

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID



EARLY INTERVENTION SERVICES PROVIDER MANUAL

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South Carolina Department of Health and Human Services

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PROGRAM OVERVIEW

Early Intervention services are therapeutic, training, and support services that facilitate the developmental progress of children ages birth to six years. Children eligible for Early Intervention services may have certain diagnosed conditions, delays in their development, or be experiencing circumstances which are likely to result in significant developmental problems without intervention. Services are designed to serve children who are experiencing developmental delays in one or more of the following domains: cognitive, physical, social/emotional, communication (receptive and/or expressive), and adaptive developmental skills.

Early Intervention services include developmental assessments, treatment planning, home visits, education for caregivers, and supports to enhance the development of the child and support his or her family in the care of the child. The services promote the competency of the family and designated caregiver(s) to respond to the developmental needs of the child.

The purpose of this manual is to provide pertinent information to Early Intervention providers for successful participation in the South Carolina Medicaid program.

Updates and revisions to this manual will be made by the South Carolina Department of Health and Human Services (SCDHHS) and will be made in writing to all providers.

SCDHHS requires the use of evidence-based practices, delivered in the context of a system that ensures thorough and appropriate screening, evaluation, diagnosis, and treatment planning, and fosters improvement in the delivery system of early intervention and mental health services to children in the most effective and cost-efficient manner.

Early Intervention services consist of Child and Family Assessment, Service Coordination, Family Training and Counseling/Special instruction, Deaf or Hard of Hearing Interpreter services, and Foreign Language Interpreter services for children with a developmental delay and/or disability. Early Intervention services should be provided in the native language of the child and to the family on behalf of the eligible child unless it is clearly not feasible to do so. Providers are responsible for providing translation and interpretation as required per the agreement with Medicaid.

Service Coordination

Service Coordination is a mandated service under [Part C](#) of the Individuals with Disabilities Act (for eligible children birth to three), provided at no cost to families. Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards.

Special Instruction

Special Instruction under Part C of IDEA (for eligible children birth to three) is a service utilized 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 in daily routines and activities. This service is referred to as **family training and counseling** by SCDHHS.

This manual applies to the provision of services to all children birth to six years of age receiving Early Intervention Services, including those who are not Medicaid eligible.

An Early Interventionist helps families understand their child's development and gives specific training/special instruction to address areas of delay. These staff may be referred to as Early Interventionists or Service Coordinators. To the maximum extent possible, all Early Intervention services are provided in the child's natural environment; where they live, learn, and play. Early Intervention services and supports should occur in settings most natural and comfortable for the eligible child and his or her family. These services must foster opportunities for the child's development of family and peer relationships with typically developing children. Early Intervention services must promote the development of a natural system of support within the family's community. Early Intervention services assist the family in maximizing resources outlined in the Individualized Family Service Plan (IFSP) for ages 0-3 and Family Service Plan (FSP) for ages 3-6.

Telehealth Flexibilities

SCDHHS will continue to reimburse providers for service coordination and family training/special instruction services and the development of Individualized Family Service Plans (IFSPs) and Family Service Plans (FSPs) rendered through telehealth when there is a COVID-related reason to do so. Services rendered via telehealth must include the GT modifier and may be performed as an audio-only telephonic service or through an audio and visual interaction.

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COVERED POPULATIONS

ELIGIBILITY/SPECIAL POPULATIONS

Early Intervention services are available to eligible children birth to six years of age when the following criteria are met:

- The child has developmental delays in one or more of the following domains: cognitive, physical, social/emotional, communication (receptive and/or expressive), and adaptive developmental skills. This must be documented through an evaluation and/or assessment.
- Services are identified on the child's IFSP or FSP, thus confirming or certifying medical necessity.
- The child ages 0-3 meets eligibility requirements for services provided through South Carolina's IDEA, Part C program.
- The child ages 3-6 meets eligibility requirements for services from the South Carolina Department of Disabilities and Special Needs (DDSN), or the South Carolina School for the Deaf and the Blind (SCSDB).

Medicaid is usually the payer of last resort. There are some exceptions to the provisions of Medicaid as a payer of last resort; these include Medicaid-covered services listed on a Medicaid-eligible child's IFSP/FSP. If services are not listed on the IFSP/FSP, the provider must comply with third-party billing policies. The IFSP/FSP must include the medical and other services that the family or child needs or is receiving through other sources, but that are neither required, nor paid for by IDEA/Part C federal funds (for example, childcare, surgery for a cochlear implant, physical therapy outside the natural environment when an EIS provider is not available to go to the family's home.) If the family or child needs medical/other services which are not currently being provided, the IFSP must include a description of the steps the Service Coordinator will take to help the family or child get those services. The Service Coordinator is not responsible for identifying funding sources for other services.

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ELIGIBLE PROVIDERS

PROVIDER QUALIFICATIONS

Provider Credentialing, Training Requirements, and Enrollment

Providers must ensure that all staff, subcontractors, and other individuals under the authority of the provider agency rendering Early Intervention services to children are highly qualified and properly trained. Prior to rendering Early Intervention Services, providers must ensure that staff have completed credentialing and any specialized training requirements outlined by their administrative agency (SCSDB, SCDDSN, and/or SCDHHS' Part C BabyNet Program). Providers must also ensure that newly employed staff have adequate supervision. Agencies having only one employee must obtain supervision from another agency. Please see **Appendix I** for information on provider enrollment.

In addition to the above requirements, SC Medicaid requires the supervising entity to be physically located in South Carolina or within a 25-mile radius of the South Carolina border.

Training & Credentialing Requirements for providers serving birth to 3 (Part C BabyNet Program) can be found in **Appendix II**.

SERVICE COORDINATORS	
Qualifications	Approval Process
<p>Applicants must meet the qualifications in one (1) of the three categories below</p>	
<p>1. Bachelor’s Degree (or higher in one of the following fields of study):</p> <ul style="list-style-type: none"> • Adaptive Physical Education (with or without teacher certification) • Child Development • Child Life • Communication Disorders (does not require SLP licensure) • Early Childhood (with or without teacher certification) • Early Childhood Special Education (with or without teacher certification) • Family Studies (includes Family and Consumer Sciences) • Health (includes public health) • LPHA (all) • Psychology • Rehabilitative Counseling • Social Work • Sociology • Special Education (with or without teacher certification) <p>And one (1) year of documented experience working with infants and toddlers OR one (1) year of documented experience working with children ages birth to 5 years with disabilities.</p>	<p>Supervisor may hire with no additional review/approval</p>
<p>2. Bachelor’s Degree in Human Services or related field (not specifically listed above)</p> <ul style="list-style-type: none"> • Requires transcript review • Applicant must have at least 12 hours of coursework in relevant fields of study • One (1) year of documented experience working with: • Infants and toddlers OR 	<p>Supervisor may hire with no additional review/approval</p>

SERVICE COORDINATORS

Qualifications	Approval Process
<ul style="list-style-type: none"> Children ages birth to 5 years with disabilities 	
<p>3. Bachelor's Degree in ANY field</p> <ul style="list-style-type: none"> 3 years of documented experience with infants and toddlers OR children age birth to 5 years with disabilities 	Supervisor must submit applicant's resume or other documentation outlining previous work history to the affiliating state agency for review/approval.

FAMILY TRAINERS/SPECIAL INSTRUCTORS

Qualifications	Approval Process
<p>Applicants must meet the qualifications in one (1) of the two categories below</p>	
<p>1. Bachelor's Degree (or higher in one of the following fields of study:</p> <ul style="list-style-type: none"> Adaptive Physical Education (with or without teacher certification) Child Development Child Life Communication Disorders (does not require SLP licensure) Early Childhood (with or without teacher certification) Early Childhood Special Education (with or without teacher certification) Family Studies (includes Family and Consumer Sciences) Health (includes public health) LPHA (all) Psychology Rehabilitative Counseling Social Work Sociology Special Education (with or without teacher certification) <p>And one (1) year of documented experience working with infants and toddlers OR one (1) year of documented experience working with children ages birth to 5 years with disabilities</p>	Supervisor may hire with no additional review/approval

FAMILY TRAINERS/SPECIAL INSTRUCTORS	
Qualifications	Approval Process
<p>2. Bachelor’s Degree in Human Services or related field (not specifically listed above)</p> <ul style="list-style-type: none"> • Requires transcript review • Applicant must have at least 12 hours of coursework in relevant fields of study • One (1) year of documented experience working with: <ul style="list-style-type: none"> • Infants and toddlers OR • Children ages birth to 5 years with disabilities 	<p>Supervisor may hire with no additional review/approval</p>
<p>3. Bachelor’s Degree in ANY field</p> <ul style="list-style-type: none"> • 5 years of documented experience with infants and toddlers OR children age birth to 5 years with disabilities 	<p>Supervisor must submit applicant’s resume or other documentation outlining previous work history to the affiliating state agency for review/approval.</p>

SOUTH CAROLINA SCHOOL FOR THE DEAF AND THE BLIND ONLY

Interpreters for the Deaf and Hard of Hearing

The Interpreter must hold a minimum of a bachelor’s degree from an accredited university or college in interpreting, special education, or a related field, and one year of interpreting experience; or an associate degree from an accredited university or college in interpreting and three years of interpreting experience; or high school diploma with three years of interpreting experience.

The interpreter must hold valid and current certification recognized by the Registry of Interpreters for the Deaf (RID) excluding the Educational Certificate: K-12 (Ed: K-12).

Sign Language or Interpreter Services

Sign language or interpreter services use a system of manual, facial, or other body movements (e.g., hand signs) as a means of communicating with people who are hearing impaired. The child and his or her family members shall receive training in the use of expressive and receptive sign language techniques if included in a child’s IFSP.

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COVERED SERVICES AND DEFINITIONS

CHILD AND FAMILY ASSESSMENT

Child and family assessment consists of 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 throughout the period of the child's course of intervention.

The child assessment must include a review of the results of previous evaluations, personal observations of the child, and the identification of the child's needs in each of the five developmental areas.

The family assessment must be conducted in the native language(s) of the family. It is a family-directed identification of the resources, concerns, and priorities necessary to meet the developmental needs of the child using a state-approved family assessment process. Family assessment is a voluntary process.

The child and family assessment must be documented in the child's record. Qualified assessments are determined by the lead agency. See **Appendix III** for list of approved tools.

SERVICE COORDINATION

Service coordination is defined as an active, ongoing process that assists and enables families to access services and assures their rights and procedural safeguards. Reimbursable service coordination activities include the following:

- Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP/FSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.
- Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
- Coordinating evaluations and assessments.
- Facilitating and participating in the development, review, and evaluation of IFSPs/FSPs.
- Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner.
- Conducting follow-up activities to determine that appropriate Part C services are being provided.

- Informing families of their rights and procedural safeguards.
- Coordinating funding sources for services.
- Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

The family shall, always, remain free to choose any Medicaid-enrolled provider. At no time shall the provider limit the family's choices of a primary care physician, other medical care providers, or service coordinators.

INDIVIDUALIZED FAMILY SERVICE PLAN/FAMILY SERVICE PLAN DEVELOPMENT

Each eligible child receiving Early Intervention services must have a current Individualized Family Service Plan (ages 0-3)/Family Service Plan (ages 3-6). The IFSP/FSP validates the necessity and the appropriateness of the services. Planning is an ongoing process that begins with the initial referral and continues through transition or closure of a child's case.

A multidisciplinary team composed of the family, the service coordinator/early interventionist, friends, and professionals who interact with the child and family are responsible for the development of the IFSP/FSP. The initial IFSP/FSP must be developed within 45 days of the referral. Facilitated by the service coordinator, IFSP/FSP team meetings are held at least every six months to review the plan and annually to revise the plan. The team must meet at locations and times convenient for the family and documentation in the record should reflect this. The family has the right to approve or disapprove the composition of the team. IFSP/FSP outcomes/goals must be measurable.

Creating the IFSP/FSP is a team effort. Responsibilities include ensuring the following:

- Parent's knowledge of the child is incorporated in the plan.
- Parent's questions are addressed.
- Parent(s) has information needed to make the best decisions for their child.

Services must be individualized and provided as outlined in the IFSP/FSP. If the service needs or frequencies change the IFSP/FSP must be revised. If the child is enrolled in one of SCDHHS' Managed Care Organizations (MCO), the Service Coordinator will be responsible for working with MCOs to identify a provider when there is not a provider available. The required components of an IFSP/FSP can be found in **Appendix IV**.

FAMILY TRAINING AND COUNSELING/SPECIAL INSTRUCTION SERVICES

Family training and counseling services are interactions with the child and family as well as other team members to help minimize the impact of the child's disability by fostering normal growth and development in natural environments. Family training and counseling sessions are designed to implement the goals and objectives of the IFSP/FSP provided according to the frequency outlined in the plan. Services involve assisting the family in maximizing resources as outlined in the IFSP/FSP. Documentation must show that caregiver participation is a core component of the Family Training and counseling services provided. If services are rendered more or less frequently than listed in IFSP/FSP, the provider must document the reason in the service note/log and update the plan if a change is needed.

The family training provider shall meet with the family and discuss the process and possible outcomes of the family training and counseling. Once trained, the parent and/or caregiver should be able to reinforce the training provided and the need for family training and counseling services should be reduced, as agreed upon by the IFSP team.

Family training and counseling services are available for all family members and/or caregivers, including siblings and grandparents. If necessary, the training is provided after working hours or on weekends as indicated in the IFSP/FSP. Family training and counseling services must be provided on behalf of the child and family and relate to his or her IFSP/FSP goals/outcomes.

Reimbursable family training and counseling services will:

- Provide the appropriate parental skills and/or supports to enhance the child's developmental growth and recreational development.
- Encourage the child's participation in family activities.
- Assist the family in maximizing the resources outlined in the IFSP/FSP, including assistive technology devices, nutritional services, and therapies directly related to the developmental needs of the child, when necessary.
- Encourage overall positive parent-child interaction.
- Empower the family to be aware of and know how to exercise their child's personal rights including the choice of a provider, access to a wide range of services, and other procedural safeguards.
- Design learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interactions.
- Plan curriculum, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP/FSP for the infant or toddler with a disability.
- Encourage the family and/or caregiver to become the child's primary service provider.

Family Training and Counseling services should not be provided in a public preschool setting as Special Education teachers are trained to work with children with disabilities and their special needs. Visits to the preschool class for observational purposes (for plan and/or Assessment completion) on an occasional basis is allowed. This does not apply to children in a typical childcare setting.

Family Training and Counseling services include an ongoing assessment component. The assessment is used to determine the strengths and the needs of a child, his/her current level of development, and used to develop the IFSP/FSP. Assessments must always be timely, comprehensive, and multidisciplinary. Information for assessments must be completed as needed and at least annually.

Family Training and Counseling assessments must include the following domains:

- Physical
- Cognitive
- Communication
- Social or Emotional
- Adaptive

NON-COVERED SERVICES

The following are NOT Medicaid reimbursable services:

- Traveling to and from locations where services are rendered
- Services provided after a child is no longer eligible due to aging out of the program
- Internet searches
- Developing activities in bulk for multiple children. Activities must be individualized and based on the needs of the child and family
- Preparation time for family training activities
- Copying, filing, completing, and mailing reports, and other administrative duties
- Time spent writing service notes/logs
- Time spent attending provider, regional, and/or central office training or other agency training
- Developing and/or mailing form letters or activity packets that do not substantiate a billable activity specific to the child and/or reflective of a child's need
- Attempted phone calls, home visits or attempted face-to-face contacts
- Examining or re-examining records (record reviews) for the purposes of familiarization
- Participating in recreational, leisure, or social activities with a child just for social reasons unrelated to an IFSP/FSP goal
- Submitting changes or updates to data systems with information previously decided on by the parent or professional.
- Submitting demographic information updates to BabyNet (name, address, etc.)
- Reviewing guidance documents related to the data system (users' guides, manuals, etc.)
- Submitting information or data to a state agency for monitoring or contract compliance purposes

- Observing a child. Exception: Observation for an assessment and plan development purposes
- Providing emotional support. Exception: Providing information in a crisis situation
- Providing unauthorized services- Services not authorized on the IFSP/FSP
- Participating in court proceedings
- Billing for services if the provider has not completed all credential requirements within the specified time period
- Delivery of services to a child in an institutional setting
- Activities on behalf of deceased children or their families
- Medicaid eligibility determinations, re-determinations or verification of Medicaid number
- Transportation of child or family for any purpose
- Services provided prior to the development/review of the IFSP/FSP (excluding service coordination)
- Services in excess of what is authorized on the FSP/IFSP without documentation explaining the reason for the change
- Services provided directly to the child in the absence of a parent or caregiver
- Services provided at agency/organization sponsored functions
- Services provided outside of the family's natural environments without review and authorization by the IFSP/FSP team
- Submitting changes to any beneficiary information system, data tracking system, review of documents regarding such systems, entering/updating information previously decided with parent or professional.
- Appointment reminders, phone calls to caregivers to confirm upcoming appointments
- Billing for texting parents and caregivers
- Billing for services after the IFSP/FSP expires
- Services provided to children enrolled in childcare settings where the number of children with disabilities is more than 50% of the total enrollment

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REPORTING/DOCUMENTATION

RECORDS

Early Intervention service providers must maintain and allow appropriate access to records that fully disclose the extent of services provided to the eligible child. The record must contain documentation sufficient to justify Medicaid reimbursement. Records found to be incomplete or incorrect may result in recoupment of previous payments by SCDHHS. It is essential that internal record reviews be conducted to ensure that services are being provided as outlined in the child's IFSP/FSP and that the service delivery, documentation, and billing comply with Medicaid policies and procedures.

Providers are required to maintain a record on each eligible child and include documentation of all Medicaid-reimbursable services. Records must be current, meet documentation requirements, and provide a clear descriptive narrative of the services provided, as well as progress toward goals. The information in the service notes/logs must be clearly linked to the goals and objectives listed on the IFSP/FSP. Records shall be arranged in a logical order so that information can be easily reviewed, copied, and audited.

Each electronic or hard copy record must include the following:

- Signed Consent and Confidentiality forms
- Entity who referred the child
- Evaluation results
- Initial and follow-up assessment(s)
- Current IFSP signature page/FSP signed, titled, and dated by the Service Coordinator and the parent
- Test results and evaluation reports
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- A signature sheet that identifies all staff by names, including signatures, initials, and roles

SERVICE NOTES/LOGS

Early Intervention services must be documented on a service note/log. A service note/log is a written summary of each service or activity provided to or on the behalf of the eligible child. The service note/log must be clear and reflect the expected outcomes listed in the IFSP/FSP. If services are discontinued, the provider must indicate the reason on the service note/log for discontinuing the service. If a make-up service is being delivered, the service notes/logs should clearly document it as such.

Service notes/logs must include:

- The child's name.
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- The name of the service (or its approved abbreviation) and the corresponding procedure code. If abbreviations are used, the provider must maintain a list of abbreviations and their meanings, and the list must be made available to SCDHHS upon request.
- The start time and end time for each service delivered.
- Location where the service was rendered.
- The focus and/or reason for the session or interventions which must be related to objective(s) and/or goal(a) on the IFSP/FSP, unless there is an unexpected event that needs to be addressed.
- A detailed summary of the interventions.
- The general progress of the child regarding the expected outcomes on the IFSP/FSP.
- The plan for working with the child and the child's family in the future.

Each service note/log must:

- Be kept in chronological order.
- Reference individuals by full name, title and agency or provider affiliation at least once in each note, as applicable.
- Be completed immediately following the delivery of the service, but no later than seven business days from the date of rendering the service.
- Include documentation that supports the number of units billed and supports the type of service billed.
- Include information about the child and family and the services received. Service notes should not include opinions.
- Include correspondence or activities that are not billable but necessary for documentation.
- Be individualized and child- and family-specific.
- Stand on its own and may not include "same as above," etc. Late entries (entries to provide additional documentation to supplement entries previously written) may be necessary at times to handle omissions in the documentation. Late entries should be rarely used, and then only used to correct a genuine error of omission or to add new information that was not discovered

until a later date. Whenever late entries are made, providers shall adhere to the following guidelines:

- Identify the new entry as a “late entry”.
- Enter the current date and time.
- Identify or refer to the date and incident for which the late entry is written.
- Validate the source of additional information as much as possible.
- Document all information as soon as possible.

MAKE UP VISITS/PROVIDER-DRIVEN CANCELLATIONS

- Make up any provider-driven cancelled visits if the family agrees to or has requested the visit be made up. Service coordinators must offer make up visits and document in the service note/log.
 - Make-up visits must:
 - Be made up in the same month unless the visit was missed during the last week of the month. When cancelled during the last week, the provider must make up the visit within the first week of the following month.
 - Be documented in service notes/logs that specify if the visit was made up in one visit or incrementally over multiple visits throughout the month.

ERROR CORRECTION PROCEDURES

Child records are legal documents. Extreme caution should be used when altering any part of the record. Appropriate procedures for correcting errors in the records are as follows:

For written documents and hard copies of documents signed by families:

- If an entry contains an error, clearly draw one line through the error, write “error” to the side in parentheses, enter the correction, and add signature/initials and date next to the correction. Errors in documentation must never be totally marked through, as information in error must remain legible.
- If an explanation is necessary to clarify the correction, one must be provided. In extreme circumstances, a correction and/or explanation may require a witnessed signature.
- Correction fluid, tape, or erasable ink must never be used.

For electronic records:

- If an error needs to be corrected in the child’s electronic record, follow the instructions laid out by the corresponding data system.

ELECTRONIC HEALTH RECORDS

SCDHHS will accept electronic records and notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. 26-6-10 et seq.) and the Health Insurance Portability and Accountability Act (HIPAA) electronic health record requirements. Electronic information must be in a reasonably accessible format to be accepted by SCDHHS. In general, electronic records must be maintained “to the same standards” as paper copies.

All early intervention records must be maintained in a manner that is secure and confidential. Records should be accessible to the family and available for state quality review activities upon request and include all federal and state required components and documentation. The early intervention record of each child shall be securely stored for six years after the child exits the program. At the end of six years, the early intervention record can be destroyed unless there is an ongoing audit or legal action requiring access to the record.

QUALITY ASSURANCE

All providers should self-monitor adherence to applicable federal and state laws and regulations and in accordance with the South Carolina Plan for Medical Assistance, alerts, bulletins, SCDHHS policies, procedures, and Medicaid provider manuals. Any findings of noncompliance as a result of self-monitoring activities shall be communicated to and monetarily remitted to SCDHHS.

SCDHHS, or its designees, will conduct reviews to ensure that providers are in compliance with applicable laws, regulations, and policies. Other authoritative entities may conduct reviews of Early Intervention providers, including the State Auditor's Office, the South Carolina Attorney General's Office, United States Department of Health and Human Services, Government Accountability Office and/or their designees. Upon request, information must be furnished regarding any claim for payment to SCDHHS. All providers must grant access to SCDHHS, or its designees, to records for reviews and/or investigations for the purposes of reviewing, copying, and reproducing documents. Failure of the provider to comply with this provision may result in the immediate termination of enrollment.

APPENDIX I

PROVIDER ENROLLMENT FOR SERVICE COORDINATION AND SPECIAL INSTRUCTION

In order to become a provider of service coordination and special instruction, a company and its owner must be deemed qualified through the SCDDSN qualified provider process and be enrolled in Medicaid and BabyNet before delivering services to children. Any provider unable to meet these requirements, will not receive referrals. If a provider's enrollment status changes or is terminated for cause by SCDDSN, Medicaid or BabyNet, the provider will no longer be a provider of early intervention services.

APPENDIX II

TRAINING & CREDENTIALING REQUIREMENTS

Providers Serving Birth to 3 (Part C BabyNet Program):

All Early Intervention staff, including supervisors, must submit an application for the South Carolina Infant Toddler Credential to the Team for Early Childhood Solutions (TECS) office within 2 weeks of employment. Full procedures for Credentialing can be found on the TECS' website at <http://uscm.med.sc.edu/tecs/>. After submitting the initial application, it is required that the Early Interventionist or Early Intervention Supervisor submit information to TECS regarding changes that occur as a result of getting married, being terminated, etc. This is required to ensure that the Credential database is kept current.

Upon approval of the Credential application, EIS Providers are registered into the learning management system, referred to as the South Carolina Early Intervention Learning System (SCEILS), and assigned to the IDEA/Part C Core Curriculum modules. Professional development activities, training records, and certificates of completion are available to registered users on demand through this system.

Each provider of service coordination and/or family training/special instruction must complete the assigned training modules (web-based) and pass the competencies which correlate to each module within 90 days of application. As updates or changes are made to specific modules, Early Interventionists will have 90 days to complete the module update to maintain their credential. You can find more information about SCEILS training here: <https://uscm.med.sc.libguides.com/tecs/providers>.

APPENDIX III

APPROVED CHILD AND FAMILY ASSESSMENTS

Child Assessments:

The tools approved for use in South Carolina are:

- Hawaii Early Learning Profile (HELP)
- Carolina Curriculum for Infants, Toddlers and Preschoolers with Special Needs

Family Assessment:

The tool approved for use in South Carolina is:

- The Routines Based Interview

APPENDIX IV

REQUIRED COMPONENTS OF AN IFSP/FSP

Children 0-3 years old

The IFSP must include:

- The child's identifying information
- A statement of the child's present levels of development (physical, cognitive, communication, social or emotional, adaptive)
- The child's evaluation and assessment results
- A statement of major outcomes expected to be achieved by the child and family, along with strategies and how progress will be measured
- A statement of necessary services to meet the needs of the child and family
- The goals, objectives, and outcomes
- The natural environments in which the supports and services will be provided
- Frequency, duration, location of services, and all payor sources
- Name of the service coordinator
- Transition information
- Signatures by all team members, including the family

Children 3-5 years old

The FSP must include:

- Identifying information
- Current health and developmental status
- Child assessment and evaluation results
- Family and child strengths, including family preferences and choices
- Recommendations for services to be provided to meet the identified needs of the child and family
- Outline for implementation of services recommended, including the frequency/duration of those services/activities (with indicator of source of payment or method of funding)
- Child interventions as determined by the family and team
- Strategies which promote family/caregiver as the primary teacher for the child
- Goals/outcomes as identified by the team
- Plans for follow-up
- Parent, Early Interventionists, and other team member's signatures
- Support for Home and Community Based Waiver services where applicable
- Documentation of the frequency and duration of family training visit