DDA/TEIS

- Ensure that all individuals rendering services are licensed, as applicable, or hold the necessary credentials, as appropriate, for their specialty area
- Obtain a TEIDS User Profile for each service provider within the agency using the Tennessee Early Intervention Data System (TEIDS) Service Request Form
- Maintain active TEIDS accounts by logging into TEIDS at least every 90 days to avoid being deactivated. (Please see Chapter 3: TEIDS Deactivating a TEIDS Account for more information.)
- Deactivate a TEIDS Account within three (3) business days when a TEIDS user ends employment or association with the agency through a Tennessee Early Intervention Data System (TEIDS) Service Request Form
- Notify DDA/TEIS in writing at least fifteen (15) days in advance before unilaterally discharging a child prior to the completion of his/her IFSP goals

After Completion of Every Therapy Service Session

The vendor will:

- Create a Service Log and/or Contact Log in TEIDS for each date of service
    - Services being submitted for reimbursement should always have a Service Log entry for the date of service
- Document information into the Contact Log about any phone calls, supporting activities completed, teaming with other team members, etc.
- Confirm the date entered into the Service Log and/or Contact Log is the actual date of the service delivery or contact with the family
- Ensure information regarding each date of service is ***entered within five working days from the date of the service***

Ongoing Assessment

Vendors provide assessment information to the family and to the SC when evaluations or assessments are completed. Informal assessment information (e.g., observations, progress summaries, informal assessments, etc.) is shared with the SC 30 days before the annual review is due. Vendors will use available assessment information and IFSP goals to develop appropriate intervention plans for the child and family to support the IFSP. As part of the regular service delivery, vendors track child progress toward IFSP goal mastery.

IFSP Participation

Vendors are responsible for keeping the SC informed regarding any progress involving the child. Vendors should allow the current IFSP goals enough time to assess progress (typically three (3) to four (4) months) before requesting changes to the frequency or intensity of service. Vendors participate in IFSP meetings (i.e., annual reviews, six-month reviews, requested reviews, and transition planning conferences) to share assessments and to provide information of progress involving the child. If the vendor cannot attend an IFSP meeting, information should be shared with the SC before the IFSP meeting about assessments, progress, and any other relevant information so the SC can share that information at the IFSP meeting.

IFSP meetings can be attended face-to-face, virtually, or by telephone. Vendors are eligible for reimbursement for IFSP meeting participation based on the method of attendance. To accurately capture the method and duration of participation, the SC will add the therapist's participation to the planned

services on the IFSP at the time of the IFSP meeting attendance. The reimbursement rate for IFSP meeting participation is indicated in your contract.

IFSP Team Communication

If a family informs a service provider about a change or requests a service, the service provider should refer the family to the service coordinator, ensuring they have the correct contact information. The service provider then has five business days to notify the service coordinator of the family's request. After notifying the service coordinator, the service provider should document their contact with the coordinator in the Contact Log within five days of the interaction.

Billing Considerations for Vendors

Part C of IDEA requires states to use Federal IDEA Part C funds as a payor of last resort and to identify and coordinate all available funding resources to pay for Part C services. Services must be provided at no cost, unless a state has adopted a system of payment for services, which can include the use of public benefits or insurance or private insurance.

A vendor should be familiar with Tennessee's System of Payment Policy.

All vendors must submit appropriate documentation to directly bill for services rendered. Service Logs must include the service date, start and end times, actual setting, and service note details. Refer to Billing and Timely Payment for TEIS.
https://www.dropbox.com/s/8h1o8inv33b0115/Billing%20and%20Timely%20Payment%20_%20TEIS.pdf?e=1&dl=0

Vendors do not need to bill DDA/TEIS for sole payor services. TEIS sole payor services are automatically paid if all requirements are met (services provided in accordance with IFSP) and entered into TEIDS within the timely filling limits.

Teletherapy/telehealth services are reimbursed at the rate of Clinic-Based services and reimbursement is determined after applicable insurance has been applied. The reimbursement rate of different settings is indicated in your contract.

Claims or invoices should be sent to DDA.TEIS.Invoices@tn.gov to begin the reimbursement process.

TEIS does not utilize the Clearing Houses for claim processing. If you submit claims to the Clearing Houses, it will not be received by TEIS Billing and will not be processed for payment. All claims must be sent to DDA.TEIS.Invoices@tn.gov for reimbursement.

Questions about billing or invoices should be directed to DDA.TEIS.Invoices@tn.gov.

Families should not be billed for any services authorized by the IFSP. A vendor may not charge families any fees associated with a TEIS funded IFSP service.

Co-treatment may be provided when coordination between two therapy disciplines (e.g. occupational therapy, physical therapy, and/or speech therapy) will benefit the child and not simply for scheduling convenience. Co-treatment must be included on the IFSP and have signed parental approval. The vendor should document the co-treatment visit in the Service Log and include the rationale for the co-treatment visit.

EIs providing the service of home/community based developmental therapy may attend up to six sessions, per child, per discipline, per calendar year of therapeutic services(s) listed on a child's IFSP in the place of a developmental therapy service visit, at the discretion of the IFSP team.

How to Look Up a Payment by Date of Service

To look up a payment in TEIDS by date of service, complete the following steps:

- Log into TEIDS with the username and password that was provided. Click "Submit".
- Select the child from the dropdown menu on the home page.
    - If you do not see the child, use the "search child" feature to find the child.
    - Child's name will appear, click on "detail" feature to find the child.
- Click on "Account Payable" feature to find the Pending Account Payable and Account Payable section.
- If a date of service for which you have entered a Service Log is listed in the Pending Account Payable section (upper), then TEIS is still awaiting billing from the vendor to process the date of service.
- If a date of service for which you have entered a Service Log is listed in the Account Payable section (bottom) then DDA/TEIS has either approved or disapproved the payment. To determine whether the payment has been approved or disapproved:
    - Locate the service date you are looking for "Service Date" column
    - To the right locate the column labeled "Approved by TEIS?" This will inform the vendor if DDA/TEIS approved or disapproved the Date of Service for payment.
    - Locate "Approve/ Disapproved Date" column. This will inform the vendor if DDA/TEIS approved or disapproved the Date of Service for payment. If approved, this date will also let you know which vendor invoice report the Date of Service was paid on or will be paid. For example, if a child's date of service was approved for payment on 9/12/2022, this date of service should show on the vendor's September 2022 Invoice Report.

Chapter 6: Eligibility Evaluation Agencies

Overview

- An Eligibility Evaluation Agency (EEA) is a contracted agency that completes intake procedures, vision and hearing screenings, and provides evaluations to assist in the establishment of initial eligibility, annual IFSP development, and third birthday progress (as needed). For initial eligibility assessments, the EEA completes the Family Routines Report. For annual and third birthday assessments, they do not. For all assessments, the evaluator completes the vision/hearing screening. The requirement to enter information into TEIDS is the same for all assessment types. EEAs should maintain active TEIDS accounts by logging into TEIDS at least every 90 days to avoid

being deactivated. (Please see Chapter 3: TEIDS Deactivating a TEIDS Account for more information.)

Assessment Frequency

TEIS will request evaluations using the BDI-3 to obtain present levels of development from EEA evaluators at the following intervals:

- At referral, to determine initial eligibility for TEIS services
- Annually, at annual IFSP review
- In most cases, at 3rd birthday if no annual IFSP meeting has been completed

Determining Eligibility

Per IDEA, DDA/TEIS must ensure that each child referred receives a timely, comprehensive, and multidisciplinary eligibility determination process. The eligibility determination process for DDA/TEIS requires two components:

- A review of pertinent medical records relating to the child's current health status and medical history. Medical records must be less than nine (9) months old and include documentation of at least two (2) of the below elements:
    - Physical examination
    - Measurements
    - Medical history
    - Developmental/behavioral assessment
    - Description of any current concerns related to health/development

    Note. While recent medical records are required to establish a child's eligibility, additional (older and/or supplemental) records (such as those from the child's birth hospital) may serve to support eligibility if these older records list a qualifying diagnosed condition.

- A screening of the child's vision and hearing using state-approved tools and assessment conducted via personal observation by qualified professionals (using a state-approved, norm-referenced instrument, presently the Battelle Developmental Inventory, BDI-3) to identify the child's unique strengths, needs, and levels of functioning in the following developmental areas:

    - Cognitive
    - Physical (fine and gross motor, vision, and hearing)
    - Communication (expressive and receptive speech and language)
    - Social/emotional
    - Adaptive (self-help)

All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, in the child or family's native language (as appropriate) and selected and administered so as not to be racially or culturally discriminatory.

Initial Contact

The initial contact is the first introduction to the concept of early intervention for most families. The information shared during this exchange can shape parental perceptions about the early intervention system. The first contact with a family can truly set the stage for their experience with early intervention.

EEAs should use the following detailed checklist to ensure all steps of initial contact have been completed:

- Special Notes:
    - In a situation involving a biological or adoptive parent and any one of the other individuals qualifying as a "parent", the biological or adoptive parent's decision-making authority supersedes that of the other individual so long as:
        - The biological or adoptive parent is attempting to serve as the parent AND
        - There is not a valid court order removing such authority from the biological or adoptive parent
        - If a parent of a child is underage, he/she CAN provide consent for early intervention services.
- Evaluator establishes contact with the parent/guardian within two working days of the assignment of the referral to introduce themselves, briefly explain DDA/TEIS and the evaluation process, and schedule the intake/evaluation. Evaluator should be prepared to answer questions from the family.
- Attempt to contact the parent/guardian a minimum of two (2) times, at various times of the day, on two (2) different days that are not back-to-back.
- Contact the referral source to inquire about additional phone numbers if the phone numbers provided are out of service or do not offer voicemail following the first attempt to reach the parent/guardian.
    - Allow the family one (1) additional day following the second contact to respond. If the family does not respond within this timeframe, notify the TEIS POE office and update the comments box on the Eligibility Timeline screen in TEIDS. The POE will close the file with POE leadership approval. The evaluator must document all contacts (attempted and completed) in the TEIDS Contact Log within five working days, including any circumstances that prevented or delayed the first contact.
- The name of the individual who the evaluator contacted should be included in Contact Log entry along with any information the evaluator provided during the contact.
- If the guardian provided any pertinent information that would be beneficial to providers in the future, this should be included in the Contact Log as well as the notes section of the Parent page in TEIDS.
    - Record the initial contact attempt date and the actual contact date in the TEIDS Notification/Referral screen.
    - Schedule the intake/evaluation appointment.
- Schedule the intake/evaluation in person. Evaluations for children 12 months and younger may be completed via telehealth if parents/guardians agree. Submit a request to TEIS leadership for approval of intake/evaluation by telehealth for any child over 12 months. (If the parent/guardian requests a telehealth appointment, use a platform approved by your agency and TEIS, or parent/guardian can initiate non-public-facing video platform of his/her choice.)

- Intake/evaluation must be completed within fourteen (14) calendar days.

Prior to the Meeting

Prepare packet and forms for intake meeting. The intake packet needs to include the following (can be electronic):

- Authorization for Release of Protected Health Information forms
- Consent to Evaluation form
    - A Consent to Evaluation form is needed anytime an eligibility evaluation is to be completed
- Intake form
- Family Routines Report
- Hearing Screening form
- Vision Screening form
- DDA/TEIS brochures to answer questions and explain the program (e.g., The Rights of Infants and Young Children with Special Needs Eligible for Tennessee Early Intervention System, An Introductory Guide to Early Intervention Services Available to Your Family and/or Frequently Asked Questions- visit the Community Resource site to access these documents) Informational Materials & Brochures (tn.gov)

During the Meeting

EEAs are responsible for completing the following steps with the parent/guardian:

- Gather information from the family regarding their concerns and reason for referral
- Obtain DCS caseworker's contact information, if applicable
- Obtain all needed Authorizations for Release of Protected Health Information for required entities. Authorizations for Protected Health Information are one directional and one is required to and from each entity, resulting in a minimum of 2 releases for each entity.
    - Entities requiring Authorization for Release of Protected Health Information:
        - **Early Intervention Service Providers (3 releases needed)**

          General phrase allowing exchange of information to/from service providers: "All Early Intervention Service Providers serving my child"
        - **Doctor's Offices (2 releases needed)**

          General phrase allowing release of information to/from doctors: "All Doctors/Doctor's offices that have treated my child"
        - **Hospitals (2 releases needed)**

          General phrase allowing release of information to / from hospitals: "All Hospitals that have treated my child"
        - **Local Education Agency (2 releases needed)**

          General phrase allowing release of information to/from LEAs: "Local Education Agency (LEA) where my child resides"
        - **Interpreters (2 releases needed), if applicable**

          General phrase allowing release of information to/from Interpreters- "Any interpreter/interpreter service used for providing early intervention services to my child"

- **Department of Children Services (2 releases needed), if applicable**

  "Department of Children Services"

  Do not specify county

  (Department of Children's Services, not Knox County DCS)

- **Department of Health (2 releases needed), if applicable**

  "Department of Health"

  Do not specify county

  (Department of Health, not Knox County Health Department)

  Obtain for children with a diagnosis of hearing loss or for those being followed by a Department of Health program such as newborn hearing or elevated lead levels.

- **Childcare/Babysitter (2 releases needed), if applicable**

  General phrase allowing release of information to and from childcare- "Any person or entity I have designated to care for my child."

- **Exchange of third-party Information**

  "All records including records received by TEIS" should be stated on the Materials to be Released line. This will allow TEIS to release records that are generated from another entity (example: speech evaluation complete by a contracted service provider, medical records) with proper authorization.

- Explain DDA/TEIS to parent/guardian using DDA/TEIS brochures as previously mentioned
- Explain the evaluation and eligibility process. (Evaluation will include observation, interview, and structured activities, hearing and vision screenings, medical records will be requested from child's pediatrician, birth hospital and other physicians the child has seen; records must be less than nine months old and include a review of systems).
- Obtain the signature for the Consent to Evaluation form. (If the parent/guardian elects NOT to proceed with evaluation, provide parent/guardian with TEIS contact information and explain the child's file can be reopened at any time prior to age three, discontinue intake meeting, and notify the POE office.
- Explain and complete all forms in the intake packet:
  - Ensure the child's social security number is obtained on the intake form
  - Complete all applicable releases mentioned above
- Complete the evaluation using the BDI-3 state approved assessment instrument, including hearing and vision screenings. For all assessments, the evaluator completes the vision/hearing screening. The requirement to enter information into TEIDS is the same for all assessment types.
- Use the Family Routines Report to capture information not included on the developmental evaluation. Note on the report if family has no concerns. For initial eligibility assessments, the EEA completes the Family Routines Report. For annual and third birthday assessments, they do not complete the Family Routines Report.
- Explain next steps, including timeframes.
  - File will transfer to DDA/TEIS eligibility specialist
  - Eligibility determined after medical records received
  - Initial Individualized Family Service Plan (IFSP) meeting within 45 days of referral for eligible children
- If parent/guardian signs hard copy forms, provide parent/guardian with copies.

After the Meeting

Ensure that all steps taken allow for timely eligibility determination and IFSP development.

Within Two Working Days of the Meeting

Send a secure email with the following documents to the DDA/TEIS eligibility specialist:

- Consent to Evaluation form
- Authorization for Release of Protected Health Information forms

Note: Please follow agency procedures and/or DDA/TEIS procedures for sending secure emails.

Within Five Working Days of the Meeting

Upload approved evaluations into the evaluation manager website.

- Enter intake and evaluation information into Tennessee Early Intervention Data System (TEIDS),
- Complete documentation in TEIDS to include the completion of the evaluation page (vision, hearing, physical, cognitive, communication, self-help, and social/emotional sections)
- Enter Contact Log for intake visit into TEIDS, including specific information in the following areas:
    - Attendees
    - Review of rights
    - Intake completed
    - Brochures reviewed
    - Evaluation instrument completed and location
    - Evaluation results that were reviewed with family
    - Next steps (e.g., TEIS staff request medical records and will follow-up about eligibility)
- Send a secure email with the following forms to TEIS eligibility specialist:
    - Intake (if form completed)
    - Family Routines Report
    - Hearing Screening
    - Vision Screening
    - BDI-3 Report

Guidance on No Shows for Intake and Eligibility Evaluation Meetings

- If the evaluator arrives at the home for a scheduled meeting and the parent/caregiver is not home or if the family does not join the evaluator online for a telehealth evaluation, the evaluator will call the family to re-establish contact. Document the No Show in the Contact Log.
- If the family does not answer, the evaluator leaves a message and waits 48 hours for contact from family to reschedule. Document the attempted contact in the Contact Log.
- If there is no contact from the family within 48 hours, the file is sent back to the POE for closure. Document that the file has been sent back to the POE in the Contact Log and Eligibility Timeline comments box.
- If the parent/guardian is reached or they contact the evaluator within 48 hours, the evaluation is rescheduled within a reasonable amount of time. Document the contact in the Contact Log along with the rescheduled appointment date and time.
- If the family has a second (2nd) no show, the referral is sent back to the POE for closure. Document that the file has been sent back to the POE for closure in the Contact Log and Eligibility Timeline comments box.

Transfer Between POEs During the Eligibility Evaluation Process

If a child moves to the geographic area covered by another POE at some point during the eligibility evaluation process, one or several steps may need to occur:

- If the child is transferring within the same grand region (East, Middle, West) of the state and is within the boundaries of the same EEA, the EEA determines if a new evaluator is needed. If so, the EEA works with the Statewide Referral Team Lead/POEs to notify both the new and previous POEs of the change to ensure all paperwork and information is directed to the appropriate location. (Prior to eligibility determination, the Statewide Referral Team Lead will facilitate case transfer and notification of all parties. Following eligibility determination, the POE designee will facilitate case transfer and notification of all parties. All parties work together to ensure communication and timely documentation of all activities.) The EEA is responsible for obtaining signature from the parent/guardian on *Authorizations for Release of Protected Health Information* upon the family's move to a new POE.
- If the child is transferring to a POE outside of the same grand region and will need to be transferred to a new EEA to complete the eligibility evaluation, the EEA notifies the State Referral Team Lead/POEs (Prior to eligibility determination, the Statewide Referral Team Lead will facilitate case transfer and notification of all parties. Following eligibility determination, the POE designee will facilitate case transfer and notification of all parties. All parties work together to ensure communication and timely documentation of all activities.) The new EEA is responsible for obtaining signature from the parent/guardian on *Authorizations for Release of Protected Health Information* upon the family's move to a new POE.

Annual and Third Birthday Assessments

Each child enrolled in TEIS will require an annual assessment unless they enter close to their third birthday and do not choose to pursue the TEIS Extended Option, or the case closes prior to the Annual IFSP deadline. Most children who have not had an annual IFSP meeting entered in TEIDS will have a third birthday assessment. The assessment will be completed by an EEA evaluator. The EEA evaluator will administer the BDI-3 as well as the vision and hearing screening. The information will be entered into TEIDS on the appropriate screen.

If the evaluation could not be completed prior to an annual IFSP meeting, the service coordinator completes a Pathways Checklist with the parent/guardian for present levels of development in motor, communication, cognitive, adaptive, and social emotional. Enter the updated assessment, saving the Pathways Checklist information for each domain. The family will receive the BDI-3 Score Report from the Service Coordinator. The EEA evaluator should contact the parent or caregiver within five (5) working days from notification from TEIS to schedule annual or third birthday assessments. The EEA evaluator should complete annual assessments, to include vision and hearing screenings, at a minimum of thirty (30) days prior the annual IFSP meeting deadline. The EEA evaluator should complete third birthday assessments, to include vision and hearing screenings, at a minimum of thirty (30) days prior to the third birthday. The EEA evaluator should submit the assessment report, including vision and hearing screenings, to the POE no later than five (5) working days following completion of the assessment and prior to the annual IFSP meeting for annual assessments. EEAs will work with the POEs to ensure all annual and third birthday assessments are completed timely. DDA/TEIS will assist in notification of any updates to the process or TEIDS requirements.

Downloading BDI-3 Reports

- Access Riverside Score at https://riversidescore.com
    - Login using your username and password.
    - If you do not have a username and password, contact your supervisor.
- Navigate to the Report Tab in Riverside Score and complete the following steps:
- Report Type: Choose Score Report
- Program Label: This should be a drop-down label that has options of BDI-3 Eligibility Evaluation, BDI-3 Annual Evaluation, and BDI-3 Milestone Evaluation.
    - Evaluators should choose the correct one when administering the testing, but please make sure you double-check to ensure that it is the correct choice for the child.
- Location: The child's POE office
- Child: Select the correct child
- Battery Type: Choose BDI-3 Developmental Record Form
- Record Form: Choose BDI-3 Developmental Record Form (date) [Note: ( ) is the date of the evaluation]
    - As we begin to complete both eligibility evaluations and annual evaluations, you will need to make sure you choose the correct Record Form from the date the evaluation was completed.
- Scores: Check all of the following
    - RS
    - SS
    - PR
    - Z-Scores
    - AE
    - CSS
    - CSS 90%
    - There should be a total of 7 boxes checked
    - DO NOT CHECK – RDI, T-Score or NCE.
    - Under this box, check all three of the following:
        - Include domain, Subdomain, and area descriptors
        - Include Item Scores
        - Include Suggested Activities
- Notes: Check Record Form Notes and Subdomain/Area Notes DO NOT CHECK Item Notes
- Output Format: Choose PDF
    - Open the PDF to save and securely email to TEIS.
    - Do not save the report to the Report Library. The Report Library only saves information for 30 days. This feature is not being utilized.

Guidance on Sharing BDI-3 Scores with Families

IDEA states that eligibility must be based on a multi-disciplinary evaluation of the child and that no single instrument can be used as the sole criterion for eligibility decision.

While completing the evaluation, evaluators should carefully avoid any discussion that might lead to a premature conclusion of eligibility, including a sharing of any scores. We also want to ensure evaluators have enough opportunity to review and finalize the evaluation without feeling rushed in the family home.

The goal is to balance this with the desire to provide enough information for parents ahead of the evaluation to feel comfortable and to ensure they are providing informed consent for the evaluation process.

Please reference the intake and evaluation checklist for all steps to be completed during the evaluation appointment. The following bullets provide additional guidance for evaluators to navigate the conversations around the evaluation.

Prior to the evaluation:

- Explain TEIS and eligibility
    - Evaluators are responsible for explaining parental rights and obtaining consent for evaluation. Access The Rights of Infants and Young Children Eligible for TEIS at TEIS Brochure - Rights - 2023.pdf (dropbox.com) EEAs should reference the *Overview of TEIS Rights Brochure* that is available on the TEIS Community Resource Website.
    - This explanation should include information that the evaluation is only one component of eligibility, and that eligibility will not be determined during the evaluation appointment.
- Prior to Consent for Evaluation
    - Explain the BDI-3
        - How the test works
        - How long it takes
        - The domains
        - Items scored by observation vs. parent report
        - The report and scores when and how they will receive it (not during evaluation)
- Obtain consent and conduct the BDI-3
- When complete, remind the parent of next steps
    - Remind them they will receive scores from TEIS
    - Remind them the next contact will be from TEIS
    - TEIS will share scores and BDI-3 report at the initial IFSP meeting for eligible children and via the phone and mail/emailed report for ineligible children.

Guidance on Remote Administration of BDI-3

Remote BDI-3 evaluations are allowed for children 12 months and younger and on a limited basis to support older children or families with special medical needs/circumstances. EEAs are expected to maintain staff capacity to complete all eligibility evaluations in-person. In order to obtain the best results from remote BDI-3 evaluations, it is recommended that EEAs have one or two designated staff who specialize in them.

The following situations are examples where a remote evaluation may be allowed upon parent request:

- Child has diagnosed medical condition that puts them at risk of individuals visiting the home
- Parent/caregiver expresses concern about risk of COVID-19 or other communicable disease due to the child's or another family member's medical condition and requests no visitors

Before agreeing to complete a remote evaluation, the following should be reviewed with the family:

- To obtain the most accurate results, the BDI-3 should be conducted in-person. There are some items that should only be scored through direct observation.
    - The evaluation must be completed using teleconference with the child present and direct assessment used for at least some part of the evaluation.
    - The child must be visible to the evaluator.
    - Phone only evaluations will not be allowed.
- Alternate means of conducting a safe in-person evaluation, include, but not limited to:
    - In person at a location other than the home, including outdoor locations
    - Remote at a location other than the home that has connectivity
    - Utilizing health/safety/hygiene protocols that could lessen the discomfort of an in-person evaluation, such as using distancing practices, personal protective equipment, and/or being the first appointment of the day/week.
- Pre-planning and family participation are required. The parent will need to perform some of the duties typically completed by the evaluator.
    - Specific toys and equipment are required for the evaluation.
    - A kit should be dropped off prior to the evaluation, and the evaluator will arrange for pickup and sanitation.

If the family reports none of the available evaluation options work for them (in-person, remote, or alternate in-person) due to family health or limited access to the internet for a teleconference visit, the evaluation agency should notify the TEIS office. TEIS will engage the family and the EEA to determine options as the inability to participate in teleconference could also impact the ability to participate in services, if eligible.

Note: EEAs should reference the *Eligibility Evaluation Agency Overview* that is available on the TEIS Community Resource Website.

Chapter 7: Transfer of Ownership/Dissolving an Agency

Overview

In the event a contract agency decides to sell or close an agency, there are responsibilities the director/owner should fulfill.

Director/Owner Responsibilities

Director/Owner of the contracted agency sends written intent to sell or close the agency. This letter is sent to the Director of Contracts and to the Contract Manager. Included in this written intent to sell or close an agency should be:

- Name of Agency
- Services that the agency is currently providing in the DDA/TEIS contract
- Date of proposed sale or closure
- Reason for transfer of ownership or dissolving an agency

- If selling the agency, potential new owner(s) name(s), address(s), phone number(s), and email address(es)
- If selling the agency, potential new name of agency, if applicable and if known

Director/owner of the contracted agency should schedule a call with the Director of Contracts and Contract Manager to discuss intent to sell or close and review a checklist of tasks to be completed.

These tasks include that the Director/Owner of the contracted agency should:

- Notify the POE office DA of intent to sell or close agency.
- Provide a written plan to ensure the services of early intervention, evaluation, assessment, or therapy services listed on the Individualized Family Service Plan (IFSP) for each child continues to be met during the sale or closure process.
- Provide a written plan to maintain key administrative/supervisor staff to support the agency during the sale or closure process.
- Provide a written plan of records management after the sale or closure of the agency.
- Provide a written plan to notify all families of the sale or closure of the agency.
- Submit a request to deactivate TEIDS accounts of all employees. This can be completed by submitting a Tennessee Early Intervention Data System (TEIDS) Service Request. (Chapter 3: TEIDS Deactivating a TEIDS Account for more information)
- Provide regular updates to the Director of Contracts during the sale or closure process. Frequency of the updates will be determined by the Director of Contracts.
- Provide any other requested information or documentation needed or required to the Director of Contracts and the Contract Manager.

Director/Owner acknowledges that the State will only reimburse for services up to the date that services end.

New Owner Responsibilities

New owner acknowledges that a contract is not guaranteed with DDA/TEIS just because the previous owner possessed a signed contract. New owner acknowledges that if a contract offer is extended to them, all requirements for a contract must be met before a contract can begin.

New owner should schedule a meeting with the Director of Contracts and Contract Manager to review the process and tasks for obtaining a possible contract with DDA/TEIS.

These tasks include that the new owner of the agency should:

- Complete information to become a vendor with the State of Tennessee
- Secure and complete any requirements for the sale of the business
- Complete any requirements for a potential contact.
- Submit or provide any other requested information or documentation needed or required to the Director of Contracts.
- Provide regular updates to the Director of Contracts and Contract Manager during the sale process.
- Frequency of the updates will be determined by the Director of Contracts.

New owner should meet with the Director of Staff and Provider Engagement or designee to discuss information that may be needed for services to be provided to eligible DDA/TEIS children.

Appendix: The Council on Quality and Leadership

Overview

The Council on Quality and Leadership (CQL) is an international non-profit organization that provides accreditation, training, certification, research and consultation to human service organizations and systems. CQL has demonstrated international leadership for over 50 years in the definition, measurement, and improvement of services and supports. CQL achieves its mission by working in partnership with public and private organizations. In January 2015, DDA became the first state service delivery system for people with intellectual and developmental disabilities to achieve Network Accreditation from CQL. Part of that Network Accreditation includes DDA supporting agencies to have systems and practices in place to promote some of CQL's internationally recognized tools.

As a contracted provider within the DDA network, the policies and procedures of each agency are to promote:

- Basic Assurances®
- Personal Outcome Measures® for Children and Youth
- Evidence-Based Practices in Person-Centered Excellence

Other Tools available to support the above are:

- Community Life®
- Responsive Services

Basic Assurances®

The Basic Assurances® is a tool to evaluate successful operations involving the health, safety, and human security of people receiving services, as well as areas such as natural supports, social networks, employment, and more. Through 10 factors, 46 indicators, and hundreds of probes, the Basic Assurances® provide organizations with guidance for ensuring that systems translate into actual practices to positively impact the lives of people with intellectual and developmental disabilities, and psychiatric disabilities.

Rights Protection and Promotion

The first factor of the Basic Assurances® is one of the most important factors, as it affects all other factors. The premise of this factor is all families and children are entitled to know about and exercise their human, civil, and service rights, along with knowing their responsibilities in exercising those rights.

Each agency within DDA network must have in place implemented policies, procedures, and practices that promote rights protection and promotion.

Some examples of policies, procedures, and practices include but are not limited to:

- Implementation of policies and procedures that promote children and family's rights.
- Assessment of how the organization supports children and families to exercise their rights and responsibilities.
- Implementation of training to staff regarding honoring, assessing, and supporting the child and family's rights.
- Due process requirements.
- Decision-making supports provided to children and families.

Dignity and Respect

Respect is demonstrated in how we interact with people. Respect means listening and responding to people's needs with the same promptness and urgency that anyone would expect. Organizations listen to people and respond respectfully. Some examples of policies, procedures, and practices include but are not limited to:

- Practices indicate children and their families are given the same consideration and attention that all children should expect.
- Staff is trained about dignity and respect. Staff demonstrates respect and promotes dignity regarding each child and family's unique identity as a human, including the use of people-first language.
- Policies and procedures are in place to address concerns voiced from families through complaint processes and assessments.
- Policy and procedure in place to review and analyze complaint information annually.
- Procedures are in place that ensure children and families receive services and supports which provide opportunities for integration, access to community services used by others, presentation of services in understandable terminology reflecting respect of cultural terminology and practices of the family.
- Policies and procedures that implement a system to determine family's satisfaction with their services and supports and how that information is used to improve services and supports.

Natural Support Networks

Natural supports enhance people's feeling of belonging and facilitate a safety net for them. Natural support networks include family members and anyone else that the child/family defines as family. The premise of this factor is for children and families to have assistance to develop, enhance, and renew relationships.

Some examples of policies, procedures, and practices include but are not limited to:

- Policies to acknowledge the value of natural supports as essential to identity, personal security, and continuity for the family. These policies support children and families to facilitate the connections that are important to them.
- Procedures that support providers in assisting families to overcome barriers to connecting with their natural supports.
- Policies and procedures that provide training on how to offer opportunities to enhance the natural supports of a family through community connections.
- Practices that support families to connect with their natural supports as they prefer.
- Policies that ensure staff are knowledgeable about the natural supports that are important to families.
- Practices that actively involve families in planning processes for the child.
- Policies and procedures reflect the fact that providers have included families in the development and evaluation of policies, programs, services, and supports.

Protection from Abuse, Neglect, Mistreatment and Exploitation

This Basic Assurances® put in place a system within the network of DDA to promote the protection of Tennessee's most vulnerable population, our children. Protecting children from abuse, neglect, mistreatment, and exploitation is the most important thing we can do as a system and service providers. CQL looks at protection from abuse, neglect, mistreatment, and exploitation as a non-negotiable. Each agency within DDA network must have in place implemented policies, procedures, and practices that define, prohibit, and prevent abuse, neglect, mistreatment, and exploitation.

Some examples of policies, procedures, and practices include but are not limited to:

- Procedures and practices to screen employees before they are hired to ensure they do not have a history of abuse, neglect, mistreatment, or exploitation.
- Practices that provide staff training on prevention, detection, and reporting allegations of abuse, neglect, mistreatment, and exploitation.
- Policies and procedures that provide a clear definition of who is responsible for reporting and investigating allegations of abuse, neglect, mistreatment, or exploitation and protecting children and families from further harm.
- Practices to ensure staff demonstrate competency in defining abuse, neglect, mistreatment, and exploitation, and on reporting procedures.

Best Possible Health

Organizational systems promote and support people's healthcare needs. Organizations facilitate timely access to preferred, qualified healthcare providers. Everyone has a personal definition of best possible health and for families enrolled in TEIS that means the best possible health for their child. Families should be involved in their child's health care including decisions about health care providers and the services their children receive. (Support from health care professionals and providers will determine if the services are facilitating the best possible health for the child.) Families may need support from providers in understanding their child's health condition and may benefit from receiving information on counseling, self-help, and support groups in their community.

Some examples of policies, procedures, and practices include but are not limited to:

- Procedures are in place for direct support staff to have a minimum of First Aid, CPR, and general medication training.
- Procedures and practices reflect a record for each child that contains current and relevant health care evaluations and screenings and documents the results of these evaluations and screenings, including recommendations.
- Procedures and practices are in place for families to have access to therapeutic and adaptive equipment for their children, as needed, that fits and is in good repair.
- Policies and procedures are in place, as needed, to administer any type of emergency medication.
- Policy and procedure to ensure direct support staff receive competency-based training to recognize and respond to a child experiencing a medical emergency.

Safe Environments

Feeling safe is, by its nature, a personal event, and every family wants to feel safe at home, in their neighborhood, and community. Therefore, it is important that families know what to do, or whom to call in the event of an emergency. It is also equally important that providers know what to do to help and support a family if an emergency should arise during a session. Supporting families and linking them to community resources is another vital part of making sure families feel safe where they live, work, and play.

Some examples of policies, procedures, and practices include but are not limited to:

- Policies that support families to maintain a safe and healthy environment.
- Procedures and practices that maintain safe facilities and comply with applicable fire and safety codes and regulations.
- Procedures and practices that promote regular training to ensure providers are aware of preventive safety measures when providing services in the home and know whom to call in case of an emergency.

Staff Resources and Supports

Organizations determine the individual support needs of each person. To meet those needs, the organization provides whatever staff resources are necessary to ensure appropriate supports and continuity of services. Organizations orient, train, and monitor staff in the provision of person-centered and individualized services and supports.

Some examples of policies, procedures, and practices include but are not limited to:

- Procedure for evaluating staff satisfaction.
- Procedures to orient new employees to the agency philosophy, vision, mission, beliefs, goals, organization, program, and practices.
- Procedures that utilize ongoing staff development to update, improve, and sustain staff competency.
- Procedures to track and analyze employee turnover rates and address the reason for turnover.

- Practices in place that promote employees being treated with dignity, respect, and fairness.
- Policy that ensures all staff performance is evaluated during a probationary period and annually thereafter in respect to the job description.

Positive Services and Supports

This factor establishes essential standards for supporting families to achieve the goals that they have written for their child and to exercise self-determination. Positive Supports and Services ties all the other Basic Assurances® Factors together for families enrolled in TEIS. It is essential for all providers who will be supporting families to be aware of these goals on the Individual Family Service Plan (IFSP) and are provided the tools to assist families as needed in achieving these goals. Some examples of policies, procedures, and practices include but are not limited to:

- Procedures that support the practice of the primary focus on assessments and screenings being based on the child's strengths instead of just needs or limitations.
- Policies and procedures to ensure all staff have the necessary training to implement a child's IFSP in what the family wants for their child and how the provider will support them to achieve their goals.
- Practices that ensure families receive information and support to direct the development of the IFSP.
- Practices that ensure providers know how to assist the family in supporting their child to achieve the goals as written on the IFSP.

Continuity and Personal Security

This factor ensures the mission, vision, and values of the organization promote personal outcomes through person-centered services and supports. Families should feel secure that their services and supports will remain constant if they are needed. The structure of an organization promotes people's feelings of security.

Some examples of policies, procedures, and practices include but are not limited to:

- Practices that ensure families participating in the program receive coordination of their services and supports within the program, other service providers, and the community so they can achieve their goals as written on the IFSP.
- Procedures to assure families that assistive technology is a service that is available to request specialized supports, including adaptive, therapeutic, corrective, prosthetic, orthotic and mobility devices.
- Practices are in place to protect the privacy of all families, and families are aware of the system in place to ensure that their child's record is complete, accurate, and no information will be shared with providers without their written consent.

Personal Outcome Measures®

CQL's Personal Outcome Measures® for Children and Youth are used to identify families and their children's quality of life outcomes, plan supports, and gather information and data about individual outcomes. Personal Outcome Measures® interviews are conducted to demonstrate the linkage between

personally defined quality of life and excellence in person-centered services and the importance of data in planning and making change.

Some examples of policies, procedures, and practices include:

- A system to ensure families are achieving their priority life outcomes.
- Organizational practices that are in place to ensure that families achieve their outcomes.

Evidence-Based Practices in Person-Centered Excellence

CQL's Person-Centered Excellence contains a set of key factors and success indicators that lead to excellence in person-centered supports and promote personal quality of life outcomes. Stakeholders are guided through an onsite experience that results in priorities and concrete actions. This plan becomes the basis of the commitment to continued CQL Accreditation.

The process evaluates:

- The priority person-centered practices that will produce the greatest results for people receiving services.
- The organization's implementation or enhancement of those practices going forward.

DDA/TEIS contracted providers will contribute to Accreditation by providing ongoing support and participation in Basic Assurance reviews and Personal Outcome Measures interviews, in addition to educating their staff in Accreditation activities.