

3701-8-01 Definitions.

As used in this chapter

- (A) "Affiliation" as it applies to an evidence-based home visiting model means meeting the program fidelity standards, reporting, and fiscal responsibilities as determined by an evidence-based home visiting model.
- (B) "Assessment" as it applies to early intervention means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs.
 - (1) A "child assessment" means the procedures used to identify the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs.
 - (2) A "family-directed assessment" means the procedures used to identify the resources, priorities, and concerns of the family and the identification of the supports and early intervention services appropriate to enhance the family's capacity to meet the developmental needs of that infant or toddler.
- (C) "Assessment" as it applies to home visiting means the ongoing procedures used by qualified personnel to assess a child and family's resources, strengths, priorities, needs and concerns.
- (D) "Assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities. This term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance or the replacement of that device.
- (E) "Assistive technology service" means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device, including:
 - (1) The evaluation of the needs of a child with a disability, including a functional evaluation of the infant or toddler in the child's customary environment;
 - (2) Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by infants and toddlers with disabilities;
 - (3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
 - (4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - (5) Training or technical assistance for an infant or toddler with a disability, or, if appropriate, that child's family; and
 - (6) Training or technical assistance for professionals (including individuals providing

early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

- (F) "Audiology services" include:
- (1) Identification of children with auditory impairments using at-risk criteria and appropriate audiologic screening techniques;
 - (2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation;
 - (3) Referral for medical or other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
 - (4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
 - (5) Provision of services for prevention of hearing loss; and
 - (6) Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- (G) "Centralized coordination contractor" means the entity which provides administration and oversight of help me grow public awareness, child find, central directory, referral, and contractor assignment activities for individuals referred to help me grow, as determined through a contract, grant or other agreement with the department of health.
- (H) "CAPTA" is the acronym for the federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. section 5106g), as amended by the CAPTA Reauthorization Act of 2010.
- (I) "Child find" means the strategies and activities which identify expectant mothers, first-time mothers, first-time fathers, low income and military families with infants and toddlers; infants and toddlers with developmental delays or disabilities, and infants or toddlers with diagnoses with a high probability of resulting in a developmental delay who may be eligible for help me grow.
- (J) "Clearly not feasible" means family circumstances which made it impossible to comply with Chapter 3701-8 of the Administrative Code.
- (K) "Comparable screening" means a screening tool which is not required in help me grow, but which is suitable for substitution for a required vision, hearing, or nutrition screening.
- (L) "Consent" means that written permission is provided once an individual has been fully informed of all information relevant to the activity for which permission is sought. Consent is further voluntarily given and may be revoked at any time.
- (M) "Convenient" means that reasonable attempts were made to schedule screenings, evaluations, assessments, meetings and visits in settings and times acceptable to the family .

- (N) "Department" means the Ohio department of health.
- (O) "Developmental delay" or "delay" means functioning at one and one half standard deviations below the mean or more in at least one of the following areas:
- (1) Adaptive development;
 - (2) Cognitive development;
 - (3) Communication development;
 - (4) Physical development; or
 - (5) Social or emotional development.
- (P) "Developmental evaluation" means the timely, comprehensive, and multi-disciplinary procedures used by qualified personnel to determine a child's eligibility for early intervention.
- (Q) "Director" means the director of health or his or her authorized designee.
- (R) "Early intervention" means the statewide program authorized by part C of the "Individuals with Disabilities Education Act."
- (S) "Early intervention service coordination contractor" means any entity that provides early intervention service coordination services, administration, or oversight of help me grow early intervention through a contract, grant, or other agreement with the department.
- (T) "Early intervention service provider" or "EIS provider" means an entity (whether public, private, or nonprofit) or an individual that provides early intervention services, whether or not the entity or individual receives federal funds under IDEA.
- (U) "Early intervention services" are developmental services that: are provided under public supervision, are selected in collaboration with the parents; are provided at no cost to families, except for a system of payments ; are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP team, in any one or more of the following areas, including physical, cognitive, communication, social or emotional, or adaptive development; meet the standards of the State in which the services are provided; are provided by qualified personnel; are provided in natural environments to the maximum extent appropriate; are provided in conformity with an IFSP adopted by the State; and include all of the following services:
- (1) Assistive technology devices and services;
 - (2) Audiology services;
 - (3) Family training, counseling and home visits;
 - (4) Health services;
 - (5) Medical services;
 - (6) Nursing services;

- (7) Nutrition services;
 - (8) Occupational therapy;
 - (9) Physical therapy;
 - (10) Psychological services;
 - (11) Service coordination services;
 - (12) Sign language and cued language services;
 - (13) Social work services;
 - (14) Special instruction;
 - (15) Speech-language pathology services;
 - (16) Transportation (and related costs);
 - (17) Vision services; and
 - (18) The above listed services do not comprise an exhaustive list of the type of services that may constitute early intervention services. Nothing in this paragraph prohibits the identification in the IFSP of another type of service as an early intervention service provided that it meets the criteria identified above.
- (V) "Early intervention payor of last resort provider" means an entity who is approved to provide early intervention services and is reimbursed for the services provided through a provider agreement with the Ohio department of health.
- (W) "Evidence-based home visiting model" means a service delivery model designated by the U.S. department of health and human services which meets at least one of the following criteria:
- (1) At least one high-quality or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains; or
 - (2) At least two high-quality or moderate-quality impact studies of the model using non-overlapping analytic study samples find one or more favorable, statistically significant impacts in the same domain, as the home visiting evidence of effectiveness ("HomVEE") review describes at <http://homvee.acf.hhs.gov/>.
- (X) "Evidence-informed parenting curriculum" means an education tool used with parents to teach topics about parenting which has demonstrated research effects for the purpose and goals of its use.
- (Y) "Exceptional family circumstances" are unique situations specified by the family that prevent required program components from being completed within required time lines.
- (Z) "Expectant first-time mother" means a pregnant woman preparing to give birth to her first child or an individual who has given birth but not provided the day-to-day care for a child for longer than six consecutive calendar months. This does not include individuals preparing to adopt. .

- (AA) "Families" means at least one expectant first-time mother or parent and at least one infant or toddler.
- (BB) "Family plan" as it applies to the home visiting program means a written plan that identifies the activities that will be provided or carried out in the delivery of services for eligible individuals.
- (CC) "Family training, counseling and home visits" means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.
- (DD) "Federal poverty level" or "FPL" is the level of household income by family size as reported in the federal register by the United States department of health and human services, published on or before April first of each calendar year.
- (EE) "First-time father" means a father who is raising his first biological or adopted child, or an individual who has not parented a child for longer than six calendar months and now has a child no more than six months old at time of referral.
- (FF) "First-time mother" means a mother who has given birth to or adopted her first child, or mother of an infant for no more than six calendar months after the live birth of the child.
- (GG) "Functional outcomes" are goals that are necessary and functional for the child's and family's life; reflect real-life contextualized settings; are jargon-free; are discipline-free; emphasize the positive; are based on the priorities of the family, and describe both the child's strengths and needs based on information from evaluation or assessment.
- (HH) "Global developmental screening" means the administration of appropriate instruments by qualified personnel for the purpose of identifying concerns across all developmental domains including adaptive, cognitive, communication, physical, and social or emotional which will result in a comprehensive developmental evaluation or referral to a qualified professional who will address identified concerns.
- (II) "Health services" mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services. The term includes:
- (1) Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - (2) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.
 - (3) The term does not include:
 - (a) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
 - (b) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any

purpose); or

- (c) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.
- (4) Nothing in this definition limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.
- (JJ) "Help me grow" or "HMG" is the name of Ohio's statewide prenatal to age three home visiting and early intervention programs overseen and administered by the Ohio department of health.
 - (KK) "Home visit" is a location or method for service delivery which may be in the child's or family's place of residence or a community location acceptable to the family.
 - (LL) "Home visitor" is the individual who delivers services during home visits within the HMG home visiting program.
 - (MM) "Home visiting contractor" means any entity which provides services within the help me grow home visiting program through a contract, grant or other agreement with the department.
 - (NN) "Individualized family service plan" or "IFSP" means a written plan for providing early intervention services to an infant or toddler with a disability and the infant or toddler's family in the help me grow early intervention program.
 - (OO) "IFSP team" is a multi-disciplinary group which must include the involvement of the parent and two or more individuals from separate disciplines or professions where one of these individuals must be the service coordinator.
 - (PP) "Individuals with Disabilities Education Act" or "IDEA" is the federal law addressing the education of children with disabilities codified at 20 U.S.C. section 1400-1482 and federal regulations codified at 34 C.F.R. parts 300 and 303 as amended and in effect on July 1, 2012.
 - (QQ) "Infant" means a child from birth through twelve months of age.
 - (RR) "Infant or toddler with a disability" means an individual under three years of age who needs early intervention services because the individual is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: adaptive development, cognitive development, communication development, physical development, social or emotional development; or has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
 - (SS) "Informed clinical opinion" means the professional knowledge and expert opinion used to reach decisions about a child's functional and behavioral strengths and needs during the evaluation and assessment processes.
 - (TT) "Interim IFSP" means an IFSP which is completed and signed by the parent before an assessment has been conducted in order to start immediately-needed services for the child.

- (UU) "Local education agency" or "LEA" means a public board of education or other public authority within Ohio for either administrative control or direction of, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of the state.
- (VV) "Medical services" means services provided by a licensed physician or physician's assistant for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- (WW) "Multi-disciplinary" means the involvement of two or more separate disciplines or professions, and with respect to evaluation of the child and assessments of the child and family, may include one individual who is qualified in more than one discipline or profession.
- (XX) "Native language" means when used with respect to an individual who is limited English proficient, the language normally used by an individual, or in the case of a child, the language normally used by the parents of the child. For evaluations and assessments, it is the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and assessment. When used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, it means the mode of communication that is normally used by that individual, such as sign language, braille, or other communication.
- (YY) "Natural environments" means settings that are natural or typical for a same-aged infant or toddler without a disability.
- (ZZ) "Nursing services" means services provided by qualified personnel which include: the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and the administration of medications, treatments, and regimens prescribed by a licensed physician.
- (AAA) "Nutrition services" means services provided by qualified personnel who conduct individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables, feeding skills and feeding problems, or food habits and preferences; develop and monitor appropriate plans to address the nutritional needs; and make referrals to appropriate community resources to carry out nutrition goals.
- (BBB) "Occupational therapy" means services provided by qualified personnel designed to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include identification, assessment and intervention; adaption of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (CCC) "Parent" means the adult caregiver responsible for a child's well-being, unless otherwise specified in this chapter.

- (DDD) "Parenting education" means sharing age-appropriate child development information, modeling appropriate activities and behaviors, and answering questions about child development with a parent of a child in the home visiting program.
- (EEE) "Personally identifiable information" means information which can identify an individual, including, but not limited to: child's name; name of the child's parent or other family member; address of the child or child's family; a personal identifier, such as the child's social security number or identification number; a list of personal characteristics that would make the child's identity easily traceable; or other information that would make the child's identity easily traceable.
- (FFF) "Physical therapy" means services provided by qualified personnel to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaption. These services include screening, evaluation, and assessment of children to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and providing individual and group services or treatment to accomplish any of the above.
- (GGG) "Primary referral sources" means those individuals making referrals into help me grow and include hospital personnel, physicians, parents, child care programs, early learning programs, local education agencies and schools, public health facilities, other public health or social service agencies, other clinics and health care providers, public agencies and staff in the child welfare system, including child protective services and foster care, homeless family shelters, and domestic violence shelters and agencies.
- (HHH) "Prior written notice" means notification provided to the parent of an infant or toddler with a disability by an early intervention service provider in advance of an action and in writing which informs the parent of an action that is being proposed or refused, the reasons for taking the action, and the rights available to the parent.
- (III) "Procedural safeguards" means the procedures providers must adhere to in order to ensure program participants their rights.
- (JJJ) "Program referral" is the activity of making an individual known from a centralized coordination contractor to an early intervention service coordination contractor or a home visiting contractor for the start of program participation within help me grow.
- (KKK) "Psychological services" means services provided by qualified personnel for administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- (LLL) "Qualified personnel" means personnel who have met Ohio's approved or recognized certification, licensing, registration, or credential that apply to the areas in which the individuals are conducting screenings, evaluations, assessments or services. The following are the types of qualified personnel who provide early

intervention services:

- (1) Audiologists;
 - (2) Family therapists;
 - (3) Nurses;
 - (4) Occupational therapists;
 - (5) Orientation and mobility specialists;
 - (6) Pediatricians and other physicians for diagnostic and evaluation purposes;
 - (7) Physical therapists;
 - (8) Psychologists;
 - (9) Registered dietitians;
 - (10) Social workers;
 - (11) Special educators, including teacher of children with hearing impairments (including deafness), teachers of children with visual impairments (including blindness), and early intervention/developmental specialists;
 - (12) Speech and language pathologists;
 - (13) Vision specialists, including ophthalmologists and optometrists; and
 - (14) This is not an exhaustive list of the types of qualified personnel that may provide early intervention service. Nothing prohibits the identification in the IFS of another type of personnel that may provide early intervention services, provided such personnel meet the requirements as "qualified personnel" as set forth in this paragraph and provide services in accordance with Chapter 3701-8 of the Administrative Code and 34 CFR Part 303.
- (MMM) "Record" includes a document, device or item, regardless of physical form or characteristic, including electronic format, created or received for an individual in help me grow, from system referral through program exit.
- (NNN) "Screening" means the administration of appropriate instruments by qualified personnel for the purpose of identifying concerns in referred or current program participants which will result in a comprehensive developmental evaluation or referral to a qualified professional who can address the identified concerns.
- (OOO) "Service coordination services" means the services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under 34 C.F.R. Part 300. These services include the coordination of all services required across agency lines; serving as the single point of contact to carry out these services; assisting parents in gaining access to, and coordinating the provision of, early intervention services; and coordinating other services identified in the IFSP that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

- (PPP) "Service coordinator" is the individual who assists and enables an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required by help me grow early intervention.
- (QQQ) "Service provider" is any individual or entity providing services to a program participant in help me grow.
- (RRR) "Sign language and cued language services" means the services provided by qualified personnel which include teaching sign language, cued language, and auditory or oral language, providing oral transliteration services such as amplification, and providing sign and cued language interpretation.
- (SSS) "Social work services" means services provided by qualified personnel to evaluate a child's living conditions and patterns of parent-child interaction, prepare a social or emotional developmental assessment of the infant or toddler within the family context, provide individual and family-group counseling with parents and other family members, and appropriate skill-building activities with the infant or toddler and parents, work with problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child, and identify, mobilize, and coordinate community resources to enable the infant or toddler with a disability and the family to receive the maximum benefit from early intervention services.
- (TTT) "Special instruction services" means services provided by qualified personnel to design learning environments and activities that promote an infant or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability; providing families with information, skills, and support related to enhancing the skill development of the child; and working with the infant or toddler with a disability to enhance the child's development.
- (UUU) "Speech-language pathology services" means services provided by qualified personnel to identify children with communication or language disorders or delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; refer for medical or other professional services necessary for habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and provide services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
- (VVV) "Statewide data system" means the early track data system administered and maintained by the department of health for HMG.
- (WWW) "Surrogate parent" means an individual who has been determined necessary and appropriate to represent the rights of an infant or toddler with a disability, who has been assigned by the department, and functions in place of a parent with respect to the child's participation in early intervention.
- (XXX) "System administrator" is the individual responsible for interaction with the department's electronic data system and oversight of data use.
- (YYY) "System referral" is the instance when a potentially eligible individual is made

known to a centralized coordination contractor, early intervention service coordination contractor, or a home visiting contractor with the following information: child's age; child's county of residence; parent's first and last name; and telephone number; e-mail address; or mailing address.

(ZZZ) "Toddler" means a child who is at least thirteen, but less than thirty-six months of age.

(AAAA) "Transition" means the change within or exit from HMG services including:

- (1) Transfer or discharge from a hospital or other facility;
- (2) Exit from HMG due to ineligibility at age three years; or
- (3) Exit from HMG due to other reasons.

(BBBB) "Transition planning conference" means 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.

(CCCC) "Transportation and related costs" means the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

(DDDD) "Vision services" means services provided by qualified personnel to evaluate and assess visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development; referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both; and provide communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

(EEEE) "Ward of the state" means a child who is, as determined by the state of residence, a foster child, unless the foster parent meets the definition of a parent, as defined in rule 3701-8-07 of Administrative Code; or is in the custody of a the state child welfare agency or a local public child services agency.

(FFFF) "Written notification of IFSP meeting" means a letter or form sent by a child's service coordinator to the family, individuals participating in any assessments, and service providers which informs participants of the date, time and location of an upcoming annual IFSP meeting.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:	119.03
Statutory Authority:	3701.61
Rule Amplifies:	3701.61
Prior Effective Dates:	8/8/2005, 7/16/10, 9/3/12, 9/5/13

3701-8-02 Standards and procedures for determining eligibility of help me grow contractors.

- (A) This rule applies to applicants who apply to become one of the following:
- (1) Centralized coordination contractor,
 - (2) Early intervention service coordination contractor;
 - (3) Early intervention system of payment service provider; or
 - (4) Home visiting contractor.
- (B) An applicant who seeks to be a centralized coordination contractor shall respond to a request for proposal or subsidy agreement for these funds, as made available by the department. Applicant must:
- (1) Complete the application or submit a proposal, as applicable, by the due date set forth in the announcement of available funds;
 - (2) Complete the process to become a vendor with the state of Ohio; and
 - (3) Agree, that, if awarded a contract, grant, or subsidy agreement for centralized coordination, to provide services in accordance with the terms of the contract, grant, or agreement and rules in this chapter, and to:
 - (a) Maintain a physical location where the applicant operates and maintains records;
 - (b) Maintain a telephone number, internet connection, fax capabilities, individual e-mail address for each employed individual, and the technical capacity to enter data into the statewide data system for help me grow; and
 - (c) Comply with requests, expectations, and requirements communicated by the department.
- (C) An applicant who seeks to be an early intervention service coordination contractor shall respond to a request for proposal or subsidy agreement for these funds, as made available by the department. Applicant must:
- (1) Complete the application or submit a proposal, as applicable, by the due date set forth in the announcement of available funds;
 - (2) Complete the process to become a vendor with the state of Ohio; and
 - (3) Agree, that, if awarded a contract, grant, or subsidy agreement for service coordination, to provide services in accordance with the terms of the contract, grant, or agreement and rules in this chapter, and to:
 - (a) Maintain a physical location where the applicant operates and maintains records;
 - (b) Maintain a telephone number, internet connection, fax capabilities, individual e-mail address for each employed individual, and the technical

capacity to enter data into the statewide data system for help me grow; and

- (c) Comply with requests, expectations, and requirements communicated by the department.
- (D) An applicant who seeks to be an early intervention system of payment provider shall:
- (1) Complete and submit to the department a provider enrollment application using form HEA 8033;
 - (2) Complete the process to become a vendor with the state of Ohio;
 - (3) Agree, that, if awarded a contract or agreement to be an early intervention system of payment service provider, to provide early intervention services in accordance with the terms of the contract or agreement and rules in this chapter, and to:
 - (a) Maintain a physical location where the applicant operates and maintains records;
 - (b) Maintain a telephone number, internet connection, fax capabilities, individual e-mail address; and
 - (c) Comply with requests, expectations, and requirements communicated by the department.
- (E) An applicant who seeks to be a home visiting contractor shall:
- (1) Complete and submit to the department a provider enrollment application using form HEA 8033 (effective July 1, 2012) including the submission of documentation providing evidence of financial solvency, use of qualified personnel, and affiliation with a home visiting model, that has been determined evidence-based by the office of planning, research, and evaluation in the administration for children and families in the United States department of health and human services;
 - (2) Complete the process to become a vendor with the state of Ohio;
 - (3) Agree, that if awarded a contract, grant, or agreement to be a home visiting contractor, to provide services in accordance with the terms of the contract, grant, or agreement and rules in this chapter, and to:
 - (a) Maintain a physical location where the applicant operates and maintains records;
 - (b) Maintain a telephone number, internet connection, fax capabilities, individual e-mail address for each employed individual, and the technical capacity to enter data into the statewide data system for help me grow;
 - (c) Comply with requests, expectations, and requirements communicated by the department; and
 - (d) Serve directly or sub-contract to serve all individuals determined eligible in accordance with paragraph (A) of rule 3701-8-06 of the Administrative Code.

- (F) Each applicant shall certify that the applicant and applicant's officers, employees, agents, and sub-contractors used to provide help me grow services:
- (1) Are not subject to a finding for recovery under section 9.24 of the Revised Code or have taken the appropriate remedial steps required under section 9.24 of the Ohio Revised Code or are otherwise qualified under that section;
 - (2) Are not debarred or suspended from entering into a contract pursuant to section 125.25 of the Revised Code;
 - (3) Are not subject to exclusion, disqualification or ineligibility for a federal agency;
 - (4) Are not federally debarred from participating in government contracts funded by federal money; and
 - (5) Have obtained and will maintain all approvals, licenses or other qualifications necessary to performs duties under the contract, grant, or agreement in the state of Ohio.
- (G) When the department determines the extent to which an applicant has met the standards of eligibility, has complied with the procedural requirements prescribed by this rule, and agreed to sign the terms of the agreement, the department shall notify an applicant in writing of approval or disapproval within forty-five calendar days after completion of all application procedures.
- (1) An applicant who is approved will receive written notice of approval which includes the scope of services approved to provide and the effective date of approval.
 - (2) An applicant who is denied a provider agreement may request reconsideration of the application in accordance with the following procedures:
 - (a) Submit a written request for reconsideration to the department that includes any written materials the applicant wishes to be considered so that they are received by the department no later than forty-five calendar days after the date on the notice of disapproval issued under this paragraph.
 - (b) The department may request additional information, which the applicant shall submit so that it is received by the department no later than forty-five calendar days after receipt of the request for additional information.
 - (c) The department shall notify an applicant in writing of approval or disapproval within thirty calendar days of completion of all applicable procedures. A notice of approval shall state the scope of services the provider is approved to provide, as determined under paragraph (G)(1) of this rule, and the effective date of approval. A notice of disapproval shall be final and is not subject to further administrative or judicial review.

Replaces: 3701-8-02

Effective: 09/03/2012

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/24/2012

Date

Promulgated Under: 119.03
Statutory Authority: 3701.61
Rule Amplifies: 3701.61
Prior Effective Dates: 8/8/2005, 7/16/10

3701-8-02.1 Monitoring contractors.

This rule applies to centralized coordination contractors, early intervention service coordination contractors, early intervention system of payment providers, and home visiting contractors.

- (A) The department will monitor contractors and providers subject to this rule for compliance with the rules in this chapter; the terms of a grant, agreement, or contract entered into by contractor or provider; or other applicable program-related federal or state laws.

- (B) When the director determines that a help me grow contractor or provider is not in compliance with the rules in this chapter, the terms of a grant, agreement or contract entered into by contractor or provider and other applicable program-related federal or state laws, the director of health shall notify the contractor or provider in writing of the specific findings and the action the department will take. Actions may include, but are not limited to:
 - (1) Request correction of incomplete or inaccurate data in the statewide data system;
 - (2) Require participation in technical assistance or training provided by the department;
 - (3) Require a plan of corrective action;
 - (4) Require an early intervention service coordination contractor or an early intervention system of payment provider to reimburse or compensate a family upon a finding that contractor did not provide early intervention services as required by the rules in this chapter, the terms of a grant, agreement, or contract entered into by contractor or provider and other applicable program-related federal or state laws;
 - (5) Withhold future funds or require repayment of funds to the department; or
 - (6) Suspend or terminate contractor's or provider's grant, agreement, or contract.

- (C) In the event that the director would take action described in paragraphs (B)(4), (B)(5), or (B)(6) of this rule, the contractor or provider may request reconsideration of the decision in accordance with the following procedures:
 - (1) Submit a written request for reconsideration to the department which includes any written materials that the contractor or provider wishes to be considered so that they are received by the department no later than forty-five calendar days after receipt of the request for additional information.
 - (2) The department may request additional information, which the applicant shall submit so that that the information is received by the department no later than forty-five calendar days after receipt of the request for additional information. The department shall notify an applicant in writing of approval or disapproval within thirty calendar days after completion of all application procedures.
 - (3) The director of health shall notify the contractor or provider in writing of the

decision to take action within thirty calendar days of receiving additional information, as applicable. The director's decision is final and is not subject to further administrative or judicial review.

Replaces: 3701-8-07
Effective: 09/03/2012
R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/24/2012

Date

Promulgated Under: 119.03
Statutory Authority: 3701.61
Rule Amplifies: 3701.61
Prior Effective Dates: 8/8/2005, 7/16/10

3701-8-03 Personnel and supervision requirements.

This rule applies to all help me grow (HMG) home visiting contractors, early intervention service coordination contractors, and centralized coordination contractors.

For purposes of this rule, "credential" means certification by the department as being in compliance with educational and training requirements as specified in this rule.

- (A) Contractors shall ensure compliance with the personnel requirements for any individual used to provide services in HMG, in accordance with the following:
 - (1) Each individual utilized as a supervisor of home visitors or service coordinators, a home visitor, or a service coordinator shall meet the education and training requirements set forth in this rule and maintain such credential without lapse. If a supervisor of home visitors or service coordinators provides supervision or a home visitor, and/or supervisor serves families in HMG before earning the HMG credential or after a credential lapses, the department may take any of the actions listed in paragraph (B) of rule 3701-8-02.1 of the Administrative Code.
 - (2) If an individual works in multiple roles within HMG, that individual shall meet the qualifications for each role.
 - (3) Contractors shall maintain documentation of compliance with this paragraph for each supervisor of home visitors or service coordinators, each home visitor, and each service coordinator the contractor uses through sub-contract or employment.
- (B) Contractors shall ensure that each individual used on or after the effective date of this rule as supervisors of home visitors or service coordinators meets the following credentialing requirements and contractors shall maintain documentation of compliance with each of the following, including a copy of approval, license or other qualification required to practice in Ohio.
 - (1) Individual holds at least a bachelor's degree from a council on higher education accredited college or university in a field related to working with pregnant women, infants or toddlers, or families or individuals with disabilities;
 - (2) Individual completes a personal profile with verification on the Ohio professional registry;
 - (3) Individual completes the required, department provided, HMG training institute; and the following, depending on their role:
 - (a) Supervisors of early intervention service coordinators complete a reflective supervision training and the requirements for a service coordinator I credential before their next naturally occurring supervisor credential renewal due after this rule is enacted.
 - (b) Supervisors of home visitors complete principles of HMG home visiting, the first sixty days: from theory to practice, home visiting with prenatal moms, smoking cessation, mandated reporting, reflective supervision, "Early Track," and trainings made available by the department on tools used for

screening and assessment in HMG home visiting; and

- (c) Supervisors of home visitors complete evidence-based home visiting model training as required by the evidence-based home visiting model implemented by program and research-informed parenting education curriculum training as required by the curriculum developers being implemented by program within six calendar months of hire.
 - (4) Individual maintains a supervisor credential without lapse and shall renew the HMG credential every two calendar years from the date of initial or most recent credential renewal by completing at least twenty contact hours of training related to the role or target population of HMG, updating Ohio professional registry personal profile to include required training and obtaining verification by the Ohio professional registry.
- (C) Contractors shall ensure that each individual used on or after the effective date of this rule as a home visitor meets the following requirements and contractors shall maintain documentation of compliance with each of the following, including a copy of approval, license or other qualification required to practice in Ohio:
- (1) Individual holds at least an associate's degree from a council on higher education accredited college or university in human services or fields related to working with prenatal women, infants, toddlers, and families;
 - (2) Individual completes a personal profile with verification on the Ohio professional registry;
 - (3) Individual completes the required, department provided training, including the HMG training institute, principles of HMG home visiting, the first sixty days: from theory to practice, home visiting with prenatal moms, smoking cessation, mandated reporting, "Early Track," and trainings made available by the department on tools used for screening and assessment in HMG home visiting;
 - (4) Individual complete evidence-based home visiting model training as required by the evidence-based home visiting model implemented by program and research-informed parenting education curriculum training as required by the curriculum developers being implemented by program within six calendar months of hire.
 - (5) Individual receives ongoing direct administrative, reflective, and clinical supervision by a credentialed home visiting supervisor in accordance with the standards of the evidence-based home visiting model implemented by contractor.
 - (6) Individual maintains a HMG home visitor credential without lapse and shall renew the HMG home visitor credential every two calendar years from the date of initial or most recent credential renewal by completing at least twenty contact hours of training related to the role or target population of HMG home visiting, updating Ohio professional registry personal profile to include required training and obtaining verification by the Ohio professional registry.
- (D) Contractors shall ensure that each individual used on or after the effective date of this rule as a service coordinator meets the following requirements and contractors shall maintain documentation of compliance with each of the following, including a copy of approval, license or other qualification required to practice in Ohio:

- (1) Individual holds at least an associates degree from a council on higher education accredited college or university in a field related to working with infants or toddlers, or children with disabilities, or families;
- (2) Individual completes a personal profile with verification on the Ohio professional registry;
- (3) Individual completes the required, department provided training for credential in accordance with the following:
 - (a) To be credentialed as a service coordinator I, individuals must complete HMG training institute; trainings on screening tools; individualized family service plan training; and the principles of service coordination training.
 - (i) Individuals credentialed as a service coordinator I who work one full-time equivalent should not serve more than twenty-five to thirty families in early intervention at any time; and
 - (ii) Shall receive a minimum of four hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.
 - (b) To be credentialed as a service coordinator II, individuals must have been employed and credentialed as a service coordinator I for at least six calendar months within the past two calendar years; complete the eligibility and determination of needs process training; and complete ten contact hours of department-approved training.
 - (i) Individuals credentialed as a service coordinator II who work one full-time equivalent have no maximum caseload; and
 - (ii) Shall receive a minimum of three hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.
 - (c) To be credentialed as a service coordinator III, individuals must have been employed and credentialed as a service coordinator II for at least one calendar year within the past three calendar years and submit to the Ohio professional registry a completed "service coordinator skills inventory" available at www.helpmegrow.ohio.gov signed by the service coordinator's supervisor.
 - (i) Individuals credentialed as a service coordinator III who work one full-time equivalent have no maximum caseload; and
 - (ii) Shall receive a minimum of two hours per calendar month of direct, group, and/or peer-to-peer supervision by a credentialed supervisor of service coordinators.
- (4) Individual maintains a service coordinator credential without lapse and shall renew the HMG credential every two calendar years from the date of initial or most recent credential renewal by completing at least twenty contact hours of training related to the role or target population of HMG early intervention, updating Ohio professional registry personal profile to include required training and obtaining verification by the Ohio professional registry.

(5) Every individual who is credentialed as a service coordinator before the date this rule is enacted will be credentialed as a service coordinator II.

(E) Centralized coordination contractors shall ensure that individuals used for centralized coordination activities have a high school diploma or GED to be hired; complete the required, department provided HMG training institute and "Early Track" training within six calendar months of their hire; and are provided a minimum of one hour of direct, group, or peer-to-peer supervision per month.

(F) Centralized coordination, home visiting, and early intervention service coordination contractors shall ensure that individuals used as contract managers are qualified and trained in accordance with the following: within six months of the date this rule is enacted or three months of hire, whichever is longer.

(1) Home visiting contractors shall ensure that individuals used as contract managers on or after the effective date of this rule complete the required, department provided HMG training institute, principles of HMG home visiting, HMG home visitor orientation, and "Early Track."

(2) Early intervention service coordination contractors shall ensure that individuals used as contract managers on or after the effective date of this rule complete the required, department provided HMG training institute, principles of service coordination, and "Early Track."

(3) Central coordination contractors shall ensure that individuals used as contract managers on or after the effective date of this rule complete the required, department provided HMG training institute, HMG central coordination orientation, and "Early Track."

(G) Early intervention service providers shall be qualified personnel who meet minimum qualifications for their role, with state approved or recognized certification, licensing, registration, or comparable requirements. Individuals who conduct evaluations or assessments with infants and toddlers shall be qualified to do so in accordance with rule 3701-8-07.1 of the Administrative Code.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:	119.03
Statutory Authority:	3701.61
Rule Amplifies:	3701.61
Prior Effective Dates:	9/3/2012

3701-8-04 Central coordination.

- (A) Centralized coordination contractors shall ensure the implementation of coordinated public awareness activities with inclusive of both help me grow (HMG) early intervention and home visiting programs for the counties of contracted service. Public awareness activities shall include all of the following:
- (1) Engaging the public, including primary referral sources, parents of infants and toddlers, and pregnant women to maximize:
 - (a) Awareness of HMG, including early identification of infants and toddlers with a disability;
 - (b) Dissemination of information provided by the department on how to make an appropriate referral into HMG;
 - (c) Dissemination of information provided or approved by the department on the populations being served in HMG; and
 - (d) Awareness of the services and supports available to pregnant women, infants and toddlers and their families in HMG.
 - (2) Dissemination of information provided or approved by the department about the HMG program to the public, including primary referral sources, parents of infants and toddlers, and pregnant women.
 - (3) Communication to the public about the HMG telephone helpline and the HMG website.
- (B) Centralized coordination contractors shall ensure the implementation of coordinated child find and outreach activities with both early intervention and home visiting programs for the counties of contracted service. Contractors shall:
- (1) Educate primary referral sources on timely identification of potentially eligible pregnant women, infants and toddlers, including the early identification of infants and toddlers with a disability;
 - (2) Disseminate information provided or approved by the department to primary referral sources of their federally mandated role in early intervention child find and time line of no more than seven calendar days to refer a child who has a suspected disability or developmental delay to HMG;
 - (3) Participate in local community events for the purpose of child find, as opportunities allow; and
 - (4) Communicate with other local or community programs serving pregnant women and children to minimize the duplication of services and supports to potentially eligible pregnant women, infants, toddlers and their families.
- (C) Centralized coordination contractors shall create and maintain, or update an existing electronic directory of early intervention service providers, inclusive of early intervention service coordination contractors, home visiting contractors, resources and experts available in the counties of contracted service; professional and other

groups that provide assistance to pregnant women, infants and toddlers with disabilities, first time parents, families in the military, and families with low incomes; and research or demonstration projects being conducted in the counties of contracted service relating to infants and toddlers with disabilities. Contractors shall:

- (1) Update the directory at least once every calendar year and ;
 - (2) Provide the electronic directory to the department upon request.
- (D) Centralized coordination contractors shall establish and maintain centralized referral procedures about obtaining system and program referral information, directing calls to other community supports and programs, and making program referrals for all pregnant women and children and their families referred to HMG, in accordance with the following:
- (1) Maintain and disseminate one local telephone number with voice mail capabilities, fax, and email for the public to use to make a referral;
 - (2) Ensure that the individuals used for centralized coordination activities have sufficient knowledge and are trained in accordance with rule 3701-8-03 of the Administrative Code, about the HMG program services and referral processes in order to accurately describe available options to those who call; and
 - (3) Complete HMG referral processes, including:
 - (a) Collect the minimum information to be considered a system referral. The contractor may collect other information from referral sources or individuals who self-refer, but the minimum information required for a system referral is:
 - (i) Child's due date or date of birth, when applicable;
 - (ii) Child's county of residence;
 - (iii) The first and last name of the child's parent; and
 - (iv) Parent's telephone number, email address, or mailing address.
 - (b) Every system referral from public children's services agencies (PCSA) must be received on a completed form HEA 8021.
 - (c) Every referral from an early intervention service coordinator contractor or a home visiting contractor must be received on a completed form HEA 8045 which meets the following central coordination contractor requirements:
 - (i) One successful contact with the parent in accordance with paragraph (D)(3)(e) of this rule and
 - (ii) Provider choice in accordance with paragraph (D)(3)(f) of this rule.
 - (d) Referral information set forth above shall be entered by the centralized coordination contractor into the statewide data system for HMG within one business day after the information is received by the centralized coordination contractor.

- (e) Once a system referral is obtained in accordance with either paragraph (D)(3)(a) or (D)(3)(b) of this rule, the centralized coordination contractor shall make one successful contact with the parent. The minimum requirements to contact the parent are:
 - (i) When a parent's phone number or email address has been provided, the centralized coordination contractor shall make a minimum of three different attempts to call or e-mail the parent, until successful contact is made, within fourteen calendar days.
 - (ii) When a parent's phone number or email address has not been provided and the system referral contact information provides only a mailing address, the centralized coordination contractor shall send a postcard or letter within fourteen calendar days with information on how to contact the centralized coordination contractor if interested in HMG.
 - (iii) If a successful contact has not been achieved after fourteen calendar days with the parent since receiving the system referral, or a successful contact results in a parent communicating he or she is not interested in HMG, the centralized coordination system contractor shall exit the system referral in the statewide data system for HMG.
 - (iv) All contact attempts, successful and unsuccessful, shall be documented into the statewide data system within one business day after the attempt is made.
- (f) During the contact with the parent, the centralized coordination contractor shall provide information about HMG and obtain the following minimum information:
 - (i) Whether or not the parent is interested in participating in HMG;
 - (A) If the parent communicates an interest in participating in HMG, the centralized coordination contractor shall then move on with the remaining requirements in this paragraph.
 - (B) If the parent communicates that he or she is not interested in participating in HMG, the centralized coordination contractor shall exit the system referral in the statewide data system within one business day, effective the date of communication with the parent.
 - (ii) If the parent communicates that there is a concern about the child's development, the centralized coordination contractor shall offer the parent a choice of developmental screening or referral to an early intervention service coordination contractor and make a program referral within one business day into the statewide data system. The program referral for either developmental screening or to an early intervention service coordination contractor begins the forty-five calendar day time line for children referred to early intervention, as described in rule 3701-8-07.1 of the Administrative Code. Any person who has been trained and has documentation of that training is qualified to complete developmental screening with children and families at central coordination; and
 - (iii) If the parent communicates that they may meet home visiting program

eligibility, the centralized coordination contractor shall offer the parent a choice of contractor, where one exists, and make a program referral to the chosen home visiting contractor within one business day into the statewide data system for HMG. The program referral to a home visiting contractor begins the thirty calendar day time line for the expectant first-time mother or child referred to home visiting, as described in rule 3701-8-06.1 of the Administrative Code.

- (a) If the family's choice of contractor does not have capacity to serve them, inform the parent that they may join the contractor's wait list for services, or inform the parent that they may choose another contractor for services, if one is available.
- (b) When age at system referral is used for eligibility, a wait listed status does not impact the eligibility.
- (iv) Program referrals may be made simultaneously to both HMG early intervention and home visiting.
- (g) If a referral is obtained in accordance with paragraph (D)(3)(c) of this rule, the centralized coordination contractor shall make a system referral in accordance with paragraph (D)(3)(d) of this rule, central coordination contractors shall:
 - (i) Make a program referral as indicated on form HEA 8045 for either developmental screening, to an early intervention service coordination contractor, and/or to a home visiting contractor.
 - (ii) If the family's choice or first available contractor does not have capacity to serve them, the centralized coordination contractor shall make contact with the family in accordance with paragraph (D)(3)(f)(iii)(a) of this rule.
- (h) Ensure that the system referral is exited and documented as such in the statewide data system for any of the following reasons:
 - (i) The minimum contact attempts were made without successful contact, in accordance with paragraph (D)(3)(e) of this rule;
 - (ii) A child is forty-five or fewer calendar days from the child's third birthday. Prior to exiting the system referral, the centralized coordination contractor shall provide information to the parent about other community resources available in the county of residence. For a child who is being referred to early intervention, the contractor shall provide information to the parent about special education pre-school at the local education agency;
 - (iii) When the referred child or expectant first-time mother is not residing in the state of Ohio; or
 - (iv) An individual declines to participate in HMG.
- (i) When the family cannot be reached or the family declines participation on the phone, the central coordination contractor shall send a completed HEA 8037 to the referral source when that referral source is a professional, .

- (j) When a central coordination contractor exits a system referral due to loss of contact, the contractor shall send a written email or post mail notification to the last known address or email with the following information:
 - (i) Details of the attempts which have been made to contact the family;
 - (ii) This notification is the last contact attempt which central coordination will make;
 - (iii) Contact information for the HMG; and
 - (iv) Information explaining HMG.
- (E) When a child is being referred to early intervention as identified on form HEA 8021 the centralized coordination contractor shall make a program referral to an appropriate early intervention service coordination contractor the same day the referral is entered into the statewide data system.
- (F) Centralized coordination contractors shall document any contacts received in the statewide data system for HMG within one business day after the information is received. For individuals already in the data system, the following requirements apply:
 - (1) When the centralized coordination contractor is notified that an individual has moved or another circumstance requires that the individual change either home visiting or early intervention service coordination contractors, the centralized coordination contractor is responsible for completing the process described in paragraphs (D)(3)(e) and (D)(3)(f) of this rule and documenting the transfer in the statewide data system for HMG.
 - (2) When a referral is received regarding a program an individual is not participating in, the centralized coordination contractor is responsible for completing the process described in paragraphs (D)(3)(e) and (D)(3)(f) or (D)(3)(g) of this rule.
- (G) Centralized coordination contractors shall designate one individual as the contract manager who is responsible for oversight and monitoring of the required activities of the grant, contract or agreement.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:	119.03
Statutory Authority:	3701.61
Rule Amplifies:	3701.61
Prior Effective Dates:	8/8/2005, 7/16/10, 9/3/12

3701-8-06 Help me grow home visiting program eligibility.

Help me grow (HMG) home visiting is the state's parenting education program for expectant, first-time and other parents at highest risk for poor childhood outcomes. The program has four goals, which are: to increase healthy pregnancies, improve parenting confidence and competence, improve child health, development and readiness, and increase family connectedness to community and social support.

- (A) Home visiting contractors shall ensure that every parent or child referred to help me grow home visiting is determined eligible or not eligible within sixty calendar days of the program referral, in accordance with the following:
 - (1) At least eighty-five per cent of the contractor's capacity shall be used to serve:
 - (a) Families consisting of first-time mothers and their child, when the infant is not yet six months of age at the time of system referral, with a family income not in excess of two hundred per cent of federal poverty level; or
 - (b) Families consisting of expectant, first-time mothers with a family income not in excess of two hundred per cent of federal poverty level and the infant upon live birth.
 - (2) Up to fifteen percent of the contractor's capacity may be used to serve families that meet any one of the following characteristics and/or circumstances at the time of system referral:
 - (a) Families consisting of an expectant first-time mother;
 - (b) Families consisting of a first-time mother with an infant or toddler under three years of age;
 - (c) Families consisting of a first-time father with an infant or toddler under three years of age;
 - (d) Families consisting of an infant under six months old at the time of system referral and a birth or biological mother, biological or adoptive father, or an individual acting in place of a birth, biological or adoptive parent, such as a grandparent, stepparent, or other relative, with whom the child lives;
 - (e) Families consisting of an expectant mother or parent with an infant or toddler under three years of age who provide documentation of a family income not in excess of two hundred per cent of federal poverty level;
 - (f) Families with a child under three years of age being referred to home visiting as identified on form HEA 8021; or
 - (g) Families consisting of an expectant mother or a birth, biological or adoptive parent who is in the U.S. military and their infant or toddler under three years of age.
 - (3) If the provider has capacity, any child in a family referenced in paragraph (A) of this rule may be served in accordance with rule 3701-8-06.1 of Administrative Code until the child is three years of age.

- (B) Families remain eligible as long as the child defined in paragraph (A) of this rule has not reached three years old, regardless of program exit and re-entry. However, upon re-entry, a family may be wait listed due to capacity of the home visiting contractor.
- (C) Home visiting contractors shall ensure that when a family is determined not eligible for home visiting, the contractor provides a letter in person, by e-mail, or by post mail stating that the individual did not qualify for the help me grow home visiting program, the options available for re-consideration of the decision and the reasons why within ten calendar days of the determination.
- (D) When an individual disagrees with the ineligibility determination, a parent may request reconsideration of the decision by filing a written request with the director within forty-five calendar days of the date on the written notice. The request for reconsideration shall contain a statement of the reasons the parent believes the decision is incorrect or inappropriate and may include any written documentation, argument, or other materials they wish to submit. The request is filed with the director when it is received by the department.
- (1) For the purposes of reconsideration, the director may request additional, relevant records or documentation within forty-five calendar days of receipt of the request for reconsideration. The parent shall file any requested information with the director no later than forty-five calendar days after the date on the director's request for additional information.
 - (2) Within forty-five calendar days after receipt of a request for reconsideration from the parent and all necessary additional information filed pursuant to the director's request for information, the director shall issue a written notification of the decision to the parent who requested the reconsideration. If the director upholds the ineligibility decision, the notice shall include the reasons for the decision including citations of statutes, or rules directly involved.
 - (3) The decision of the director shall be final. There is no further administrative or judicial review of the director's decision.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under: 119.03
Statutory Authority: 3701.61
Rule Amplifies: 3701.61
Prior Effective Dates: 8/8/2005, 7/16/10, 9/3/12

3701-8-06.1 Home visiting contractor requirements.

For the purposes of this rule, parent is an individual eligible under paragraph (A) of rule 3701-8-06 of the Administrative Code.

- (A) Home visiting contractors shall ensure that only one home visitor is assigned to the family at any given time.
- (B) Program referrals that result in a family being placed on a home visiting contractor's wait list shall ensure the following activities are completed for each family on wait list status:
 - (1) Make contact with each family on contractor's wait lists a minimum of one time per calendar month to assess the family interest in continuing on the HMG home visiting wait list and document each contact attempt in the statewide data system;
 - (2) If a successful contact has not been achieved after fourteen calendar days with the parent on the wait list, or a successful contact results in a parent communicating he or she is not interested in HMG, the home visiting contractor shall exit the program referral in the statewide data system for HMG in accordance with paragraphs (M)(4) and (N) of this rule.
- (C) After receiving a program referral, help me grow (HMG) home visiting contractors shall assign a home visitor and ensure that the following activities are completed before the first home visit with the family:
 - (1) Make contact to schedule the first home visit;
 - (2) Confirm potential eligibility for the program; and
 - (3) Inform the family that the home visitor will be asking to see a copy of documentation of program eligibility using any one of the following:
 - (a) Current WIC, Ohio works first or Ohio medicaid card;
 - (b) Two consecutive pay stubs from current employment;
 - (c) Military identification; or
 - (d) Other documentation which allows the home visitor to determine financial or military eligibility.
- (D) Home visiting contractors shall ensure that home visitors complete no less than the following during the first home visit:
 - (1) Gather documentation to confirm eligibility for the program, as applicable, in accordance with paragraph (A) of rule 3701-8-06 of the Administrative Code;
 - (a) Copy of current WIC, Ohio works first or Ohio medicaid card to be placed in the record, when financial criteria is used for eligibility; or documentation on form HEA 8043.
 - (b) In the absence of a copy of any of the cards accepted in paragraph

- (B)(1)(a) of this rule, copies of two consecutive pay stubs shall be placed in the record, when financial criteria is used for eligibility; or documentation on form HEA 8043.
- (c) When an individual is unemployed, this shall be noted in case notes.
 - (d) When an individual is in the U.S. military, a copy of military identification shall be placed in the record; or documentation on form HEA 8043.
 - (e) When referral from a PCSA is used for eligibility, a copy of form HEA 8021 shall be provided by the centralized coordination contractor and placed in the record.
- (2) Obtain written consent to participate in the program, documenting the consent on form HEA 8038;
 - (3) Explain the program's goals, the structure and expectations for participation;
 - (4) Provide a copy of the parent's rights brochure in the native language of the family, unless it is clearly not feasible to do so;
 - (5) Provide a copy of the HMG notice of privacy brochure in the native language of the family, unless it is clearly not feasible to do so; and
 - (6) Schedule the next home visit.
- (E) Home visiting contractors shall ensure that home visitors complete and document a family centered assessment during the first thirty calendar days after the first home visit and determination of eligibility using an assessment identified and approved for use by the evidence-based home visiting model implemented by the contractor and/or approved by the department.
- (F) Home visiting contractors shall ensure that home visitors complete the following during the first sixty calendar days after the first home visit and determination of eligibility:
- (1) Offer no less than the home visit schedule as outlined in paragraph (G) of this rule and document the agreed upon schedule on form HEA 8036; and
 - (2) With the family, complete the initial family plan on form HEA 8036, with at least one goal for program participation related to any one of the four goals of the HMG home visiting program, as described in rule 8701-8-06 of the Administrative Code. In addition, home visitors shall ensure:
 - (a) Family plans are provided in a language the family understands, unless it is clearly not feasible to do so; and
 - (b) One copy of each family plan is provided to the family at no cost within ten calendar days of the parent signing it.
- (G) Home visiting contractors shall ensure that home visitors complete any initial and ongoing required tools, in accordance with Appendix 6.1 - A of this rule, except when the home visitor obtains documentation of comparable screenings completed within ninety calendar days prior to program referral by a qualified vision, hearing, or nutrition professional or within one hundred eighty calendar days for a universal

newborn hearing screening.

- (H) Home visiting contractors shall ensure that home visitors offer home visits, which are delivered in a language the family understands, and are scheduled at dates and times which are convenient to the family:
 - (1) For any expectant mother, at least weekly for the first four weeks in the program, then at least twice a month until the baby is born, at least weekly for six months after the birth of the baby, then at least twice a month or monthly, as applicable to the family.
 - (2) For all families, at least weekly for the first six months in the program, then at least twice a month or monthly, as applicable to the family.
- (I) Home visiting contractors shall ensure home visitors:
 - (1) Conduct parenting education at every home visit after the initial family plan has been developed, using an evidence-informed parenting education curriculum associated with an evidence-based home visiting model found at <http://homvee.acf.hhs.gov/Default.aspx>;
 - (2) Assess, address, and promote positive parent-child attachment, and bonding at every home visit after the initial family plan has been developed using an assessment identified and approved for use by the evidence-based home visiting model implemented by the contractor and/or approved by the department;
 - (3) Conduct home visits in ways which are culturally sensitive and respectful to the families;
 - (4) Keep personally identifiable information confidential;
 - (5) Make community referrals, when appropriate to address the identified needs of the families and follow up with the family and/or community referral to determine referral outcome and if the family received needed services;
 - (6) Facilitate transition of the child to a development-enhancing program by age three, when appropriate; and
 - (7) Enter all required data into the statewide data system for HMG and maintain one record for each child, in accordance with rule 3701-8-09 of the Administrative Code.
- (J) Home visiting contractors shall ensure that each family plan is reviewed by the home visitor with the family at least every ninety calendar days. Home visitors shall ensure that each family plan:
 - (1) Assists in the development of home visiting activities, the identification of resources, and successful achievements for the family;
 - (2) Includes the results of a family centered assessment and the most recent screening and assessment tools;
 - (3) Includes functional goals that are meaningful to the family, including objectives and time lines for completing goals, and documents the extent to which the family believes that family plan goals were met or unmet and the modifications

made;

- (4) Includes any updates to the home visit schedule; and
 - (5) Is signed by the parent and the home visitor.
- (K) Home visiting contractors shall inform the centralized coordination contractor every time:
- (1) A child or family needs to change home visiting contractors;
 - (a) When starting services with a family who has been participating with another home visiting contractor, the current home visiting contractor shall conduct a family plan review within sixty calendar days of the program referral; and
 - (b) The tool administration schedule follows the child, in accordance with Appendix 6.1 - A of this rule.
 - (2) A referral for a child is received from the family or another referral source. Contractors shall not serve a family who has not been assigned by the centralized coordination contractor through a program referral; or
 - (3) The home visitor suspects the family may be eligible for HMG early intervention. In this circumstance, before contacting the centralized coordination contractor to make a system referral for HMG early intervention, the home visiting contractor shall:
 - (a) Discuss the early intervention program, goals, and services to the parent of the potentially eligible child;
 - (b) Ask the parent if they consent to the home visitor contacting the centralized coordination contractor;
 - (c) With parent consent, inform the centralized coordination contractor about the potentially eligible child and make a system referral for HMG early intervention; and
 - (4) A family on a home visiting contractor wait list communicates they no longer wish to remain on a wait list and are interested in receiving services from another home visiting contractor.
- (L) When the referral source is a professional, home visiting contractors shall, with parent consent, provide a follow-up to the referral source on form HEA 8037, within sixty calendar days of receiving the program referral.
- (M) A family shall be exited from HMG home visiting when any one of the following is true:
- (1) The child, as defined in paragraph (A) of rule 3701-8-06 of the Administrative Code, reaches three years of age;
 - (2) The child, as defined in paragraph (A) of rule 3701-8-06 of the Administrative Code, moves out of the state of Ohio;
 - (3) The family refuses to complete any of the required program components, in

accordance with paragraphs (A)(5)(c) to (A)(5)(e) in rule 3701-8-10 of the Administrative Code;

- (4) Repeated attempts to visit are unsuccessful:
 - (a) The home visiting contractor may exit a family thirty calendar days after the last successfully completed home visit;
 - (b) The home visiting contractor shall exit a family ninety calendar days after the last successfully completed home visit;
 - (c) The home visiting contractor shall exit a family if eligibility determination is not established within thirty days after program referral; or
- (5) The family terminates program participation.
- (N) When a home visiting contractor exits a family from home visiting due to loss of contact, the contractor shall send a written email or post mail notification to the last known address or email with the following information:
 - (1) Details of the attempts which have been made to contact the family;
 - (2) This notification is the last contact attempt which the home visitor will make;
 - (3) Contact information for the program; and
 - (4) Information explaining qualifications and procedures for returning to the home visiting program.
- (O) Home visiting contractors shall designate one individual as the contract manager who is responsible for oversight and monitoring of the required activities of the grant, contract or agreement.
- (P) Home visiting contractors, upon execution of a contract or other agreement with the department to provide services, shall ensure that funds provided by the department, will not supplant other federal, state, or local funds in place to serve the population of families. HMG home visiting services shall be provided to eligible families at no cost.
- (Q) Home visiting contractors shall ensure that home visitors are supervised by an individual who is qualified, in accordance with rule 3701-8-03 of the Administrative Code.
 - (1) Supervision includes ensuring that home visitors deliver services in accordance with rules 3701-8-06 to 3701-8-06.2 of the Administrative Code;
 - (2) Supervision shall be delivered in a manner that is ongoing and direct; is inclusive of administrative, reflective, and clinical supervision; and is conducted by a credentialed home visiting supervisor in accordance with the standards of the evidence-based home visiting model implemented by contractor; and
 - (3) Supervision is documented.

Effective:

01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under: 119.03
Statutory Authority: 3701.61
Rule Amplifies: 3701.61
Prior Effective Dates: 8/8/2005, 7/16/10, 9/3/12

Appendix 06.1 - A: Schedule and List of Required Tools in Home Visiting

Tool	Tool Use	Administered to/for	Initial Due on/before	Ongoing Due on/before
Program participants determined eligible during pregnancy				
Ages & Stages Questionnaire© (ASQ) (version 2 or more recent)	Developmental screening of child	Child	child is 5 months old	180 days after previous administration
Ages & Stages Questionnaire: Social Emotional© (ASQ): SE	Social emotional screening of child	Child	child is 5 months old	180 days after previous administration
Hearing Status Questionnaire (HSQ)	Hearing screening of child	Child	child is 60 days old	as needed
Pediatric Eating and Nutrition Assessment for Children with Special Health Needs (PEACH)	Nutrition screening of child	Child	child is 60 days old	as needed
Taking A Look vision screening (TAL)	Vision screening of child	Child	child is 60 days old	as needed
Edinburgh Postnatal Depression Screening (EPDS)	Assess maternal depression	Birth mother	child's due date	1. 60 days after child's due date 2. as needed
Home Observation and Measurement of the Environment (HOME) Inventory OR	Assess home environment, parent-child interactions	Parent	child is 7 months old	365 days after previous administration
Nursing Child Assessment Satellite Training Teaching Scale (NCAST-T)				
HMG Safety Checklist	Assess safety of home environment	Parent	child is 60 days old	365 days after previous administration
Parenting Stress Index-Short Form©	Assess parenting stress	Parent	child is 60 days old	365 days after previous administration
Adult Adolescent Parenting Index © (version 2 or more recent)	Assess parenting attitudes and knowledge	Parent	child is 60 days old	365 days after previous administration
Interpersonal Support Evaluation List	Assess formal and informal supports	Parent	child is 60 days old	365 days after previous administration

Appendix 06.1 - A: Schedule and List of Required Tools in Home Visiting

Tool	Tool Use	Administered to/for	Initial Due on/before	Ongoing Due on/before
Program participants determined eligible with a child 0 – 3 months old				
Ages & Stages Questionnaire© (ASQ) (version 2 or more recent)	Developmental screening of child	Child	child is 5 months old	180 days after previous administration
Ages & Stages Questionnaire: Social Emotional© (ASQ): SE	Social emotional screening of child	Child	child is 5 months old	180 days after previous administration
Hearing Status Questionnaire (HSQ)	Hearing screening of child	Child	60 days after referral	as needed
Pediatric Eating and Nutrition Assessment for Children with Special Health Needs (PEACH)	Nutrition screening of child	Child	60 days after determination of eligibility	as needed
Taking A Look vision screening (TAL)	Vision screening of child	Child	60 days after determination of eligibility	as needed
Edinburgh Postnatal Depression Screening (EPDS)	Assess maternal depression	Birth mother	60 days after determination of eligibility	as needed
Home Observation and Measurement of the Environment (HOME) Inventory OR Nursing Child Assessment Satellite Training Teaching Scale (NCAST-T)	Assess home environment, parent-child interactions	Parent	child is 7 months old	365 days after previous administration
HMG Safety Checklist	Assess safety of home environment	Parent	60 days after determination of eligibility	365 days after previous administration
Parenting Stress Index-Short Form©	Assess parenting stress	Parent	60 days after determination of eligibility	365 days after previous administration
Adult Adolescent Parenting Index © (version 2 or more recent)	Assess parenting attitudes and knowledge	Parent	60 days after determination of eligibility	365 days after previous administration
Interpersonal Support Evaluation List	Assess formal and informal supports	Parent	60 days after determination of eligibility	365 days after previous administration

Appendix 06.1 - A: Schedule and List of Required Tools in Home Visiting

Tool	Tool Use	Administered to/for	Initial Due on/before	Ongoing Due on/before
Program participants determined eligible with a child 3 – 6 months old				
Ages & Stages Questionnaire© (ASQ) (version 2 or more recent)	Developmental screening of child	Child	60 days after determination of eligibility	180 days after previous administration
Ages & Stages Questionnaire: Social Emotional© (ASQ): SE	Social emotional screening of child	Child	60 days after determination of eligibility	180 days after previous administration
Hearing Status Questionnaire (HSQ)	Hearing screening of child	Child	60 days after determination of eligibility	as needed
Pediatric Eating and Nutrition Assessment for Children with Special Health Needs (PEACH)	Nutrition screening of child	Child	60 days after determination of eligibility	as needed
Taking A Look vision screening (TAL)	Vision screening of child	Child	60 days after determination of eligibility	as needed
Edinburgh Postnatal Depression Screening (EPDS)	Assess maternal depression	Birth mother	60 days after determination of eligibility	as needed
Home Observation and Measurement of the Environment (HOME) Inventory OR	Assess home environment, parent-child interactions	Parent	child is 7 months old	365 days after previous administration
Nursing Child Assessment Satellite Training Teaching Scale (NCAST-T)				
HMG Safety Checklist	Assess safety of home environment	Parent	60 days after determination of eligibility	365 days after previous administration
Parenting Stress Index-Short Form©	Assess parenting stress	Parent	60 days after determination of eligibility	365 days after previous administration
Adult Adolescent Parenting Index © (version 2 or more recent)	Assess parenting attitudes and knowledge	Parent	60 days after determination of eligibility	365 days after previous administration
Interpersonal Support Evaluation List	Assess formal and informal supports	Parent	60 days after determination of eligibility	365 days after previous administration

Appendix 06.1 - A: Schedule and List of Required Tools in Home Visiting

Tool	Tool Use	Administered to/for	Initial Due on/before	Ongoing Due on/before
Program participants determined eligible with a child 6 months old or older				
Ages & Stages Questionnaire© (ASQ) (version 2 or more recent)	Developmental screening of child	Child	60 days after determination of eligibility	180 days after previous administration
Ages & Stages Questionnaire: Social Emotional© (ASQ): SE	Social emotional screening of child	Child	60 days after determination of eligibility	180 days after previous administration
Hearing Status Questionnaire (HSQ)	Hearing screening of child	Child	60 days after determination of eligibility	as needed
Pediatric Eating and Nutrition Assessment for Children with Special Health Needs (PEACH)	Nutrition screening of child	Child	60 days after determination of eligibility	as needed
Taking A Look vision screening (TAL)	Vision screening of child	Child	60 days after determination of eligibility	as needed
Edinburgh Postnatal Depression Screening (EPDS)	Assess maternal depression	Birth mother	60 days after determination of eligibility	as needed
Home Observation and Measurement of the Environment (HOME) Inventory OR	Assess home environment, parent-child interactions	Parent	60 days after determination of eligibility	365 days after previous administration
Nursing Child Assessment Satellite Training Teaching Scale (NCAST-T)				
HMG Safety Checklist	Assess safety of home environment	Parent	60 days after determination of eligibility	365 days after previous administration
Parenting Stress Index-Short Form©	Assess parenting stress	Parent	60 days after determination of eligibility	365 days after previous administration
Adult Adolescent Parenting Index © (version 2 or more recent)	Assess parenting attitudes and knowledge	Parent	60 days after determination of eligibility	365 days after previous administration
Interpersonal Support Evaluation List	Assess formal and informal supports	Parent	60 days after determination of eligibility	365 days after previous administration

3701-8-06.2 Reimbursement for services in help me grow home visiting.

The purpose of this rule is to set forth the provisions for claiming to receive reimbursement for the provision of services by home visiting contractors in the help me grow (HMG) home visiting program.

- (A) If home visiting services are reimbursable as targeted case management, TCM services shall be reimbursed in accordance with rules adopted by the department of job and family services.
- (B) Covered services provided by home visiting contractors are reimbursable when completed by an eligible family's assigned home visitor. The reimbursable services include:
 - (1) Preparing materials and information for a completed home visit.
 - (2) Conducting comprehensive assessment, including the administration of screening and assessment tools, and monitoring and follow-up, with families during a home visit, in accordance with Appendix 6.1 - A to rule 3701-8-06.1 of the Administrative Code.
 - (3) Developing and managing a family plan during home visits, when goals on the family plan are related to the program goals, in accordance with rule 3701-8-06 of the Administrative Code.
 - (4) Parenting education provided to families during home visits.
 - (5) Referrals made by home visitors to link families to services that address identified goals or needs in the family plan or record. Following-up by home visitors for referrals made on behalf of families with the entities who received the referrals in order to determine and document a referral outcome.
 - (6) Traveling to and from the home visit, when the home visit is successfully completed.
 - (7) Documenting related to the services provided during a completed home visit.
 - (8) Data entry into the statewide data system for HMG related services provided.
- (C) The rate for reimbursement for home visiting activities shall be thirteen dollars and fifty cents per unit when services are delivered by a licensed registered nurse or licensed social worker who is credentialed as HMG home visitors and eleven dollars and fifty cents per unit when services are delivered by non-licensed, credentialed HMG home visitors.
- (D) Contractors may be reimbursed for up to two hundred fifty-one units of covered services to an eligible individual over a one year period of time. Reimbursement exceeding two hundred fifty-one units of covered services provided to a eligible individual over a one year period of time must be prior approved by the department. In addition, the following must be prior approved by the department:
 - (1) Preparation time covered in paragraph (B)(1) of this rule that exceeds two units for a home visit of a eligible individual.

- (2) Travel time covered in paragraph (B)(6) of this rule that exceed six units for a home visit of a eligible individual.
 - (3) Documentation time covered in paragraph (B)(7) of this rule for a home visit that exceeds three units for a eligible individual.
 - (4) Data entry time covered in paragraph (B)(8) of this rule for a home visit that exceeds three units for a eligible individual.
- (E) Contractors may be reimbursed for up to eight units of time spent on activities in paragraph (B)(1), (B)(2), (B)(6), (B)(7), or (B)(8) of this rule for a home visit that that was conducted which did not result in an individual being eligible for HMG home visiting.
- (F) Activities which are not reimbursable in HMG home visiting include, but are not limited to:
- (1) Time spent in training.
 - (2) Time spent in supervision.
 - (3) Time spent on activities for a home visit that was not successfully completed.
 - (4) Time spent on administrative duties including completing payroll.
 - (5) Vacation leave, sick leave or other related benefits.
- (G) Documentation for the provision of each service shall be maintained for purposes of supporting the payment, delivery of the service, and to provide an audit trail. Documentation shall include:
- (1) The activity that was provided;
 - (2) The date inclusive of day, month, and year that the activity was provided;
 - (3) The first and last name of the individual for whom the activity was provided;
 - (4) The duration in minutes or time in and time out of the activity provided; and
 - (5) The signature or initials of the person delivering the service on each entry of service delivery.
- (H) Home visiting contractors who meet the following criteria shall be reimbursed for home visiting services:
- (1) Contractors shall be reimbursed for home visiting services in units of fifteen minutes. Minutes of service provided to an eligible individual will be aggregated by covered services in accordance with paragraph (B) of this rule, within each calendar day. The number of units of covered services is the total minutes divided by fifteen plus one additional unit if the remaining number of minutes is at least eight minutes, for each covered service.
 - (2) The contractor is a qualified home visiting contractor in accordance with rule 3701-8-02 of the Administrative Code.
 - (3) The home visitor shall meet all of the requirements for education and training,

and be credentialed as a HMG home visitor in accordance with rule 3701-8-03 of the Administrative Code before serving an eligible individual in HMG home visiting.

- (4) The data listed in paragraph (D) of this rule are entered into the statewide data system for HMG and are approved by the contractor.
- (5) The service for which reimbursement is sought is allowable under paragraph (B) of this rule and is identified in the family plan or record.
- (6) Contractor shall accept reimbursement for all reimbursable services as payment in full for the services provided.
- (I) Records necessary to fully disclose the extent of services provided and costs associated with these services shall be maintained for a period of six years from the date of receipt of payment based upon those records or until any initiated audit, review, investigation or other activities are completed and appropriately resolved, whichever is longer. Records shall be made available upon request to the Ohio department of health or designee. Failure to supply requested records, documentation and/or information may result in no payment for outstanding services or other legal recourse.
- (J) The Ohio department of health, or a designee, may conduct audits, reviews, investigations, or any other activities necessary to assure a home visiting contractor, its sub grantee or subcontractor are compliant with federal and state requirements. Based on the results of an audit, review, investigation or other activities, the Ohio department of health may seek legal recourse, including but not limited to, recouplement of funding related to over payments, misuse, fraud waste or abuse or noncompliance with federal or state requirements from the home visiting contractor.

Effective: 09/03/2012

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/24/2012

Date

Promulgated Under: 119.03
 Statutory Authority: 3701.61
 Rule Amplifies: 3701.61

3701-8-07 Help me grow early intervention system eligibility and determination of need for early intervention services.

Help me grow (HMG) early intervention is the state's early intervention system for infants and toddlers with developmental delays or disabilities and their families. The system has four goals: to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education; minimize the likelihood of institutionalization and maximize independent living; and, to enhance the capacity of families to meet their child's developmental needs.

For the purposes of this rule, parent means a birth or adoptive parent of a child; a guardian generally authorized to act as the child's parent, or authorized to make early intervention, education, health or developmental decisions for the child (but not the State if the child is a ward of the state); an individual acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned by the department.

- (A) The following infants and toddlers are eligible for the HMG early intervention system:
- (1) Infants and toddlers who have a documented diagnosed physical or mental condition with a high probability of resulting in a developmental delay, as listed in appendix 07-A to this rule, when documentation is obtained in accordance with paragraph (B)(1) of this rule;
 - (2) Infants and toddlers who have a diagnosed physical or mental condition which is not listed in appendix 07-A to this rule, when documentation is obtained in accordance with paragraph (B)(2) of this rule;
 - (3) Infants and toddlers with a developmental delay of at least one and one half standard deviations below the mean, or the equivalent determined through informed clinical opinion, in at least one of the following areas: adaptive, cognitive, communication, physical, or social or emotional development, as determined and documented through developmental evaluation in accordance with paragraph (B)(4)(b) of this rule; and
 - (4) For infants and toddlers who move into Ohio with "Early Intervention" eligibility determined in another state or U.S. territory, comparable Ohio eligibility shall be established in accordance with paragraph (A)(1) or (A)(3) of this rule and a copy of the out-of-state eligibility shall be documented in the child record.
- (B) Early intervention service coordination contractors shall ensure that every infant or toddler referred to the HMG early intervention system described in paragraph (A) of this rule is determined eligible within forty-five calendar days after program referral in accordance with the following:
- (1) Infants and toddlers who have a documented diagnosed physical or mental condition with a high probability of resulting in a developmental delay, as listed in appendix 07-A of this rule:
 - (a) The service coordinator shall request and obtain documentation of the qualifying diagnosed condition signed by a professional licensed to diagnose

and treat mental or physical conditions.

- (b) Infants and toddlers, for whom documentation of the qualifying diagnosed condition is not obtained by the service coordinator must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for HMG early intervention.
- (2) Infants and toddlers who have a diagnosed physical or mental condition which is not listed in appendix 07-A of this rule:
- (a) The service coordinator shall request and obtain documentation of the diagnosed condition on form HEA 8024 .
 - (b) Form HEA 8024 shall be filled out completely for the child to be eligible for early intervention, including being signed by professional licensed to diagnose and treat mental or physical conditions.
 - (c) Infants and toddlers, for whom documentation of the diagnosed condition on a completed form HEA 8024 is not obtained by the service coordinator must be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for HMG early intervention.
- (3) Infants and toddlers for whom documentation of the out of state early intervention eligibility is not obtained by the service coordinator shall be offered a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule to determine eligibility for HMG early intervention.
- (4) Infants and toddlers who are referred to HMG early intervention not otherwise accounted for in paragraphs (B)(1) to (B)(3) of this rule, including infants and toddlers who have been referred from public children's services agencies using form HEA 8021, the early intervention service coordination contractor:
- (a) May offer a global developmental screening to determine whether or not the child is suspected of having a developmental delay. Early intervention service coordination contractors shall ensure that every infant or toddler who receives developmental screening is screened in accordance with the following:
 - (i) Provide prior written notice of intent to screen and obtain written consent from the infant or toddler's parent on form HEA 8018 which includes notice of a parent's right to request a developmental evaluation at any time during the screening process, regardless of screening result;
 - (ii) Conduct the screening soon enough to complete all of the required program components within forty-five calendar days after program referral if developmental evaluation and assessment are needed after screening;
 - (iii) Ensure that the personnel screening the infant or toddler is trained to administer the tools; and
 - (iv) Screen the infant or toddler's development with the required tools in accordance with appendix 07-B of this rule.
- (a) When the screenings yield a concern, or the parent requests a

developmental evaluation, the early intervention service coordination contractor shall coordinate a developmental evaluation in accordance with paragraph (B)(4)(b) of this rule.

- (b) When the screenings yield no concerns, and the parent does not request a developmental evaluation, the early intervention service coordination contractor shall provide notice in person, by e-mail, fax or by postal mail to the parent stating that the screenings did not indicate developmental concerns, information on how to request a developmental evaluation and how to refer to HMG early intervention if there are future developmental concerns; and shall document exit from HMG early intervention in the statewide data system.
- (b) Shall offer developmental evaluation using one of the required tools listed in appendix 07-B to this rule in accordance with the following:
- (i) Obtain informed written consent from the child's parent on form HEA 8018 to conduct the developmental evaluation;
 - (ii) Coordinate a developmental evaluation which shall occur within forty-five calendar days after program referral and as otherwise required, by at least two licensed individuals in two disciplines from the disciplines listed below; unless one individual holds licensure in at least two disciplines: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders.
 - (iii) Identify the child's level of functioning through the administration of a required evaluation instrument, reviewing the child's history through parent interview and medical, educational, and other records; as well as information from other sources including family members, caregivers, medical providers, social workers, and educators;
 - (iv) Evaluate adaptive, cognitive, communication, physical, and social or emotional developmental domains;
 - (v) Conduct the evaluation in the native language of the child when personnel conducting the developmental evaluation determine it is developmentally appropriate, unless clearly not feasible to do so;
 - (vi) Ensure that at least one discipline has knowledge and expertise in the area of suspected delay; and
 - (vii) Ensure that at least one of the individuals conducting the developmental evaluation is trained to conduct developmental evaluations on infants and toddlers using one of the required tools.
- (5) Infants and toddlers who have been evaluated in accordance with paragraph (B)(4)(b) of this rule, but for whom the developmental evaluation tool does not indicate a developmental delay of at least one and one half standard deviations

below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development may be made eligible using informed clinical opinion when the sources of information used and a written explanation of how those sources of information support eligibility and a need for at least one early intervention service.

- (C) Early intervention service coordination contractors shall ensure that every infant or toddler receiving an evaluation to determine eligibility or an initial child assessment to determine need for services is screened for concerns with the child's hearing, vision, and nutrition in accordance with appendix 07-B to this rule, within forty-five calendar days after program referral, except for the following:
- (1) No hearing screening is required when the child has a diagnosed condition related to hearing or when a comparable screening conducted by a qualified professional, including a universal newborn hearing screening, can be documented as occurring within one hundred eighty calendar days prior to program referral.
 - (2) No vision screening is required when the child has a diagnosed condition related to vision or when a comparable screening conducted by a qualified professional can be documented as occurring within one hundred eighty calendar days prior to program referral.
 - (3) No nutrition screening is required when the child has a diagnosed condition related to nutrition or when a comparable screening conducted by a qualified professional can be documented as occurring within one hundred eighty calendar days prior to program referral.
- (D) When none of the criteria in paragraph (B) of this rule are met, the child is determined not eligible for HMG early intervention and the following must occur:
- (1) The early intervention service coordination contractor shall provide the prior written notice form, HEA 8022, in person, by e-mail, or by postal mail to the parent stating that the child is not eligible for the early intervention system and the reasons why; and information on how to file a request for reconsideration of eligibility, in accordance with paragraph (I) of this rule and.
 - (2) The child's exit from HMG early intervention shall be documented in the statewide data system.
- (E) Early intervention service coordination contractors shall ensure that every infant or toddler who is determined eligible for early intervention in accordance with paragraph (B) of this rule receives a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs within forty-five calendar days after program referral and as otherwise required, unless the child has received a multidisciplinary assessment in all five developmental domains within the last ninety calendar days and the results of the assessment are provided to the child's service coordinator. The contractor shall:
- (1) Obtain written consent from the child's parent on form HEA 8018 to conduct assessment;
 - (2) Coordinate an initial child assessment which shall:

- (a) Occur within forty-five calendar days after program referral and annually thereafter ;
 - (b) Be based on a review of the results of the developmental evaluation conducted in accordance with paragraph (B)(4)(b) of this rule;
 - (c) Be based on personal observations of the child;
 - (d) Be conducted by at least two licensed individuals in two disciplines from the disciplines listed in this paragraph; unless one individual holds licensure in at least two disciplines: counseling; early childhood education, when licensed for ages three through eight, grades kindergarten through third, or special education; early intervention; hearing impairment intervention; medicine; nursing; occupational therapy; physical therapy; psychology; psychiatry; social work; speech-language pathology; visual impairment intervention; or a professional licensed to diagnose and treat mental and emotional disorders;
 - (e) Include assessment of adaptive, cognitive, communication, physical, and social or emotional developmental domains ; and
 - (f) Conduct the assessment in the native language of the child when personnel conducting the assessment determines it is developmentally appropriate, unless clearly not feasible to do so.
- (3) Multidisciplinary child assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs may be completed simultaneously with a developmental evaluation completed under paragraph (B)(4)(b) of this rule as long as the requirements for both the developmental evaluation and the child assessment are met.
- (4) Offer a family-directed assessment. When the parent chooses to participate, the family-directed assessment shall:
- (a) Occur within forty-five calendar days after program referral and annually thereafter;
 - (b) Provide the family an opportunity to identify it's resources, priorities, and concerns; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler;
 - (c) Be voluntary on the part of each family member participating in the assessment;
 - (d) Be based on information obtained through a tool and an interview with family members who elect to participate; and
 - (e) Be conducted in the native language of the family members being assessed, unless clearly not feasible to do so.
- (5) Ensure that parents are informed of the outcome of the evaluation and assessment, including whether or not the infant or toddler has been determined eligible and in need of early intervention services, in accordance with the following:

- (a) When an infant or toddler is determined eligible and in need of early intervention services, the early intervention service coordination contractor shall coordinate the IFSP team to develop the child's IFSP within forty-five calendar days after program referral.
- (b) When an infant or toddler is determined eligible, but not in need of early intervention services:
 - (i) The early intervention service coordination contractor shall provide the prior written notice form, HEA 8022, in person, by e-mail, fax or by postal mail to the parent stating that the child does not need early intervention services and the reasons why; and information on how to file a request for reconsideration of need for services, in accordance with paragraph (l) of this rule.
 - (ii) The child's exit from HMG early intervention shall be documented in the statewide data system.
- (F) Infants and toddlers made eligible under paragraph (A)(2) or (B)(5) of this rule shall have early intervention eligibility re-determined in advance of the annual IFSP in accordance with paragraph (B) of this rule, except when toddlers are ninety or less calendar days from their third birthday.
- (G) Every eligible infant and toddler must have their need for early intervention services re-assessed at least annually before the annual IFSP meeting due date.
 - (1) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of early intervention services appropriate to meet those needs must be completed in accordance with paragraph (E) of this rule and no earlier than ninety calendar days before the annual IFSP meeting due date.
 - (2) Assessment is not required for toddlers who are ninety calendar days or less from their third birthday.
 - (3) Assessment processes may be conducted more frequently than required when the IFSP team members agree it is appropriate.
- (H) Early intervention service coordination contractors and service providers who conduct developmental evaluations or assessments, including family-directed assessments, shall ensure that developmental evaluations and assessments are:
 - (1) Provided at no cost to parents;
 - (2) Provided only after consent has been provided in writing;
 - (3) Conducted in settings and times that are convenient;
 - (4) Conducted by qualified personnel who provide evaluations and assessments in accordance with this rule;
 - (5) Inclusive of information about the child's history from the child's parent and other significant sources as necessary to understand the full scope of the child's unique strengths and needs; and

- (6) Administered so as not to be racially or culturally discriminatory.
- (I) When a parent disagrees with an eligibility or needs determination, they may request reconsideration of the decision by filing a written request with the director within forty-five calendar days after the date on the written notice. The request for reconsideration shall contain a statement of the reasons the parent believes the decision is incorrect or inappropriate and may include any written documentation, argument, or other materials they wish to submit. The request is filed with the director when it is received by the department.
- (1) For the purposes of reconsideration, the director may request additional, relevant records or documentation within forty-five calendar days after receipt of the request for reconsideration. The parent shall file any requested information with the director no later than forty-five calendar days after the date on the director's request for additional information.
- (2) Within forty-five calendar days after receipt of a request for reconsideration from the parent and all necessary additional information filed pursuant to the director's request for information, the director shall issue a written notification of the decision to the parent who requested the reconsideration. If the director upholds the ineligibility decision, the notice shall include the reasons for the decision including citations of statutes, or rules directly involved.
- (3) A parent may simultaneously dispute the child's eligibility determination by filing a complaint with the department in accordance with paragraph (C) or (D) of rule 3701-8-10 of the Administrative Code.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under: 119.03
 Statutory Authority: 3701.61
 Rule Amplifies: 3701.61
 Prior Effective Dates: 8/8/2005, 7/16/10, 9/3/12

Appendix 07 - A:
List of diagnosed physical or mental conditions which have a high probability of resulting in developmental delay

Newborn Conditions: Conditions diagnosed at birth or within 30 days post birth

Very Low Birth Weight (VLBW; less than 1,500 grams) with one or more conditions:

1. Intraventricular hemorrhage (Grade III or IV),
2. Chronic lung disease (bronchopulmonary dysplasia, BPD), or
3. Severe retinopathy of prematurity

Diagnosed Conditions: Conditions diagnosed in Neonates, Infants, or Toddlers

I. Chromosomal conditions:

- a. Cri-du-Chat Syndrome
- b. Down Syndrome
- c. Fragile X Syndrome
- d. Klinefelter's Syndrome
- e. Prader Willi
- f. Triple X Syndrome
- g. Trisomy 18 Syndrome (Edward's)
- h. Trisomy 13 Syndrome (Patau's)
- i. Turner's Syndrome
- j. Williams Syndrome

II. Inborn Errors of Metabolism:

- a. Galactosemia
- b. Glycogen storage disease
- c. Hurler disease
- d. Methylmalonic acidemia
- e. PKU
- f. Infants of untreated mother with PKU
- g. Tay Sachs

III. Neurological conditions:

- a. Blindness, including visual impairments
- b. Cerebral palsy
- c. Deafness, including hearing impairments
- d. Epilepsy/ Seizure disorder
- e. Hydrocephalus
- f. Hypoxic Ischemic Encephalopathy (HIE), severe
- g. Intraventricular hemorrhage, Grade IV
- h. Microcephaly
- i. Muscular dystrophy

- j. Spina bifida
- k. Spinal muscular atrophy
- l. Traumatic brain injury

IV. Other:

- a. Acquired Immune Deficiency Syndrome (AIDS)
- b. Attachment Disorder
- c. Autism Spectrum Disorders
- d. Cranio-facial anomalies
- e. Cyanotic congenital heart disease
- f. Fetal Alcohol Syndrome
- g. Infection, fetal/neonatal (Herpes, syphilis, cytomegalovirus, toxoplasmosis, and rubella)
- h. Pierre Robin
- i. Post-Traumatic Stress Disorder

Appendix 07 - B: Schedule and List of Required Tools in Early Intervention

Pre-Eligibility Determination Screening (Optional) [See paragraph (B)(4)(a) in OAC 3701-8-07]		
Required Tools	Population	Timeline
Ages & Stages Questionnaire© (ASQ)	Infants and toddlers who are referred to early intervention without a suspected developmental delay may be screened to determine whether or not they are suspected of having a developmental delay. Must conduct both screenings.	For all screenings: Soon enough to complete all of the required program components within forty-five calendar days of program referral, as required by rule 3701-8-07 of Ohio Administrative Code.
Ages and Stages Questionnaire: Social Emotional© (ASQ: SE)		
Developmental Evaluation [See paragraph (B)(4)(b) in OAC 3701-8-07]		
Required Tools	Population	Timeline
Bayley Infant Scales of Development-III© (or newer)	Infants and toddlers who are referred to early intervention with a suspected developmental delay; children with IFSPs 180 days or older from outside of Ohio. Must conduct one of these two tools to determine if a child is eligible for Early Intervention.	Within forty-five days of program referral for initial. Children who must be re-determined must have a developmental evaluation annually, but not sooner than ninety calendar days before the IFSP is evaluated.
Battelle Developmental Inventory-2© (or newer)		
Child Program Screening [See paragraph (C) in OAC 3701-8-07]		
Required Tools	Population	Timeline
Hearing Screen: Hearing Status Questionnaire (HSQ)	All children who are evaluated or assessed, except when the child has a diagnosed condition related to hearing or when a comparable screening conducted by a qualified professional, including a universal newborn hearing screening, can be documented as occurring within 180 calendar days prior to program referral.	Within forty-five calendar days of program referral.
Vision Screen: Taking A Look (TAL)	All children who are evaluated or assessed, except when the child has a diagnosed condition related to vision or when a comparable screening conducted by a qualified professional	Within forty-five calendar days of program referral.

	can be documented as occurring within 180 calendar days prior to program referral.	
Nutrition Screen: Pediatric Eating and Nutrition Assessment for Children with Special Health Needs (PEACH)	All children who are evaluated or assessed, except when the child has a diagnosed condition related to nutrition; is receiving WIC benefits; or when a comparable screening conducted by a qualified professional can be documented as occurring within 180 calendar days prior to program referral.	Within forty-five calendar days of program referral.
Child Assessment [See paragraph (E)(2) in OAC 3701-8-07]		
Accepted Tools	Population	Timeline
Any instrument(s) which meet the requirements in rule 3701-8-07 of the Ohio Administrative Code.	Every child eligible for Early Intervention initially; All children annually eligible, except those within 90 calendar days of their third birthdays.	Within forty-five days of program referral for initial and annually thereafter.
Family-Directed Assessment [See paragraph (E)(4) in OAC 3701-8-07]		
Accepted Tools	Population	Timeline
Any instrument(s) which meet the requirements in rule 3701-8-07 of the Ohio Administrative Code.	Every family is offered a family-directed assessment.	Within forty-five days of program referral when the family elects to do a family-directed assessment.

3701-8-07.1 Early intervention individualized family service plan and service delivery.

This rule applies to early intervention service providers serving infants or toddlers who have been determined eligible and in need of early intervention services, and who are participating with parent consent in the help me grow (HMG) early intervention system.

For purposes of this rule, parent means a birth or adoptive parent of a child; a guardian generally authorized to act as the child's parent, or authorized to make early intervention, education, health or developmental decisions for the child (but not the State if the child is a ward of the state); an individual acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned by the department.

- (A) Early intervention service coordination contractors shall ensure every individualized family service plan:
- (1) Is completed on form HEA 7720 and includes all of the following information:
 - (a) A statement about the child's present levels of development in the following areas: physical; cognitive; communication; social or emotional; and adaptive;
 - (b) A statement about the family's resources, priorities, and concerns related to enhancing the development of their child's development;
 - (c) A statement of the measurable, functional outcomes expected to be achieved for the child and family and the criteria, strategies, and time lines used to determine the degree to which progress toward achieving outcomes identified on the IFSP is being made;
 - (d) The specific early intervention services, as defined in rule 3701-8-01 of the Administrative Code, which are necessary to meet the unique needs of the child and family to achieve the outcomes identified on the IFSP; including the length, duration, frequency, intensity, service provider and method of delivering the early intervention services; a statement that each early intervention service is provided in the natural environment for that child or a justification as to why the service will not be provided in the natural environment; the location of each service; and payment arrangements;
 - (e) A description of the steps the service coordinator or family will take to assist the child and family in securing any and all services which are identified as needed to achieve outcomes, but are not currently being provided;
 - (f) The projected start dates for the initiation of each early intervention service and the anticipated duration of each service; and
 - (g) The name of the service coordinator, who is responsible for ensuring the implementation of the early intervention services identified on a child's IFSP and coordination with other agencies and individuals serving the child.
 - (2) Is developed, reviewed, and evaluated in accordance with the following time

lines and requirements:

- (a) The initial IFSP is developed within forty-five calendar days after program referral.
 - (i) Development of the initial IFSP shall occur with a multidisciplinary team including, at a minimum, the parent of the child, other family members when requested by the parent, an advocate or person outside of the family when requested by the parent, the child's service coordinator, and one person who conducted the evaluation or assessment of the child.
 - (ii) If the evaluator or assessor cannot attend the IFSP development meeting in person, arrangements shall be made for the person's involvement using the telephone, by having a knowledgeable authorized representative attend in their place, or making pertinent records available at the meeting.
 - (iii) Any individual who will be providing early intervention services should attend the development meeting when appropriate to the specific and individual needs of the child.
 - (iv) Using form HEA 8039 , the child's service coordinator shall mail, deliver, email or otherwise provide written notification of the initial IFSP meeting to meeting participants in advance of the meeting.
- (b) Periodic reviews of the IFSP shall occur every one hundred eighty calendar days, more frequently when conditions warrant it; the family or service provider requests such a review; or within forty-five calendar days of program referral for any child who transfers early intervention service coordination contractors within Ohio.
 - (i) A periodic review occurs to determine the degree to which measurable progress toward achieving the outcomes identified in the IFSP is being made and whether modification or revision of the outcomes or services identified in the IFSP are necessary.
 - (ii) A periodic review shall be carried out by a meeting or another means that is acceptable to the parent.
 - (iii) The service coordinator shall ensure the ISFP is revised with updated information about present levels of development, family priorities, and IFSP outcomes, as applicable;
 - (iv) The service coordinator shall ensure the revised IFSP is mailed, delivered, emailed or otherwise provided to the parent for the parent's signature; and
 - (v) After the parent signs a revised IFSP, one copy of the revised sections of the IFSP shall be provided to the parent and service providers, with parent consent.
- (c) The IFSP is evaluated during a meeting at least annually.
 - (i) Annual IFSP meetings shall include the current evaluations and child and

family-directed assessments, and other information available from the child and family to determine the early intervention services necessary to meet outcomes on an IFSP.

- (ii) Annual meetings to evaluate the child's IFSP shall occur with a multidisciplinary team including, at a minimum, the parent of the child, other family members when requested by the parent, an advocate or person outside of the family when requested by the parent, the child's service coordinator, and one person who conducted the most recent evaluation or assessment of the child.
 - (iii) If the evaluator or assessor cannot attend the meeting in person, arrangements shall be made for the person's involvement using the telephone, by having a knowledgeable authorized representative attend in their place, or making pertinent records available at the meeting.
 - (iv) Any individual who will be providing early intervention services should attend the meeting when appropriate to the specific and individual needs of the child.
 - (v) Using form HEA 8039 , the child's service coordinator shall mail, deliver, email or otherwise provide written notification of the annual IFSP meeting to meeting participants no less than ten calendar days in advance of the meeting.
- (d) All IFSP meetings shall be:
- (i) Conducted in settings and at times that are convenient and agreed upon by the parents; and
 - (ii) Conducted in the native language of the parent or other mode of communication used by the family, unless it is clearly not feasible to do so.
- (3) Each child's parent shall be informed prior to their child turning eighteen months of age that contact information will be shared with the local education agency unless the parent opts out on the IFSP signature page. For children who are determined eligible for early intervention at or after eighteen months of age, the parent shall be informed prior to the initial IFSP development that contact information will be shared with the local education agency unless the parent opts out on the initial IFSP signature page.

Early intervention service coordination contractors shall send the local education agency report for all local education agencies in the counties of contracted service by the first day of every February, May, August, and November; with data run from the statewide data system no more than ten calendar days in advance of the deadline.

- (4) For children who are at least two years and three months old, the IFSP shall include steps that will be taken and services that will be provided on form HEA 7720 to support a smooth transition of the child from HMG early intervention to either preschool special education services or other appropriate services. Early intervention service coordination contractors shall ensure:
- (a) Every child who is at least two years and three months old has at least one

written transition outcome; and

- (b) The transition outcome shall identify the discussions with, and training of parents, regarding future placements, 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.
- (5) For every child in HMG early intervention, a transition planning conference shall be held no less than ninety calendar days, but not more than nine months prior to the child's third birthday. For a child who is potentially eligible for special education pre-school, the local education agency shall be notified of the child's potential eligibility, and with parent consent, a representative shall be invited to the transition planning conference.
 - (6) A copy of the IFSP shall be provided either electronically or in paper hard copy at no cost, to every child's parent and offered, with parent consent on form HEA 8019 , to each service provider identified on the child's IFSP within ten calendar days after obtaining the parent's signature on the IFSP.
- (B) An interim IFSP may be developed when exceptional family circumstances make it impossible to complete the child assessment before the needed services begin. An interim IFSP is available for a child who is eligible because of a diagnosed physical or mental condition, in accordance with Appendix 07 - A to rule 3701-8-07 of the Administrative Code, as long as:
 - (1) Parental consent is obtained;
 - (2) The interim IFSP includes the name of the service coordinator and the early intervention services that are needed immediately by the child and the child's family; and
 - (3) The required child assessment and IFSP are completed within forty-five calendar days after program referral.
 - (C) When the service coordinator suspects the family may be eligible for HMG home visiting, the service coordination contractor shall ensure the service coordinator:
 - (1) Discusses the home visiting program, goals, and services with the family;
 - (2) Asks the parent if they consent to the service coordinator contacting the centralized coordination contractor; and
 - (3) With parent consent, informs the centralized coordination contractor about the potentially eligible family by making a system referral for the family to HMG home visiting.
 - (D) Early intervention service coordination contractors shall ensure that each child in early intervention is assigned one service coordinator, who will serve the family as the service coordinator, as soon as possible after program referral, but in enough time to complete service coordination activities in the time lines required. In addition, early intervention service coordination contractors shall ensure that service coordinators meet the qualifications as required in rule 3701-8-03 of the Administrative Code and:
 - (1) Act as the single point of system contact for carrying out the activities of service

- coordination;
- (2) Explain activities to the parent before parent consent is sought;
 - (3) Provide the parent with a written copy of early intervention parent's rights in their native language, unless it is clearly not feasible to do so;
 - (4) Assist the parent in gaining access to, and coordinating the provision of, the early intervention services the child and child's family needs, including making referrals to providers for needed services and scheduling appointments;
 - (5) Coordinate evaluations and assessments;
 - (6) Facilitate and participate in the development, implementation, review, and meetings to evaluate IFSPs;
 - (7) Coordinate, facilitate, document and monitor the delivery of early intervention services to ensure that services the child needs start within thirty calendar days of the parent signing the IFSP; except when the family has an exceptional family circumstance which keeps the family from being able to receive the service within thirty calendar days after signing the IFSP;
 - (8) Coordinate the information gathering and completion of the child outcomes summary information within forty-five days of program referral and annually thereafter;
 - (9) Coordinate the funding sources for early intervention services needed; and
 - (10) Facilitate the development of a transition plan from early intervention to special education pre-school, if appropriate, or other services, in accordance with paragraphs (A)(4) and (A)(5) of this rule.
- (E) Early intervention service coordination contractors shall maintain a local HMG early intervention exit policy specifically detailing when a child is exited from HMG due to loss of contact. A child shall be exited from HMG early intervention when any one of the following is true:
- (1) The child reaches three years of age;
 - (2) The child's IFSP outcomes have been met and the child's IFSP team members agree the child does not need additional outcomes;
 - (3) The child is determined eligible, but not in need of early intervention services, or the child does not complete required re-determination of eligibility or annual child assessment procedures, in accordance with rule 3701-8-07 of the Administrative Code;
 - (4) The child has been evaluated in accordance with paragraph (B)(4)(b) of rule 3701-8-07 of the Administrative Code and the developmental evaluation tool does not indicate a developmental delay of at least one and one half standard deviations below the mean in at least one of the following areas: adaptive, cognitive, communication, physical, and social or emotional development; informed clinical opinion is not used for eligibility; or the child does not complete required eligibility procedures;

- (5) The parent terminates participation; or
 - (6) The child moves out of the state of Ohio.
- (F) Early intervention service coordination contractors shall inform the centralized coordination contractor whenever a child or family needs to change early intervention service coordination contractors.
- (G) When the referral source is a professional, early intervention service coordination contractors shall provide a follow-up to the referral source on form HEA 8037 within sixty calendar days after receiving the program referral.
- (H) Early intervention service coordination contractors, upon execution of a contract or other agreement with the department to provide services, shall ensure that funds provided by the department, will not supplant other federal, state, or local funds in place to serve the population of infants and toddlers with disabilities or developmental delays. The following HMG early intervention services shall be provided at no cost to families:
- (1) Screening, developmental evaluation, child assessment, and family-directed assessment;
 - (2) IFSP development, IFSP review, and meetings to evaluate IFSPs;
 - (3) Service coordination;
 - (4) Procedural safeguards; and
 - (5) Transition planning.
- (I) Early intervention service coordination contractors shall designate one individual as the contract manager who is responsible for oversight and monitoring of the required activities of the grant, contract or agreement.
- (J) Early intervention service coordination contractors shall ensure that service coordinators are supervised by an individual who is qualified, in accordance with rule 3701-8-03 of the Administrative Code.
- (1) Supervision includes ensuring that service coordinators adhere to requirements, time lines, and documentation in accordance with rules 3701-8-07 and 3701-8-07.1 of the Administrative Code and
 - (2) Supervision is documented.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:

119.03

Statutory Authority:

3701.61

Rule Amplifies:

3701.61

Prior Effective Dates:

8/8/2005, 7/16/10, 9/3/12

3701-8-08 Statewide system of payments for early intervention services.

- (A) The lead agency for the help me grow (HMG) early intervention system shall ensure written policies and procedures meet the requirements of the:
 - (1) Use of funds provisions in section 34 C.F.R. 303.501; and
 - (2) Payor of last resort provisions in sections 34 C.F.R. 303.510 to 303.521, regarding the identification and coordination of funding resources for, and the provision of, early intervention services under Part C of IDEA within Ohio.

- (B) Ohio has established, consistent with sections 34 C.F.R. 303.13(a)(3) and 303.203(b), a system of payments for early intervention services under Part C of IDEA, which may include a schedule of sliding fees required to be paid under Federal, state, local for which the infant or toddler with a disability or the child's family is enrolled, that meets the requirements of sections 34 C.F.R. 303.520 and 303.521.
 - (1) Except as provided in (b) below of this section, funds under Part C of IDEA may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the department of defense, but for the enactment of Part C of IDEA. Therefore, funds under Part C may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other federal, state, local, or private source, subject to sections 34 C.F.R. 303.520 and 303.521.
 - (2) If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, funds under Part C of IDEA may be used to pay the provider of services, for services and functions authorized under Part C of IDEA, including health services, as defined in section 303.16, but not medical services, functions of the child find system described in sections 34 C.F.R. 303.115 to 303.117 and sections 34 C.F.R. 303.301 to 303.320, and evaluations and assessments in section 34 C.F.R. 303.321, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
 - (3) Nothing in Part C of IDEA may be construed to permit a State to reduce medical or other assistance available in the State or to alter eligibility under Title V of the Social Security Act (SSA), 42 U.S.C. 701, et seq. relating to maternal and child health; or Title XIX of the SSA, 42 U.S.C. 1396, relating to Medicaid, including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child's IFSP adopted pursuant to Part C of IDEA.

- (C) Consistent with sections 34 C.F.R. 303.120 to 303.122 and sections 34 C.F.R. 303.220 to 303.226, the lead agency may use funds under Part C for activities or expenses that are reasonable and necessary for implementing the HMG early intervention system for infants and toddlers with disabilities including funds:
 - (1) For direct early intervention services for infants and toddlers with disabilities

and their families under Part C of IDEA that are not otherwise funded through other public or private sources, subject to sections 34 C.F.R. 303.510 to 303.521;

- (2) To expand and improve services for infants and toddlers with disabilities and their families under Part C of IDEA that are otherwise available;
 - (3) The lead agency for the HMG early intervention system does not provide FAPE to any child, and
 - (4) The lead agency for the HMG early intervention system does not provide services to children at risk for developmental delay.
- (D) Methods to ensure the provision of, and financial responsibility for, early intervention services include all of the following:
- (1) The lead agency for the HMG early intervention system shall ensure it has in place methods for state interagency coordination.
 - (2) Under these methods, the department shall ensure that the interagency agreement or other method for interagency coordination is in effect between each Ohio public agency and in order to ensure:
 - (a) The provision of, and establishing financial responsibility for, early intervention services provided under Part C of IDEA; and
 - (b) Such services are consistent with the requirement in section 635 of IDEA and the Ohio application under section 637 of IDEA, including the provision of such services during the pendency of any dispute between state agencies.
 - (3) The methods in paragraphs (D)(2)(a) and (D)(2)(b) of this rule meet all requirements in this section and be set forth in one of the following:
 - (a) State law or regulation;
 - (b) Signed interagency and intra-agency agreements between respective agency officials that clearly identify the financial and service provision responsibilities of each agency, or entity within the agency; or
 - (c) Other appropriate written methods determined by the governor, or the governor's designee, and approved by the secretary through the review and approval of Ohio's application.
 - (4) Each method includes procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the HMG early intervention system. Those procedures include a mechanism for resolution of disputes within agencies and for the governor, governor's designee, or office of health transformation to make a final determination for interagency disputes, which determination is binding upon the agencies involved.
 - (5) The method:
 - (a) Permits the agency to resolve its own internal disputes, based on the agency's procedures that are included in the agreement, so long as the

agency acts in a timely manner; and

- (b) Includes the process that the department will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.
- (6) If, during the department's resolution of the dispute, the governor, governor's designee, or office of health transformation determines that the assignment of financial responsibility under section 637 of IDEA was inappropriately made:
- (a) The governor, governor's designee, or office of health transformation reassigns the financial responsibility to the appropriate agency; and
 - (b) The lead agency for the HMG early intervention system shall make arrangements for reimbursement of any expenditure incurred by the agency originally assigned financial responsibility.
- (7) The methods adopted by Ohio under section 637 of IDEA:
- (a) Include a mechanism to ensure that no services that a child is entitled to receive under Part C of IDEA are delayed or denied because of disputes between agencies regarding financial or other responsibilities; and
 - (b) Are consistent with the written funding policies adopted by Ohio under section 637 of IDEA and include any provisions Ohio has adopted under section 34 C.F.R. 303.520 regarding the use of insurance to pay for Part C services.
- (8) Each method includes any additional components necessary to ensure effective cooperation and coordination among, and the lead agency's general supervision, including monitoring of, EIS providers, including all public agencies, involved in the HMG early intervention system.
- (E) Policies related to use of public benefits or insurance or private insurance to pay for early intervention services include all of the following:
- (1) Ohio may not use the public benefits or insurance of a child or parent to pay for Part C services unless the early intervention service provider provides written notification, consistent with section 34 C.F.R. 303.520(a)(3), to the child's parents, and meets the no-cost protections identified in this paragraph.
 - (2) With regard to using the public benefits or insurance of a child or parent to pay for Part C services, Ohio:
 - (a) Does not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and obtains consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program;
 - (b) Obtains consent, consistent with sections 34 C.F.R. 303.7 and 303.420(a)(4), to use a child's or parent's public benefits or insurance to pay for Part C services on form HEA 8042 if that use would:
 - (i) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;

- (ii) Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
 - (iii) Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or
 - (iv) Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.
- (3) If the parent does not provide consent under paragraph (E)(2)(b) of this rule, the lead agency for HMG early intervention still makes available those Part C services on the IFSP to which the parent has provided consent.
- (4) Prior to using a child's or parent's public benefits or insurance to pay for Part C services, an early intervention service provider provides written notification to the child's parents. The notification includes:
 - (a) A statement that a child's personally identifiable information is shared with Ohio medicaid, is shared with parents;
 - (b) A statement of the no-cost protection provisions in section 34 C.F.R. 303.520(a)(2) and that if the parent does not provide the consent under section 34 C.F.R. 303.520(a)(2), the lead agency for the early intervention system still makes available those Part C services on the IFSP for which the parent has provided consent;
 - (c) A statement that the parents have the right under section 34 C.F.R. 303.414, if that provision applies, to withdraw their consent to disclosure of personally identifiable information to the Ohio public agency responsible for the administration of the Ohio public benefits or insurance program (e.g., medicaid) at any time; and
 - (d) A statement of the general categories of costs that the parent would incur as a result of participating in a public benefits or insurance program, such as co-payments or deductibles, or the required use of private insurance as the primary insurance.
- (5) Parents do not incur any costs as a result of using public benefits or insurance (such as co-payments or deductibles, or the required use of private insurance as the primary insurance), this information is included in the State's system of payments policies under section 34 C.F.R. 303.521 and included in the notification provided to the parent under paragraph (E)(2) of this rule.
- (6) Parent inability to pay is part of Ohio's system of payments and is further described in rule 3701-8-08.1 of the Administrative Code and in accordance with section 34 C.F.R. 303.521(a)(3).
- (7) Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of 34 C.F.R. 80.25.
- (8) If the state receives reimbursements from federal funds (e.g., medicaid reimbursements attributable directly to federal funds) for services under Part C of IDEA, those funds are considered neither state nor local funds under section 34 C.F.R. 303.225(b).

- (9) If the state spends funds from private insurance for services under Part C of IDEA, those funds are considered neither state nor local funds under section 34 C.F.R. 303.225.
- (10) The lead agency for the HMG early intervention system does not receive funds from a parent or family member under the Ohio system of payments established under section 34 C.F.R. 303.521.

(F) System of payments and fees:

- (1) The lead agency for the HMG early intervention system has adopted a system of payments in section 34 C.F.R. 303.500(b), the state's policy for payor of last resort are in writing in rule 3701-8-08.1 of the Administrative Code and specify which functions or services are subject to the system of payments, including any fees charged to the family as a result of using one or more of the family's public insurance or benefits or private insurance.
- (2) The lead agency for the HMG early intervention system ensures that:
 - (a) Fees will not be charged to parents for the services that a child is otherwise entitled to receive at no cost including those services identified in this rule;
 - (b) The inability of the parents of an infant or toddler with a disability to pay for services will not result in a delay or denial of services under Part C of IDEA to the child or the child's family such that, if the parent or family meets the definition of inability to pay, the infant or toddler with a disability must be provided all Part C services at no cost;
 - (c) Families will not be charged any more than the actual cost of the Part C service, factoring in any amount received from other sources for payment for that service;
 - (d) Families with public insurance or benefits or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance;
 - (e) Provisions stating that the failure to provide the requisite income information and documentation may result in a charge of a fee on the fee schedule and specify the fee to be charged; and
 - (f) Provisions that permit, but do not require, the lead agency to use Part C or other funds to pay for costs such as the premiums, deductibles, or co-payments.
- (3) The lead agency for the HMG early intervention system has established policies and procedures for the use of funds necessary to implement the state's payment for early intervention services when other sources are not identifiable, and a system for payment with existing sources, which includes the use of public benefits or private insurance.
- (4) Certain early intervention functions or services are required to be provided at public expense for eligible infants and toddlers and their families by federal or state regulation. The functions and services provided at no cost to parents through Part C funds are:

- (a) Child find including public awareness and referral;
 - (b) Screening, evaluation, or assessment;
 - (c) Development of an individualized family service plan;
 - (d) Service coordination; and
 - (e) Procedural safeguards.
- (5) Eligible infants and toddlers and their families may receive early intervention services at no cost to parents. The HMG early intervention system does not have a sliding fee scale or require parents to pay co-pays or deductibles for provision of early intervention services specified on a child's IFSP.
- (6) Early intervention services provided to eligible infants and toddlers and their families are financed through multiple funding sources.
- (7) Sources which may be available to finance individualized services, as appropriate, may include, but are not limited to, the following:
- (a) Title XIX of the Social Security Act (medicaid);
 - (b) Part C, Individuals with Disabilities Education Act (IDEA); and
 - (c) State appropriation.
- (8) The lead agency for the HMG early intervention system includes the use of private insurance in its system of payments.
- (a) A parent is provided first with written notification of request to access child's or family's private insurance, with this rule attached, to ensure communication of a parent's right to consent before use of insurance; and of the no-cost protection provisions; and of the lead agency's obligation to make early intervention services available to the eligible infant or toddler when consent to use private insurance is not provided by the parent.
 - (b) A parent is asked to provide written consent to access his or her private insurance before the payor of last resort is utilized, by completing form HEA 8042, in accordance with rule 3701-8-08.1 of the Administrative Code.
- (9) The lead agency for the HMG early intervention system does not charge family fees, copayments, or deductibles for early intervention services. A parent who wishes to contest an action or determination related to the system of payments may:
- (a) Participate in mediation in accordance with section 34 C.F.R. 303.431.
 - (b) Request a due process hearing under section 34 C.F.R. 303.436 or 303.441, whichever is applicable.
 - (c) File a state complaint under section 34 C.F.R. 303.434.
 - (d) Use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part, including the right to pursue, in a timely

manner, the redress options listed in this rule.

- (10) The lead agency for the HMG early intervention system shall inform parents of these procedural safeguard options by:
- (a) Requiring annual conversation of "Parent's Rights" by the service coordinator in rule 3701-8-07.1 of the Administrative Code;
 - (b) Including this information in the early intervention parental rights brochure provided to parents under sections 34 C.F.R. 303.421 and 303.521(e) and by rule 3701-8-10 of the Administrative Code.

Replaces:	3701-8-08
Effective:	01/15/2015
R.C. 119.032 review dates:	09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:	119.03
Statutory Authority:	3701.61
Rule Amplifies:	3701.61
Prior Effective Dates:	8/8/2005, 7/16/10, 9/3/12

3701-8-08.1 Early intervention payor of last resort eligibility and procedures.

- (A) For the purposes of this rule, the following:
- (1) "Ability to pay" means that the family unit's ability to pay for early intervention services as defined in paragraph (A)(5) of this rule is greater than or equal to two thousand dollars.
 - (2) "Family income" means the current year's projected adjusted gross earnings based on year-to-date gross earnings as reported on pay stubs or the sum of the annual adjusted gross incomes, as reported to the United States internal revenue service for federal income tax purposes for the previous year, of each member of the family unit. For purposes of this rule, family income does not include educational scholarships, loans, and grants; amounts spent by the family unit for childcare expenses; amounts spent by the family unit for respite care; or lump sum death benefits.
 - (3) "Family unit" means the group consisting of the following persons:
 - (a) Infant or toddler;
 - (b) Parents of the infant or toddler, and
 - (c) Other persons, who, for federal income tax purposes, are considered dependents of the parents.
 - (4) "Income guidelines" means the guidelines, as established by the director on April first of each year, for use in determining financial eligibility for payment for early intervention services. The income guidelines shall be equal to one hundred eighty-five per cent of the poverty income for each size family, as reported in the Federal Register by the United States department of health and human services, rounded up to the nearest five hundred dollars.
 - (5) "Maximum ability to pay for early intervention services" means the difference between the amount the family unit spends, including payroll deductions, for health-related insurance coverage and the sum of the following amounts:
 - (a) Ten per cent of the first fifteen thousand dollars by which the family income exceeds the applicable income guideline, as defined in paragraph (A)(4) of this rule;
 - (b) Twenty-five per cent of the next twenty-five thousand dollars by which the family income exceeds the applicable income guideline, as defined in paragraph (A)(4) of this rule; and
 - (c) Thirty-seven and one half per cent of the remaining amount by which the family income exceeds the applicable income guideline, as defined in paragraph (A)(4) of this rule.
 - (6) "Service level credit" means a credit of two thousand dollars against the maximum ability to pay for early intervention services.
- (B) Parents of infants or toddlers who are participating in the help me grow (HMG) early

intervention system may apply to access the early intervention payor of last resort (POLR) by submitting a completed application on form HEA 7123 (effective July 1, 2012) to the department. The department shall determine a parent's ability to pay for services within thirty calendar days of receiving the completed application. At no time will a parent's ability to pay or not pay for early intervention services result in a delay or denial of early intervention services.

- (1) Determination that the parent is unable to pay for early intervention services shall be specified in writing to the parent and shall include an effective period of time for the determination, which shall be no more than twelve calendar months.
- (2) Parents in the following categories shall be determined unable to pay for early intervention services and therefore eligible for POLR:
 - (a) Applicants or recipients who are receiving services from the special supplemental food program for women, infants, and children "WIC," authorized by section 17 of the "Child Nutrition Act of 1966, 42 U.S.C 1786, as amended, and in effect July 1, 2012.
 - (b) Applicants or recipients who are receiving supplemental security income "SSI" benefits.
 - (c) Applicants or recipients who are receiving medicaid benefits, except for delayed medicaid spend down.
 - (d) The family unit's income is less than or equal to one hundred eighty-five percent of the federal poverty level for each size family.
 - (e) The family unit's maximum ability to pay for early intervention services as defined in this rule is less than the two thousand dollar service level credit.
- (3) Parents in the following categories shall be determined able to pay for early intervention services and therefore potentially eligible for cost share option:
 - (a) The family unit's income is greater than one hundred eighty-five percent of the federal poverty level for each size family.
 - (b) The family unit's income is greater than or equal to the two thousand dollar service level credit, at which time the family shall be subject to the family cost-share option.
- (4) Parents determined able to pay for early intervention services may participate in the family cost-share option, by submitting proof of paid non-reimbursable medical expenses incurred by the family unit as follows:
 - (a) Once the family unit spends an amount equal to their maximum ability to pay, minus the two thousand dollar service level credit, for unreimbursed medical, vision, dental, and early intervention services, the department will pay for early intervention services within the remaining effective period of time in accordance with this rule.
 - (b) During the twelve-month period before the date of written allegation of inability to pay the family unit paid for unreimbursed medical, vision, dental, or early intervention services that were provided to any member of the

family unit or the family unit has contracted in writing to pay for any such services during the twelve months after the written allegation of inability to pay.

- (c) The total dollar amount that the family unit spent or is contracted to pay equals or exceeds the difference between the maximum ability to pay for early intervention services and the service level credit.
- (5) The hierarchy for payment of early intervention services is as follows:
- (a) When consent is provided, private insurance;
 - (b) When consent is provided, public insurance including medicaid;
 - (c) Local county funds;
 - (d) Bureau for children with medical handicaps diagnostic and/or treatment programs; and
 - (e) When no other payor is available, the family may apply for the payor of last resort.
 - (i) If determined able to pay, family is provided the option to participate in a cost share option.
 - (ii) If the family is determined not able to pay, family will receive services at no cost.
- (6) Every parent in early intervention shall receive a copy of the system of payments rule and parent's rights brochure from their HMG early intervention service coordinator.
- (7) Every parent shall receive a department-provided identification of costs they could incur with consenting to provide their own or their child's public or private insurance after the parent consents to the analysis, but before the parent provides written consent to use their insurance on form HEA 8042.
- (8) When a parent's application to access the POLR is denied, a parent may request reconsideration of the denial by filing a written request with the director within forty-five calendar days of the date on the written notice of denial. The request for reconsideration shall contain a statement of the reasons the parent believes the decision is incorrect or inappropriate and may include any written documentation, argument, or other materials they wish to submit. The request is filed with the director when it is received by the department.
- (a) For the purposes of reconsideration, the director may request additional, relevant records or documentation within forty-five calendar days of receipt of the request for reconsideration. The parent shall file any requested information with the director no later than forty-five calendar days after the date on the director's request for additional information.
 - (b) Within forty-five calendar days after receipt of a request for reconsideration from the parent and all necessary additional information filed pursuant to the director's request for information, the director shall issue a written notification of the decision to the parent who requested the reconsideration.

If the director upholds the denial, the notice shall include the reasons for the denial including citations of statutes, or rules directly involved, notice that the individual may request an administrative hearing, and the method for requesting a hearing.

- (c) Following receipt of the notice of denial, a parent may request an administrative hearing concerning the decision to deny payment for services by filing a written request with the director within thirty calendar days after the date of the written notice. If the request for hearing is within these required time lines, a hearing will be scheduled within seventy-five calendar days from the date the written request is received by the director. The director shall notify the parent of the date, time and location of the hearing no less than seven calendar days before the date set for the hearing. The hearing may be continued at the request of either party.
- (d) The director shall appoint a hearing officer to preside over the hearing. At the hearing, the rules of evidence shall be liberally construed and the parent has the burden to show why the decision of the director is not in accordance with these rules. A stenographic record may be made upon the request of any party at the expense of the party requesting the record. The parent may appear in person at the hearing and may have in attendance legal counsel or such other representative of their choice and at their expense. The parent may present testimony, evidence and question witnesses present at the hearing. In lieu of appearing at the hearing, the parent may submit written materials to be examined by the hearing officer.
- (e) The hearing officer shall submit to the director within thirty calendar days of the date of the conclusion of the hearing a written report setting forth the findings of fact, conclusions of law and a recommendation of action to be taken. The director shall send by certified mail a copy of the hearing officer's report and recommendation to the individual within seven days of receipt of the written report. The individual or the department may file within ten days of receipt of the written report objections to the report, which shall be considered by the director before approving, modifying, or disapproving the recommendation.
- (f) The recommendation of the hearing officer may be approved, modified or disapproved by the order of the director and notice of this action shall be sent by certified mail to the individual. The decision of the director shall be final. There is no further administrative or judicial review of the director's decision.

Effective: 01/15/2015

R.C. 119.032 review dates: 05/15/2014 and 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under:	119.03
Statutory Authority:	3701.61
Rule Amplifies:	3701.61
Prior Effective Dates:	8/8/2005, 7/16/10, 9/3/12

3701-8-09 Data and maintenance of records.

This rule applies to centralized coordination contractors, home visiting contractors, early intervention service coordination contractors. Expectant first-time mothers, parents, and eligible infants and toddlers are referred to in this rule as help me grow (HMG) participants.

- (A) Contractors shall designate at least one, and no more than four, individuals as an early track system administrator who is responsible for the contractor's data quality assurance plan. This plan, through the activities required in this paragraph, ensures that the collection and entry of data for each HMG participant meets standards for quality. System administrators shall oversee and ensure:
- (1) Data entry, as required, into the statewide data system for HMG;
 - (2) Data entry into the statewide data system within thirty calendar days of the activity, except when otherwise required as in rule 3701-8-04 of the Administrative Code;
 - (3) Information entered into the statewide data system is consistent with the information in the HMG participant's record;
 - (4) Completion of data system training as required by the department and documentation of training completion;
 - (5) Required reports in the statewide data system for data quality, compliance, monitoring, and communication about goals or outcomes are run and analyzed at least quarterly;
 - (6) That, prior to granting individuals access to the statewide data system, individuals have signed form HEA 8034 ;
 - (7) A list of individuals who have access to personally-identifiable information of HMG participants is maintained. On this list, it shall be specified, for each individual, whether they have access to paper records, electronic records, or both; the date that access was first granted; and the date that access was revoked for any reason. This list shall be made available to the department upon request;
 - (8) Access to the statewide data system is deactivated upon a user's termination, resignation, or when a user no longer requires access;
 - (9) Adherence to section 3701.17 of the Revised Code and other applicable federal and state laws, regulations, and rules with regard to confidentiality and security of personally identifiable information; and
 - (10) The data quality assurance plan is made available to the department upon request.
- (B) Contractors shall maintain only one record for each HMG participant, in accordance with the following:
- (1) The following, as applicable, are included in every HMG participant's record:

- (a) Referral from a PCSA on form HEA 8021;
 - (b) Referral follow-up on form HEA 8037;
 - (c) Consent to release information on form HEA 8019;
 - (d) Copies of written correspondence received from and sent to the family, service providers and other agencies or medical providers; and
 - (e) Case notes, unless kept in electronic format which shall be made available upon request for the record .
- (2) The following, as applicable, are included in the record of every person referred to HMG early intervention:
- (a) Documentation of eligibility, including form HEA 8024, or form HEA 8043;
 - (b) Consent to participate in early intervention, on form HEA 8018;
 - (c) All IFSPs on form HEA 7720 , signed by the IFSP team and parent;
 - (d) Written meeting notification on form HEA 8039;
 - (e) Application for surrogate parent for form HEA 8040;
 - (f) Application for early intervention payor of last resort on form HEA 8025; and
 - (g) Copies of prior written notices on form HEA 8022.
- (3) The following, as applicable, are included in the record of every person referred to HMG home visiting:
- (a) Documentation of eligibility, including form HEA 8043;
 - (b) Copies of the tools used, in accordance with Appendix 06.1 - A, for the purpose of screening or assessment;
 - (c) All family plans on form HEA 8036 , signed by the home visitor and parent;
 - (d) Consent to participate in home visiting on form HEA 8038 ; and
 - (e) Case notes, unless kept in electronic format which shall be made available upon request for the record.
- (4) Records shall be retained electronically or on paper, for a period of six years from the date of receipt of payment for the service. Upon exit from HMG, the contractor shall notify the HMG participant in writing of mechanisms for reviewing and requesting a copy of the record and the date that the record may be destroyed.
- (5) If a HMG participant transfers to another contractor within HMG, the current contractor shall retain the original file, and provide an electronic or paper copy of the participant's record to the new contractor. Information kept in the statewide data system shall be updated before transfer of the HMG participant's record.
- (6) If a HMG participant moves out of the state of Ohio, the current contractor shall

offer the participant a copy of the participant's record, including a printed copy of the information kept in the statewide data system for HMG. The current contractor shall retain the original record and provide a copy of the record to the participant upon request.

- (C) Contractors shall maintain a list of every request made and granted to access or receive a copy of a HMG participant's record. This list must include information about who made the request, the date the request was received by the contractor, the date access was granted to the requester, and the purpose for which the individual is authorized to see or have a copy of the record. This list shall be made available to the department upon request.
- (D) Contractors shall cooperate with the department when the department requests information about HMG. This includes, but is not limited to, on-site visits, complaint investigations, desk reviews, and data verification.
- (E) Contractors shall respond to requests for information from HMG participants, including but not limited to:
 - (1) Providing HMG participants, upon request, a list of the types and locations of HMG records collected, maintained, or used by the contractor; and
 - (2) Providing HMG participants, upon request, one electronic or paper copy of the complete record, in accordance with rules 3701-8-10.1 and 3701-8-10.2 of the Administrative Code.

Effective: 01/15/2015

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

07/25/2014

Date

Promulgated Under: 119.03
 Statutory Authority: 3701.61
 Rule Amplifies: 3701.61
 Prior Effective Dates: 8/8/2005, 7/16/10, 9/3/12

3701-8-10 Parent's rights in help me grow.

This rule applies to expectant mothers and parents of infants and toddlers participating in help me grow (HMG) early intervention or help me grow home visiting. For the purposes of this rule, expectant mothers, parents of infants or toddlers, and eligible infants and toddlers are referred to in this rule as program participants.

- (A) Program participants have the following rights from the time of program referral throughout participation in HMG:
- (1) To be informed of rights both in writing and verbally in the program participant's native language, unless clearly not feasible to do so.
 - (2) To be fully informed of all information relevant to the activity for which consent is sought and to provide written consent before:
 - (a) Any tool to conduct screening, evaluation, or assessment is administered on or with the program participant;
 - (b) Any family-directed assessment is conducted with any member of the program participant's family;
 - (c) Any service begins;
 - (d) Any record for the program participant is provided to an individual;
 - (e) Any information about the program participant is shared, who it will be shared with, and the time frame for which information may be shared, except when the information shared is required by procedures within HMG;
 - (f) The program participant's personally identifying information is collected, except when the information collected is required by procedures within HMG;
 - (g) The program participant's public benefits or private insurance are accessed to pay for HMG services; and
 - (h) An application to access the early intervention system of payment is completed and submitted on behalf of the program participant.
 - (3) To participate or decline to participate in HMG at any time and to be informed of how refusal to consent will affect the ability to receive services in the program.
 - (4) To revoke previously provided consent at any time.
 - (5) To accept or decline some or all HMG services throughout program participation, even after initially accepting it, without jeopardizing other services, with the following exceptions:
 - (a) A child will not be eligible for early intervention services and will be exited from the program if the parent refuses to consent to any of the screenings, evaluations or assessments, when required, in accordance with rule 3701-8-07 of the Administrative Code;

- (b) A child will not be eligible for early intervention services and will be exited from the program if the parent refuses to consent to the development or review of an IFSP in accordance with rule 3701-8-07.1 of the Administrative Code. However, a parent does have the right to decline a specific service suggested for an IFSP;
 - (c) An expectant mother, parent or child will not be eligible for home visiting services and will be exited from the program if the parent refuses to consent to initial or ongoing screenings or assessments of the child or self, as required, in accordance with rules 3701-8-06 and 3701-8-06.1 of the Administrative Code; and
 - (d) An expectant mother, parent or child will not be eligible for home visiting services and will be exited from the program if the parent refuses to consent to the development or review of a family plan, as required, in accordance with rules 3701-8-06 and 3701-8-06.1 of the Administrative Code.
 - (e) An expectant mother, parent or child will not be eligible for home visiting services and will be exited from the program if the parent refuses to keep at least one mutually agreeable and pre-scheduled home visit per calendar month.
- (6) To request, be present at, and contribute fully as a team member in any and all HMG meetings about their family, including family plan or individualized family service plan meetings, and transition planning conferences.
 - (7) To opt out of personally identifiable information being provided to the local education agency of residence.
 - (8) To request to review or receive a copy of the program participant's record at any time during program participation and until six years past the date of receipt of payment and to either review the record or receive a copy of the record within ten calendar days.
 - (9) To receive one electronic or paper copy of each completed family plan or IFSP, as applicable, at no cost within ten calendar days of the event.
 - (10) To be fully informed of requests, purpose, and time period for personally identifiable information; and to provide consent, before personally identifiable information would be shared, unless such disclosure is authorized under state and federal law and except when the information shared is required by procedures within HMG.
 - (11) To file a complaint with the department about HMG services.
- (B) When a program participant who is a parent in home visiting files a complaint, the complaint must include the following to be sufficient:
- (1) The name, address, and contact information of the program participant who is making the complaint;
 - (2) Complaint must be in writing and be signed by program participant;
 - (3) A statement that the department, home visiting contractor or provider has violated a home visiting requirement of this chapter;

- (4) The facts on which the statement is based;
 - (5) The name of the home visiting contractor or provider serving program participant;
 - (6) The complaint must allege a violation of the HMG program that occurred not more than one year prior to the date the complaint was received; and
 - (7) A proposed resolution of the complaint.
- (C) When a program participant who is a parent in early intervention files a complaint for an investigation or mediation, the complaint must include the following to be considered sufficient:
- (1) A statement that the department, public agency or early intervention services provider has violated a requirement of IDEA early intervention or requirements of this chapter;
 - (2) Complaint must be in writing, contain contact information for program participant filing the complaint and be signed by program participant;
 - (3) The facts on which the statement is based;
 - (4) The name of the child and the name of the early intervention provider serving the child;
 - (5) A description of the nature of the problem of the child, including facts related to the problem;
 - (6) The complaint must allege a violation of the HMG program that occurred not more than one year prior to the date the complaint was received,
 - (7) A proposed resolution of the problem to the extent known and available at the time the complaint is filed; and
 - (8) A copy of the complaint must be provided to the public agency or early intervention services provider serving the child at the same time the complaint is filed with the department.
- (D) When a program participant who is a parent in early intervention files a complaint for a due process hearing, the complaint must include the following to be considered sufficient:
- (1) The name and address of residence of the child;
 - (2) Complaint must be in writing and be signed by program participant or attorney for the program participant;
 - (3) The facts on which the statement is based;
 - (4) The name of the early intervention provider serving the child;
 - (5) A description of the nature of the problem of the child, relating to the proposed or refused initiation or change, including facts relating to the problem.
 - (6) The complaint must allege a violation of the HMG program that occurred not

more than two years prior to the date the complaint was received, and

- (7) A proposed resolution of the problem to the extent known and available at the time the complaint is filed.
- (E) When the department receives a sufficient complaint as set forth in paragraphs (B) to (D) of this rule, the department shall contact the parent and explain the options available for dispute resolution. When the complaint involves the home visiting program, the department shall investigate the complaint at no cost to the program participant. The investigation and a written decision shall be completed by the department within sixty calendar days of receipt of a sufficient complaint.
- (F) When the complaint involves the early intervention program, the department shall explain the options, which include:
 - (1) Investigation of the complaint by the department at no cost to the program participant. The investigation and a written decision shall be completed within sixty calendar days of receipt of a sufficient complaint. The investigation:
 - (a) Will be conducted, with a report provided to all parties involved within sixty calendar days of the department's receipt of a sufficient complaint and
 - (b) Will provide the parent and the service contractor or provider with an opportunity to be interviewed, submit information in writing, and to respond to allegations related to the complaint.
 - (2) Mediation at no cost to the program participant, which will be arranged by the department. The mediation:
 - (a) Is voluntary on the part of the parties;
 - (b) Is provided by the department at no cost to the program participant;
 - (c) May not be used to deny or delay a parent's right to a due process hearing, or to deny any other rights afforded by early intervention; and
 - (d) Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
 - (3) Due process hearing, if the complaint alleges that the department, early intervention contractor or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of an infant or toddler or the provision of early intervention services to the infant or toddler with a disability and that infant or toddler's family, which shall include scheduling a hearing before a qualified and impartial hearing officer who will provide a written decision within forty-five days from receipt of a request for a due process hearing. The due process hearing shall be conducted in accordance with 34 CFR 303.440 to 34 CFR 303.448 (in effect on July 1, 2012) and at the due process hearing, the program participant may:
 - (a) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for infants and toddlers with disabilities;
 - (b) Present evidence and confront, cross-examine, and compel the attendance

of witnesses as provided in paragraph (F) of this rule;

- (c) Prohibit the introduction of any evidence at the hearing that has not been disclosed to the parent at least five days before the hearing;
- (d) Obtain a written or electronic verbatim transcription of the hearing at no cost to the parent; and
- (e) Receive a written copy of the hearing officer's findings of fact, conclusions of law and decision at no cost to the parent.

(G) The director may issue subpoenas to compel the attendance of witnesses or the production of documents at a due process hearing. Any such subpoenas shall be served in the manner prescribed by the "Ohio Rules of Civil Procedure." The director shall issue subpoenas upon request by a party if the request is received by the director no fewer than fourteen days before the date set for the hearing.

Effective: 09/05/2013

R.C. 119.032 review dates: 06/18/2013 and 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/23/2013

Date

Promulgated Under: 119.03
 Statutory Authority: 3701.61
 Rule Amplifies: 3701.61
 Prior Effective Dates: 8/8/2005, 7/16/10, 9/3/12

3701-8-10.1 Procedural safeguards to ensure parent's rights in help me grow.

This rule applies to home visiting contractors, early intervention service coordination contractors, and central coordination contractors, all of whom are referenced throughout this rule as contractors. Expectant mothers, parents of infants or toddlers, and eligible infants and toddlers are referred to in this rule as program participants.

- (A) Contractors shall ensure that program participants are informed, in writing, of their rights in help me grow (HMG), before consent to participate is sought and at least annually thereafter for the duration of program participation.
- (B) Contractors shall ensure that program participants provide written consent in every applicable instance related to their services as required in paragraph (A)(2) of rule 3701-8-10 of the Administrative Code.
- (C) Except when authorized by state or federal law, contractors shall ensure that prior to releasing personally identifiable information to any individual other than the subject of the information or if a child, to the child's parent, contractors shall obtain written consent on form HEA 8019 (effective July 1, 2012) with the minimum following components completed:
 - (1) The individual, and when applicable, agency, to whom information will be given;
 - (2) The type of information that will be given;
 - (3) The intended purpose for sharing the information;
 - (4) An expiration date of the consent; and
 - (5) A signature and date the form was signed.
- (D) Contractors shall ensure that program participants are granted access to information in the program participant's own record in accordance with the following:
 - (1) Provide access to inspect and review the record within ten calendar days upon request;
 - (2) Records shall include information related to eligibility determination, tools used in screening, evaluation, or assessment; development and implementation of individualized family service plans or family plans; referrals made or received; provision of services; individual complaints; case notes, and any other information that is part of the record;
 - (3) Upon request and with written consent, allow a representative named by the program participant to examine record;
 - (4) A copy of the complete record, in accordance with paragraph (D)(2) of this rule, is available upon request, for a minimum of six years after the receipt of payment for services provided. When a record is requested:
 - (a) Contractors shall provide a copy, either electronically or on paper, of the requested record as soon as possible, but no longer than ten calendar days

after the request is made;

- (b) A copying fee may be charged for the actual cost of copies, but a program participant may not be charged a fee for the search or retrieval of the record or for staff time to copy, scan or send the record;
 - (c) A fee shall not be charged if charging a fee would prevent the parent from obtaining a copy of the child's record;
 - (d) When a record includes information on more than one child, the program participant has a right only to the information related to the program participant or the program participant's child; and
 - (e) Contractors shall ensure that, upon request, a program participant is provided an explanation and interpretation of information contained in the record and the opportunity to provide additional information for inclusion in the record.
- (5) Contractors shall provide one electronic or paper copy of each completed family plan and IFSP, as applicable, at no cost to the program participant within ten calendar days of the event.
- (E) Contractors shall provide printed materials and verbal communication informing every program participant how to file a complaint about the help me grow program, in accordance with paragraph (A)(11) of rule 3701-8-10 of the Administrative Code.

Replaces: 3701-8-03; 3701-8-08

Effective: 09/03/2012

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/24/2012

Date

Promulgated Under: 119.03
 Statutory Authority: 3701.61
 Rule Amplifies: 3701.61
 Prior Effective Dates: 8/8/2005, 7/16/10

3701-8-10.2 Procedural safeguards to ensure parent's rights in HMG early intervention.

This rule applies to help me grow (HMG) early intervention service coordination contractors, referenced throughout this rule as contractors.

For the purposes of this rule, parent means a birth or adoptive parent of a child; a guardian generally authorized to act as the child's parent, or authorized to make early intervention, education, health or developmental decisions for the child (but not the State if the child is a ward of the state); an individual acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives; a person who is legally responsible for the child's welfare; or a surrogate parent who has been assigned by the department.

- (A) Contractors shall ensure the following procedural safeguards in addition to the safeguards listed in rule 3701-8-10.1 of the Administrative Code, for children and parents participating in the HMG early intervention program:
 - (1) Contractor shall provide written notification of any meeting to develop an initial IFSP and to annually evaluate the child's IFSP; and
 - (a) For initial IFSP development, the notification shall be provided in person, electronic, or post-mailed and shall be provided before the planned meeting date on form HEA 8039 (effective July 1, 2012); and
 - (b) For annual IFSP meetings, the notification shall be provided in person, electronic, or post-mailed and shall be provided at least ten calendar days before the planned meeting date on form HEA 8039 (effective July 1, 2012); and
 - (2) Contractor shall obtain written signature from the parent on the IFSP when any early intervention service is added to the child's IFSP.
- (B) Early intervention service providers shall ensure that prior written notice is provided in person, electronic or post mailed letter to the parent and the child's service coordinator on form HEA 8022 (effective July 1, 2012) whenever an early intervention service is proposed, refused or changed outside of an IFSP review at least ten calendar days before the proposed date of the action. This notification shall be in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so, and shall include:
 - (1) The action being taken;
 - (2) The reason for the action;
 - (3) The information upon which the action is founded;
 - (4) The rights and procedures available to the parent if the parent disagrees with the proposed action.
- (C) Contractors shall provide printed materials and verbal communication informing every parent how to file a complaint about early intervention services, in accordance with the following:
 - (1) Upon receiving a signed, written complaint from a parent, or someone acting on

behalf of the parent, the department shall:

- (a) Contact the parent and explain the options available for dispute resolution;
 - (b) Begin the time line for response to the parent's complaint; and
 - (c) Request the child's record from the child's service coordinator and, as necessary, the child's service providers.
- (2) Upon receiving the parent's selected option for the dispute resolution, the department shall, at no cost to the parent:
- (a) Coordinate an opportunity for mediation between the disputed groups by a qualified and impartial mediator within thirty calendar days of the request for mediation; or
 - (b) Investigate the complaint and provide a written decision about the allegations inclusive of findings and reasons for the decision within sixty calendar days of the request for investigation; or
 - (c) Coordinate a due process administrative hearing in which the disputed groups will have the opportunity to present their complaints to a qualified and impartial third party who will provide a written decision on the complaint allegations within thirty days of the request for hearing.
- (3) Contractors shall participate in dispute resolution, at the request of the department, by cooperating in investigations, participating in mediations, and participating in due process hearings.
- (4) Contractors shall ensure that during the resolution of the dispute, the child shall continue to receive early intervention services which were being provided at the time of the complaint, unless the service provider and the child's parent agree to an alternative.
- (D) For any child whose parent cannot be identified, the early intervention service coordination contractor shall request the department's assignment of a surrogate parent. Using form HEA 8040 (effective July 1, 2012), the early intervention service coordination contractor shall identify the individual to serve as surrogate and submit to the department. Upon assignment, the surrogate parent assumes the right to consent for the child to be screened, evaluated, assessed and served in early intervention.

Replaces: 3701-8-03, 3701-8-08

Effective: 09/03/2012

R.C. 119.032 review dates: 09/01/2017

CERTIFIED ELECTRONICALLY

Certification

08/24/2012

Date

Promulgated Under: 119.03
Statutory Authority: 3701.61
Rule Amplifies: 3701.61
Prior Effective Dates: 8/8/2005, 7/16/10