First Steps

Public Comment Summary
First Steps Policy Manual and Indiana's 2018 IDEA Part C Application

FINAL
Policy manual effective date: 9/1/2018

This document provides a summary of comments received during public hearings for the First Steps policy manual and 2018 Part C application. The document also contains written comments submitted to the Division of Disability and Rehabilitative Services/First Steps during the public comment period. The First Steps policy manual and 2018 Part C application were submitted to the federal Office of Special Education Programs (OSEP) on May 4, 2018. To see the policy manual, application, and OSEP's feedback in full, go to the First Steps website at https://www.in.gov/fssa/ddrs/4655.htm.

A document (Public Comment Response) was also released that provides a summary of changes made to the policy manual based on public comment and OSEP's feedback. This document is available on the First Steps website.

First Steps is a program of the Division of Disability and Rehabilitative Services (DDRS) in the Indiana Family and Social Services Administration (FSSA).

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PUBLIC HEARING COMMENTS

First Steps hosted three public hearings on the revised policy manual and 2018 Part C application. The hearings were held on 4/6/18 in Wabash, 4/16/18 in Bedford, and 4/17/18 in Indianapolis. Comments received during these hearings are summarized below.

Commenters asked who contributed to putting the manual together, for example whether SPOEs or provider agencies were involved in writing the manual.

A comment was made that the graphic on page 3 is confusing because the language does not align with language used in the manual and it is unclear how the graphic is intended to relate to the content that follows.

People commented that nutritionists, psychologists, and social workers are not included in the bulleted list on page 4 regarding providers who are exempt from credentialing. People were unsure if this meant that these providers are not exempt or no longer exempt from the credentialing requirements.

We received comments regarding the **initial credential process.** These comments included the following:

- People commented that the timeline for initial credentialing and completing the initial trainings differs from current policy and expressed the following concerns:
    - The new timeline will not work if DSP trainings are offered according to current schedule and location
    - The new timeline may be difficult for part time providers
- Commenters asked how many hours are required for the initial credential. Commenters noted that only the onboarding trainings and 3 First Steps Core Trainings are listed and it is unclear how many hours are required for the initial credential and whether this differs from the annual requirements for credential renewal.
- One commenter recommended that the current First Steps Core Training “Professional Boundaries and Ethics in Home Visiting” be addressed in the required onboarding trainings.
- People commented that the AEPS training is missing from the list of required First Steps Core Trainings.

We received comments regarding the **first year mentorship requirements**. These comments included the following:

- Requiring mentorship for all providers makes it unclear why developmental therapists are singled out in the first year and required to enroll at the associate level and receive lower pay. Developmental therapists meet the requirements of their discipline and often have more knowledge regarding child development and early intervention than other disciplines. Several people recommended that we eliminate the associate requirement and pay differentiation for first year developmental therapists.

- Several people commented that they support first year mentorship, however were unclear on how the State's requirement would align with what agencies are currently doing. Commenters expressed concern/lack of clarity about the following:
    - Allowing mentorship across disciplines
    - Requiring mentors to have current authorizations
- Several people commented that there will be cost involved to implement first year mentorship for all providers and asked whether the State had considered these costs.
- Several people commented that using a provider's first authorization to track the mentorship year would be overly burdensome and recommended using enrollment date.

Comments were received regarding the **annual credentialing requirements.** These comments included the following:

- People asked whether waivers will be available for individuals who do not complete all of the required credential activities within the specified enrollment period. People asked what the process for requesting a waiver will be if waivers are available.
- People commented that First Steps Newsletters are no longer listed as an option to receive credentialing hours.
- People commented about the "independent professional development activities with prior approval", formerly known as other proposed tasks. Commenters referred to a current list of approved activities and asked whether this list will continue to be maintained/available. Commenters referred to the ICC workgroup that made recommendations in this area in 2017.
- People commented that they are unclear on the difference between First Steps Core Training and State required trainings that include "any additional trainings or activities as required". People commented that in the past, "State required trainings" and "First Steps Core Trainings" were the same.
- Commenters were pleased with the addition of mentoring and reflective supervision as acceptable categories for annual credentialing hours. However, commenters requested clarification on the definitions of these terms and noted that "reflective supervision" is currently understood as a very specific term associated with the Infant Mental Health Endorsement. People also asked if mentoring is inclusive of the proposed first year mentorship requirement.

We received a few comments on the **knowledge and competencies for First Steps personnel.** Commenters suggested that it would make more sense to include these competencies after the sections on initial and annual credentialing. One commenter asked whether any guidance will be provided regarding the competencies, for example how to embed them into agency in-service trainings.

We received comments regarding the **professional conduct guidelines**. These comments included the following:

- Many commenters were concerned about the language regarding termination for late or missed sessions. Commenters felt that this language was harsh and noted that emergencies may arise;

cell phone service may be spotty in rural areas; and that termination for this type of issue should be an agency decision/responsibility.

- Many commenters were concerned about the language requiring services to be provided only when the parent or other primary caregiver is present and actively involved. Commenters noted that parents are not typically present at child care and wondered if "primary caregiver" was inclusive of child care provider. Commenters said that they realize it is our goal to have active parent involvement during home visits but that active involvement does not always occur.
- Many commenters discussed student and new provider shadowing and expressed concern regarding the following:
    - The language that First steps personnel may not bring children/minors or other individuals not directly involved in the provision of care – Commenters were concerned that the latter would prohibit shadowing.
    - The language that new First Steps personnel or students gaining required practical experience and are supervised by enrolled First Steps personnel—Commenters were confused about this bullet and recommended revising it to say that parental consent is required for anyone shadowing a First Steps provider.
- One commenter was concerned that the last bullet regarding engaging in business transactions prohibits agencies from assisting families in accessing assistive technology or other services that are not covered by the First Steps program.

We received comments regarding the **entry level educational qualifications and licensure requirements**. These comments included the following:

- Commenters were pleased with the change from 30 hours to 15 hours for developmental therapy associates with a degree in a field related to early childhood
- Commenters asked how "related degree" is defined and asked what criteria is used to determine "coursework related to child development"
- One commenter asked what the process is for developmental therapy associates requesting specialist level enrollment
- Commenters discussed the use of temporary licenses for occupational therapists and physical therapists
    - One commenter noted that this was included in previous policy but had since been repealed
    - Another commenter noted that professional licensure standards now require PTs and OTs with a temporary license to work in "direct line of sight" of a licensed therapist. Commenters added that allowing temporary licenses would be difficult logistically and would not make much sense financially
- People commented that the requirements for service coordinators are "recommended" and that no other disciplines are written this way. One commenter also said that the qualifications of current service coordinators don't always seem to align with what the job requires, which is becoming more closely related to social work.

We received a few comments about the **service definitions**. Commenters asked where the definitions were from. One commenter noted that the definition of assistive technology does not align with the assistive technology currently provided in the First Steps program. The commenter also noted that the following component of occupational therapy is not currently supported: "selection, design, and fabrication of assistive and orthotic devices to facilitate development…". Another commenter recommended adding "behavioral concerns" to the areas of focus for developmental therapy.

We received comments regarding the **referral and intake procedures**. One commenter noted that evaluation and assessment are provided at no cost to the family but explained that First Steps often tries to recoup these costs from a family's insurance provider and that families may receive insurance statements accordingly. The commenter requested that this be clarified in the manual with the discussion of how parents should be informed of billing practices regarding private insurance. Another commenter requested that the State review language regarding referrals at 30 months of age or older. The commenter noted that the current language appears to discourage parents from seeking an evaluation and wanted to be sure families are aware that they have the right to an evaluation even if their child is referred earlier than 45 days from the child's third birthday.

Comments were made regarding the **evaluation and assessment procedures**. One commenter expressed concern that assessment teams are not utilizing the full criterion of the AEPS for evaluations and assessments. One commenter requested that the family summary report (letter k) also be shared with the ongoing provider as part of the child's record.

We received comments regarding **provider qualifications for evaluation and assessment**. Commenters asked whether the requirement for two years working experience in First Steps would be retroactive or would apply only to new assessment team members. One commenter expressed concern about the provision allowing individuals to provide both assessments and ongoing services as long as they do not provide assessments and ongoing services to the same children. The commenter's interpretation of this provision was that this was a loosening of current policy and the commenter wondered if this was the State's intent. The commenter noted that the draft policy is consistent with current practice for auxiliary providers (e.g. nutrition, psychology, etc.) and stated that the policy should continue to be in place for auxiliary providers. The commenter was concerned, however, about this policy being applied to all assessment team members and ongoing service providers.

A comment was made regarding the **eligibility determination process**. The commenter requested clarification regarding who is responsible for notifying the parent of the eligibility determination.

Comments were received regarding **service authorization**. One commenter requested that the policy state explicitly that day 1 of the 30-day service start period is the date that the parent signs the IFSP. Another commenter requested that the policy require all involved providers to be included in the service authorization, i.e. when a provider is being supervised by another provider in accordance with licensure requirements, both providers should be on the authorization.

One commenter asked whether providers will be reimbursed for attending IFSP team meetings as they are encouraged to do under **multidisciplinary IFSP team**.

We received comments regarding **IFSP review**. These comments included the following:

- Commenters pointed out that the forms referenced (documentation of team discussion, IFSP change recommendation) do not match the names of forms currently being used.
- One commenter requested clarification around the annual evaluation and assessment for children who are eligible as a result of medical diagnosis. The commenter pointed out that sometimes the AEPS is not conducted with these children because their ongoing eligibility is established by the medical diagnosis and other methods (provider progress notes, parent report) can be used to assess the child's progress.
- Commenters requested that the policy around assessment team review of IFSP change recommendations be amended to say that the assessment team can't deny a change request without documented team discussion.

We received several comments regarding **service delivery options**. These comments included the following:

- Commenters appreciated the ability to bill for both providers' time in the co-treatment model but requested clarification around the difference between co-treatment and visit overlap. The commenters requested that the policy be amended to address how co-treatment is documented in the IFSP and how authorizations are handled for co-treatment.
- Commenters asked for clarification around reimbursement for consultation.
- One commenter requested clarification around whether consultation can be within the same discipline. The commenter stated that inter-disciplinary consultation can be very beneficial for providers of varying skill levels.

WRITTEN COMMENTS

First Steps received the following written comments regarding the First Steps Policy Manual and 2018 Part C Application. All commenters have been de-identified. To see feedback received from OSEP, go to the First Steps website at https://www.in.gov/fssa/ddrs/4655.htm.

3/7/2018

Thanks for the info on the drafted policy manual. Just a couple of suggestions:

Under notice of cancellations: Lack of notification of late or missed sessions… [add] "except in case of unexpected illness, injury, or emergency."

Under description of services: Since FS is a family education model… [add] "every session includes direct treatment, consultation, and home programming."

3/12/2018

After reading the proposed First Steps EI Policy Manual overall I believe it looks more comprehensive and will provide more EI experience to new providers. I did have some questions or concerns though.

1. I do not see any forms included in the manual. Will the credentialing forms be included or be found in a separate place? Will there be any changes to the forms or the credentialing grid? How will the mentor/supervision face to face form for new providers look like?
2. There was no mention of the newsletter quizzes in the manual. Will those count for any credentialing hours?
3. There was no mention about providing documentation of Liability Insurance, background check, etc. for credentialing.
4. For the initial credentialing process would you consider maybe only 2 FSCTs? The first year is the most overwhelming for a provider as there is so much to learn in First Steps.
5. Will the mentor/ supervisor be able to bill for their monthly face to face meeting?
6. When will the new changes be taking place?

Thank you for your time and hard work on updating the manual!

3/12/2018

I have worked in First Steps for almost 19 years now. So in the policy manual looking at the description of the role of the disciplined therapies…both OT/ST work with swallowing, eating disorders. That area is not listed in the description of services for our specialties (p 12-13). Description for SLPs mentions communication disorders specifically, OT mentions adaptive abilities. Is work with swallowing and eating disorders assumed for both ST and OT? Just wanting to check and be clear on this. Have provided this service in the past and was surprised not to see it mentioned here. But then, I don't recall every having been given the opportunity to comment on the manual before it came out before. Thank you for this opportunity to comment on the Policy Manual.

3/13/2018

I have reviewed the Indiana First Steps Early Intervention Policy Manual draft and have some questions/suggestions.

- Under Enrollment Requirements: It states that the initial credentialing will be due within the first year of enrollment, however it does not detail if there are additional hour requirements (as there are now) that have to be met. Are the only requirements the DSP/SC 101-103 and 3 FSCT? Would recommend clarifying this.
- I applaud the new mentoring requirements, it is something we do in our agency already. New staff will greatly appreciate it. J For the mentoring inclusion on annuals, would the time allowed to be included be only the time documented in the face to face meeting forms? I know our DT supervisor currently has more contact with her supervisees that that one meeting a month.
- Will the Annual grid be updated to the "Professional Development Summary form"?
- Is experience no longer allowed for initial or annual points?
- Co-treatment:
    - Is prior approval required? If so, from who?
    - Does "full face to face time" mean only time they are involved directly with the child or does it include the time they are discussing the HEP with the parent/guardian and discussing progress, etc. with the co-treating therapist?

3/13/2018

Given that DT-C's have a bachelor's degree in Communication Disorders/Speech-Language Pathology, I feel that they should be held to the same standard as SLP-Assistants licensed by the State of Indiana through the Indiana Professional Licensing Agency. (https://www.in.gov/pla/2897.htm and below).

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

The minimum education requirement for an SLP Assistant is a bachelor's degree or its equivalent in communication disorders from an accredited institution.

SLP Assistants are also required to obtain the following amount of clinical experience:

1. One hundred (100) hours of a clinical practicum supervised by a SLP licensed by the Board.

Of the 100 hours, seventy-five (75) hours must be obtained with direct face-to-face patient/client contact in the following categories:

1. A minimum of twenty (20) hours in speech disorders.
2. A minimum of twenty (20) hours in language disorders.
3. The remaining hours may be obtained in any of the following areas:
   a. Speech disorders.
   b. Language disorders.
   c. Hearing disorders.

Legal counsel for the Speech-Language Hearing Association, Darren R. Covington, J.D., Board Director for the IPLA has stated, "Anyone who wishes to engage in activities within the scope of practice as a speech-language pathologist must have a SLP license, or another license that includes speech-language pathology within its scope. If you have reason to believe that someone is practicing without a license you may file a complaint with the Attorney General's office for them to investigate."

I would hate for it to come to that when we could license DT-C's as SLP-A's. We already have PTA's and COTA's in First Steps, so this seems like a logical progression to ensure that children in First Steps receive services from qualified providers.

4/20/2018

I reviewed the DRAFT FS EI Policy Manual and have a couple of questions / comments:

1. I notice that page 4 states that audiologists are exempt from FS credentialing requirements. As an audiologist who has been a FS provider for many years, I am very pleased to see this. However, I do have some questions/concerns:
   a. Can any audiologist in Indiana be a FS provider?
   b. What do they to do to be a FS provider, i.e. to be able to bill FS for services?
   c. Do they have to provide some documentation that they have specialty and capability in assessing and managing children from 0-3 years? This is particularly important, as many licensed audiologists do not have the full range of equipment to see infants and young children, and we want to be sure that our children do not end up going to a clinic or facility that is not fully equipped to serve their needs. Therefore it seems that along with a valid IN license, it may be worthwhile to consider getting some small documentation or even statement or affirmation from the audiologist stating that they are a pediatric provider. Some examples to demonstrate this may include:

   i. Experience / ability to assess infants using ABR, ASSR, OAE and high-frequency tympanometry
   ii. Experience / ability to assess toddlers using OAE, tympanometry, visual reinforcement audiometry and play audiometry
   iii. Experience / ability to counsel and fit amplification devices using real ear verification and real ear to coupler difference measures
2. My 2nd question relates to the 15 hours/year of required continuing education: Are audiologists exempt from this requirement as well? It was not clear to me whether the disciplines that were exempt from credentialing were also exempt from this requirement

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4/24/2018

[Page references are to the manual posted for comment on 3/5/2018]

1. Thank you for the opportunity to comment. The document overall is concise, well organized, and easy to follow.
2. The credentialing process proposed is an improvement over the current system. It will be easier to follow and less confusing for providers and supervisors to ensure requirements have been met.
3. **Pg. 4, first bullet under "The initial credential process…":** What is the "onboarding training for all First Steps personnel"?
4. **Pg. 4, D under "First Year Requirements":** Is supervision required, or mentoring?
5. **Pg. 5, under "Annual Requirements":** consider providing a page reference for "early intervention competency area(s), as it is not immediately clear what those are.
6. **Pg. 5, "In-Service Activities":** Consider allowing sign-in sheets or other confirmation of attendance rather than certificates of attendance. We do not typically provide certificates for in-services.
7. **Pg. 7, bullet 6:** Clarify "termination"; would this mean termination of the provider by the family, or termination of the provider agreement by the agency or State?
8. **Pg. 8, DT Qualifications:** Consider experience in lieu of education requirements for those with related degrees but who don't meet the early childhood/child development academic requirements.
9. **Pg. 8, DT Qualifications:** Consider clarifying that DT's are enrolled as associates for one year to ensure professional competence since they are not required to be licensed the same way other disciplines are.
10. **Pg. 8, DT Qualifications:** What about DT's who were "grandfathered" under previous policies and don't meet the minimum qualifications?

11. **Pg. 16, "Referral and intake procedures," sub-bullet 2 under bullet 5:** "Such billing may occur if and after the child is found eligible and services begin"-we currently bill insurance for the evaluation, which occurs prior to eligibility determination.
12. **Pg. 16, "Referrals for 30 months of age or older," SPOE responsibilities (30-33 months):** Add "with parental consent" to "Immediately notify and coordinate with LEA personnel **."**
13. **Pg. 16, "Referrals for 30 months of age or older," SPOE responsibilities (33 months or older):** Add "with parental consent" to "Complete a referral to the LEA...**"**
14. **Pg. 18, "Evaluation and assessment procedures," E, 1:** Please clarify if the CODF needs to be completed or utilized as a reference during the assessment. It is currently utilized as a reference.
15. **Pg. 19, H, 1:** Is it legally required for the physician to provide comment as described here for eligibility of a child with a documented diagnosis? We often struggle to get timely physician signatures on required paperwork, and would anticipate even more difficulty getting this kind of documentation.
16. **Pg. 19, H, 2-3:** Currently, an AEPS is not completed at annual for children with medical eligibility unless the team determines there is a need for this. Requiring the assessment team to complete an AEPS for every medical annual would have a significant impact on the schedule and would impede the SPOE's ability to provide timely assessments/eligibility determination for new referrals and non-medical annuals.
17. **Pg. 19, I, 1 "Using informed clinical opinion":** While the link to the definitions of informed clinical opinion is provided on pg. 20, this language is still somewhat confusing. Could it be changed to "professional opinion" or something similar?
18. **Pg. 20, bullet #3 under "A team's use of informed clinical opinion…":** There is not space on the form currently used to document use of informed clinical opinion to describe the child's functioning in each developmental domain, and this information is available in the report.
19. **Pg. 20, "Provider qualifications for evaluation and assessment":** "Individuals cannot provide evaluations or assessments for the same children to whom they provide ongoing early intervention services"-This flexibility will be helpful in ensuring SPOE's are able to provide fully staffed assessment teams without jeopardizing ongoing service availability within the cluster.
20. **Pg. 20, "Billing guidelines for evaluation and assessment":** Consider allowing 90 minutes face to face time for two assessment team members for annual assessments of children with medical eligibility. Currently, if an AEPS is being completed for these children, it is because the team has questions beyond eligibility that require a more in-depth assessment than is typical. As a result, these assessments are often more time consuming for the assessment team than initial or non-medical annuals. If the requirement to complete an AEPS for all annuals remains, it would be expected that some medical annuals would not need the full 90 minutes for both team members, but the flexibility would be helpful for those that require more time.
21. **Pg. 21, Under "IFSP procedures":** "All children who are eligible <u>and</u> in need of early intervention services must have an individualized family service plan." Consider changing "must have" to "must be offered."
22. **Pg. 21, third bullet under "Initial IFSP":** "The family assessment tool must be completed…" Consider changing to "must be offered," since it is optional for the family.

23. **Pg. 21, second paragraph under "Service authorization":** Can you clarify this process? Currently, the SC and provider agency discuss possible service needs prior to the IFSP because the IFSP document includes the service page. The family signs the IFSP document, including the service page, during the meeting. In order for the IFSP team to determine services after the IFSP, the family would either have to sign an incomplete IFSP with a blank service page, or the SC would have to meet with each family twice for an initial IFSP. Both of those are problematic.
24. **Pg. 23, second paragraph under "IFSP review":** "The IFSP must be reviewed quarterly." Current policy requires the IFSP to be reviewed every six months, which satisfies the federal requirement. We request this be changed from "The IFSP must be reviewed quarterly" to "The IFSP must be reviewed every six months."
25. **Pg. 23, third paragraph under "IFSP review":** "Service Coordinators are expected to meet with families face to face at least every six months…" Consider changing "expected" to "required."
26. **Pg. 23, fourth paragraph under "IFSP review":** "Service providers are expected to submit written quarterly progress reports to the service coordinator…" Consider changing "expected to "required."
27. **Pg. 24, "Exit from First Steps":** "With parental consent, the SPOE will conduct a transition conference for all children exiting the program." Currently, families are not able to waive the transition conference. The may decline consent to invite the LEA, but the transition conference between 270 and 90 days before the third birthday is required and failure to participate in the transition conference results in closing the record. Please clarify if this practice needs to be changed.
28. **Pg. 24, "Exit from First Steps," bullet 2 under second paragraph:** "Completes the IFSP change recommendation form"-This is not done for children exiting at the third birthday. If discharge is recommended for a child prior to the third birthday, the form is completed by the provider (not the service coordinator).
29. **Pg. 24, "Exit from First Steps," bullet 3 under second paragraph:** "Obtains updated AEPS scores for the child"-Consider including the provider requirement for completing the updated AEPS scores, or including the reference for those requirements so it is clear that the SC is not responsible for producing those scores.
30. **Pg. 25, "Key timelines," New services must begin…:** Within 30 days of from parent signature on initial IFSP or IFSP amendment (e.g. change page)"-current requirement is 30 days from the auth start date for IFSP amendment or annual IFSP.
31. Is there a process for dispute resolution, when there is a disagreement with AT recommendations?

4/26/2018

Thank you for the opportunity to provide comment on the proposed First Steps Policy Manual. [Commenter] recognizes the importance of this document and supports the implementation of state-wide policies to support the delivery of services in Indiana. We are supportive of improvements to the Early Intervention system and appreciate the opportunity to provide input on the proposed Manual.

Areas for comment and/or concern are noted as follows:

- Thank you very much for the revision of credentialing hours and Initial / Annual Credentialing requirements. It is expected that this will help with staff satisfaction and retention.
- First Year Requirements:
    - All first year early interventionists must have a mentor for a period of one year from the date of their first service authorization. (p.4)
        - It could be difficult to track the year from authorization date, from enrollment date would be more consistent with other program & training requirements.
        - Does this requirement apply to Assessment Team members? These members do work in pairs and therefore they already receive a high level of mentorship and training.
        - Does this requirement apply to Service Coordinators?
- Referral and Intake procedures:
    - Evaluation, assessment, eligibility determination, and service coordination are among the services provided at no cost to the family. (p.16)
        - It is our understanding that evaluation and assessment costs are billed to insurance when possible. This statement then seems misleading and could be clarified to prevent any confusion for families and/or Service Coordinators.
- Provider qualifications for evaluation and assessment:
    - Have at least two years working experience in First Steps or otherwise providing early intervention services; (p.20)
    - This requirement significantly reduces the pool of candidates for Assessment Team members, hindering SPOEs ability to hire and fill open positions.
    - It fosters a competitive relationship between Agencies and SPOEs which is detrimental to the overall working relationship between the 2 entities.
- Service authorization:
    - After the initial IFSP is developed, the SPOE and provider agencies must work collaboratively to identify the appropriate early intervention service provider(s) to address outcomes listed in the IFSP. After service provider(s) have been identified, service decisions are to be made collaboratively by the IFSP team as outlined in the procedures for IFSP review and evaluation. (p.22)
        - It seems as if this statement is implying that services would not be written on the IFSP service page at the IFSP meeting, but would be later added to the document. It is our understanding that the services are to be listed on the page

at the meeting, at the time of parent signature, whereby they are signing to signify they are in agreement to services to be provided. If for some reason those services cannot be fulfilled, a change page would be completed to reflect the services that are to be provided.
        - Whenever possible, SPOEs and Agencies collaborate prior to the IFSP meeting based upon the recommendations made by the Assessment Team.
    - Could you please define Day 1? Is it the date the parent signs? Is it the day following parent signature date? There is confusion about this and a definition would be greatly appreciated.
- IFSP review:
    - It is expected that the child's developmental needs and the family's priorities will change over time . ... The documentation of team discussion form must be utilized. (p.23)
        - The Request for Change form is used to request a change and allows space to document team discussion on the same form. The documentation of team discussion form would be redundant.
- Exit from First Steps:
    - For all children and families exiting the program (whether at or before the child's third birthday), the service coordinator:
        - Meets with the family if the family chooses;
        - Completes the IFSP change recommendation form (p.24)
            - Suggestion to strike "if the family chooses" from "Meets with the family if the family chooses". That last visit is important and all efforts to meet should be made by staff to meet with families when possible.
            - The IFSP change recommendation form is not used by therapists at exit, a discharge report is sent to the SC triggering them to contact family regarding exit. Requirement of using IFSP change recommendation form does not seem necessary to the exit process.

Thank you very much for your consideration of our comments on the proposed First Steps Policy Manual.

5/3/2018

Below are comments on the proposed policy manual. [text from the manual has been italicized]

Interpreter certified by a state or nationally recognized organization or a non-certified individual who is fluent in a foreign language, including ASL, and is able to translate on behalf of a provider, service coordinator, and/or family. Credentialing is not required.

Comments: Although interpreters do not require credentialing, it is required that they be enrolled for an agency to receive reimbursement. Interpreters are requested for multiple languages. The cost of interpreter services alone often exceeds the reimbursement for direct service.

Recommendation: Please consider changing the requirement that interpreters be enrolled providers for agencies to receive reimbursement. Please consider a reimbursement option for using private interpreting services that is sufficient to cover the cost of the service.

Social Worker: Master's and/or doctorate degree in Social Work and licensed as a clinical social worker (LCSW) who must submit the name, address and copy of license of supervisor at time of enrollment (if applicable.)

Comments: A variety of professionals are now receiving training and certification in models such as the Early Start Denver Model and the PLAY Project. When these professionals do not fit the First Steps Role structure, we lose the opportunity to add these specialists to our system.

Recommendation: Please consider MSW, Licensed Mental Health Counselors (LMHC), BCBA's (Board Certified Behavior Analyst) and others with specialized early intervention training and certifications.

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 an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.*

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. The term includes:*

- *The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;*
- *Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;*
- *Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;*
- *Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- *Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and*
- *Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.*

Comments: The statements above read as if First Steps will be paying for Assistive Technology devices with the exception of the exclusions mentioned. Is this the intention?

Recommendation: If the intention is to pay for these devices, please clarify the process.

Comments: Currently, augmentative communication evaluations occur at one on-site location for the entire state.

Recommendation: Please replace the statement “in the child’s customary environment” with “most appropriate environment for the child to have a thorough evaluation”.

5/3/2018

Thank you for the opportunity to provide feedback to the Provider Policy Manual. Collectively, we have provided feedback on this manual. We have only attached the sections that include specific written feedback. Additional feedback was provided during the public hearings that took place in April. While we are encouraged by changes that are being put forth in this manual, we do have concerns that would impact how agencies function both financially and with daily processes.

Our hope is to continue rich discussions that will improve our First Steps system. We are dedicated agency directors that want to see the First Steps Program continue to provide quality and family-centered programming for the littlest ones in our State.

[Re: language under Enrollment Requirements section]

Comments: This implies that ALL new providers are enrolled at the Associate level, including OT/PT/ST/OT as well as the Psychology, Social Work and Nutrition. Language within this document under "Entry Level Educational Qualifications and Licensure Requirements" contradicts this statement by indicating that only Developmental Therapists are enrolled as less than Specialists during the first year.

Recommendations: ALL providers that meet the personnel standards for their discipline are enrolled at the same level with the exception of PTA/COTA per licensing rules.

[Re: exempt providers]

Comments: There is no mention of Psychology, Social Work, Nutrition with regards to credential exemption. Credentialing requirements for these professions may attribute to a loss of those providers from our system and difficulty recruiting.

[Re: training requirements for initial credential]

Comments: Current recommendation has been to complete DSP1021103 within the first 3-6 months of enrollment so providers have a greater understanding of the program before attending. Why the change?

The requirement to complete the training within the first 90 days will be very challenging when the course is only offered 1x per month. A new provider may only have one date option based on their date of enrollment and other commitments.

It is currently very difficult to get new part-time providers to attend DSP1021103 as many work full-time jobs elsewhere. This may be a preventative to First Steps enrollment for some highly needed providers.

Attendance at DSP1021103 has always been an extra demand for those providers that reside outside of the Indianapolis area.

Why no longer requiring AEPS Part 1 during the first year?

Recommendations: Professional Boundaries and Ethics in Home Visiting should be included in DSP101 as it is information that providers should have BEFORE they begin actively seeing children.

Offer DSP1021103 online with a component that must be completed face to face with the agency supervisor. Agencies would be required to maintain this documentation in the employee's file.

If felt necessary, require an online assessment to ensure that training has been completed.

[Re: the first year supervision requirements for developmental therapists/requirement for developmental therapists to enroll at associate level]
Comments: See above comments regarding different requirements for Developmental Therapists. The policy manual for personnel should not be developed based on potential cost saving for the state but rather the educational requirements for the position.

[Re: first year mentorship requirement for all credentialed providers]
Comments: Inconsistency among initiation date for supervision between above paragraph regarding Developmental Therapists (begin supervision with first authorization) and this paragraph requiring supervision to begin with enrollment. Waiting to begin supervision with authorizations can extend the time period to more than 12 months.

It states above that the "mentor may be of a different discipline" which seems to indicate that the supervision is not necessarily to provide specific instruction in skills but rather insight into home visiting, working with families, First Steps procedures, etc. If this is the intent of supervision, why does the mentor need to be credentialed/have active authorizations? This requirement eliminates the ability of many program managers with years of First Steps experience to mentor new staff when in fact, they may be more knowledgeable than an enrolled therapist.

If required to utilize credentialed/enrolled providers as mentors, agencies would need to financially compensate both parties for the monthly meetings at an estimated cost of $1300 ($55hr x 2providers x 12 mos.). If an agency enrolls 10 new providers per year, that is an annual cost of $13,000 and is additional overhead that agencies cannot afford at current rates.

Recommendations: Begin all mentoring/supervision requirements with enrollment date.

Allow face time/virtual technology for mentoring sessions as a way to accommodate providers employed in full-time positions outside of First Steps. It is crucial that we find a way to work with these providers as they are becoming more prevalent and necessary to serve children in many areas of the state.

Allow agency managers to provide monthly mentoring for new providers (as is done currently by most agencies). The state may suggest topics/guidelines for the mentoring which will be more consistent in delivery if one person mentors all therapists. It would be extremely difficult for agencies/state to monitor the quality and accuracy of instruction provided to new providers when delivered by multiple persons. Enabling agency program managers to provide monthly mentoring will eliminate additional overhead costs to the agency.

[Re: statement that failure to meet annual credentialing requirements will result in the provider's disenrollment]
Comments: Use of the words "will result in the provider's dis-enrollment" circumstances, no room for errors?

Recommendations: Change wording to "may result in the provider's dis-enrollment".

[Re: options to satisfy annual training requirements]
Comments: Will the state be discontinuing the requirement to complete 4 quarterly newsletters per credential year?

[Re: professional conduct guidelines]
Comments: Please define "other primary caregiver". Does this prevent delivery of services at daycare/babysitter?

Requirement for therapist to notify families if late, there are time in rural areas no cell signal. Grounds for termination seems a bit overzealous when there is no requirement for families to notify therapist and we cannot dismiss them with no shows/cancellations. In a time of provider shortages, this may deter enrollments if providers fear termination when they are late for sessions.

Recommendations: Remove language that says "Lack of notification of late or missed sessions may be grounds for termination". Agency responsibilities include to monitor provider attendance issues. Let the agencies determine if there is cause for termination based on family, provider, Service Coordinator input via internal investigation and quality assurance procedures.

[Re: educational qualifications for developmental therapists]
Comments: Please define "related degrees." See comments previously stated in this document regarding DTA vs DTS.

[Re: educational qualifications for occupational and physical therapists]
Comments: Therapists with temporary licenses have not been permitted to provide First Steps services for many years. Is this an intentional change in policy?

[Re: educational qualifications for service coordinators]
Comments: Does "recommended" mean that a high school diploma is acceptable for Service Coordinator positions?

[Re: service definition for speech-language pathology]
Comments: The language that states "diagnosis and appraisal of specific disorders" is inconsistent with other disciplines stated above and a concern as neither the Assessment Team nor ongoing providers are "diagnosing".

[Re: service delivery options]
Comments: How will these different service delivery options be determined? How will the other therapist providing the consultation be billing for their services?

5/4/2018
Thank you for the opportunity to comment on the proposed Annual State Application under Part C of the IDEA and the Indiana First Steps Early Intervention Policy Manual. [Commenter] applauds the state agency for the importance it places upon obtaining public input from a wide range of stakeholders in developing the application and manual, and is confident that the feedback received will be carefully considered in the final development of the application prior to its submission and the manual prior to its finalization. Please know that beyond our written comments, [commenter] is dedicated to assisting the state agency in any way appropriate to improve systems and services to individuals with disabilities.

Part C Application

- Section III-5
    - [Commenter] was pleased to see the anticipated increase in projected Part C spending for the four main service areas. [Commenter] applauds the State for their commitment, emphasized by the Secretary and other Family and Social Services Administration (FSSA) staff on numerous occasions, to requesting additional State funding for early intervention services in the 2019 budget session as well.
    - Regarding the delineation of the funding, given the shortage of Occupational Therapists and Physical Therapists, we would anticipate projected spend for Developmental Therapists would be considerably higher as they provide services in place of the other therapists.
    - The grid shows the anticipated Part C spend for each discipline. Can the federal Part C funding be transferred between services on an as-needed basis?

Indiana First Steps Early Intervention Policy Manual

- Overall Question
    - Does the State intend to replace the Indiana First Steps Early Intervention Personnel Guide with the proposed policy manual or will it be a supplemental document in addition to the Personnel Guide? In the event it will be a supplemental document, [commenter] recommends the review of the Personnel Guide to ensure consistency between the two documents.
- Early Intervention Personnel Standards, Page 3
    - In the infographic, under Recruitment and Retention, [commenter] requests additional information regarding the strategies to hire and maintain a qualified workforce.
    - Is FSSA working with the Indiana Commission for Higher Education (CHE) to update curriculum and degree requirements for all Early Intervention service providers based on the growing needs of children and families served?
    - Is FSSA partnering with the Indiana Professional Licensing Agency (IPLA) to ensure the professional requirements for all Early Intervention service providers are consistent with the services delivered and in the best interest of the children and families in the First Steps program?
- Enrollment Requirements, Page 4
    - Will all service providers begin at an Associate level until their credentialing process is completed? Further, will their services be billed at the Associate level until their credentialing process is complete?
    - Is the delineated list of service providers that are exempt from First Steps credentialing requirements comprehensive? Will Psychologists, Social Workers, Nutritionists, and Dieticians be exempt from credentialing requirements as well?
    - Required onboarding training for First Steps personnel is a vital part of providing high-quality service. Unfortunately, the current system is not conducive to providing that training as it is only offered one time per month and is only provided at an on-site location. This limits the ability for therapists around the State to participate in the trainings. [Commenter] recommends providing those trainings via webinar or through the use of conferencing technology in order for therapists to access the required training. Also, by offering the trainings on a more frequent basis, it provides additional opportunities for providers to participate.
    - In addition to the training requirements listed, will AEPS training continue to be required?
- First Year Requirements, Page 4
    - Is any consideration given for out of state experience regarding all first year early interventionists? For instance, is a person with ten years of experience as a therapist in another state considered a first year early interventionist? Clarification on what constitutes a first year interventionist would be appreciated.
    - Regarding mentoring, early intervention agencies currently require mentoring among their therapists as a best practice. Consistent with person and family centered principles

and practices, agencies structure the mentoring as they deem appropriate for the services being provided by and the experience level of the mentee as well as the population being served. For the State to mandate the mentorship and specifically delineate requirements for all mentorships across disciplines and different regions and populations being served would be redundant and not congruent with person centered practice. However, if the State does retain these requirements in the manual, [commenter] recommends the one year requirement for mentoring begin based on the date of enrollment versus the date of an active authorization.

- [Commenter] requests background and clarification regarding the requirement that a mentor have active authorizations.
- The one year mentorship is an important component to the proper delivery of services. We recommend that the State proactively allow the use of technology, including video conferencing, by the mentor and mentee, in order to allow mentees to connect with mentors who may not be geographically located nearby while alleviating some of the additional non-billable expenses and lost productivity associated with time and travel.
- The required monthly mentor/mentee meetings and subsequent documentation are all non-billable activities. Has the State considered that as part of the cost of providing services and included that in the consideration of the hourly billable rate for providers in the First Steps fiscal analysis currently being undertaken by the State?

- Annual Requirements, Page 5
  - In the first paragraph, the manual mentions dis-enrollment for failure to complete the required credential activities. Is this an automatic dis-enrollment? Is there a formal appeal process or consideration of waivers in the event of an error or a therapists' inability to work due to leave?
  - [Commenter] applauds the State's effort to ensure therapists are properly trained and are abreast of the latest best practices and interventions for children. [Commenter] recommends the State consider how the required trainings can be delivered statewide, particularly through the integration of technology.
  - The draft manual does not discuss the current practice of required completion of the newsletter quizzes. Will that remain a requirement?
  - [Commenter] understands the Professional Development Summary Form has not been made public and welcomes the opportunity for providers to be involved in the drafting of this form.
- Professional Conduct Guidelines, Page 7
  - In bullet 4, clarification around the definition of a primary caregiver would be appreciated. Specifically, would the definition include daycare providers, babysitters, or other caretakers?
  - First Steps personnel work diligently to provide comprehensive, impactful services to children and families and oftentimes that requires time outside of the authorized number of units. For instance, if a child is authorized to receive one hour of services, however, they have a behavior issue that requires the service to be put on hold for ten minutes, the provider will ensure the child receives the entire one hour of authorized

units. This could cause providers to be late to In the event a personnel will be late or will need to cancel and does not notify the parents or caregivers, it should be at the employers' discretion to determine termination upon failure to comply with this guideline.

- [Commenter] recommends the State review current practice around the ability to "make-up" missed or "no show" appointments. It is in the best interest of the child to receive all authorized services and instances such as illness of the child, family member, or personnel or inclement weather should not prevent a child from receiving a service. In order to achieve this recommendation, [commenter] proposes the following improvements over the current Prior Authorization policy.
  - Prior Authorization not to exceed 13 sessions per quarter
  - Therapeutic sessions not to exceed 6 per discipline, per child, per month
  - Not to exceed 2 per discipline, per child, per week
  - Not to exceed 1 per discipline, per child, per day
  - Therapeutic Session equals no fewer than 3 units of service and no more than 4 units of service per visit

- Entry Level Educational Qualifications and Licensure Requirements, Page 8
  - Under the Developmental Therapy, Associate (DT-A) requirements, is there a formal process for requesting specialist level enrollment? Clarification of acceptable related degrees would be helpful as well.
  - In the Personnel Guide, is the Developmental Therapy, Focus Area Hearing Impaired (DT-HI) the same as Developmental Therapy, Focus Area in Deaf or Hard of Hearing (DT-DHH) in the policy manual?
- Entry Level Educational Qualifications and Licensure Requirements, Page 9
  - Regarding Occupational Therapists and Physical Therapists, currently agencies cannot employ people with temporary licenses. Will the State release a bulletin notifying agencies of the policy change following the adoption of the manual?
  - Are physicians required to complete the physician's orientation to the First Steps Early Intervention System through the Unified Training System (UTS) as outlined in the personnel guide?
  - Registered Dieticians are listed in the policy manual but are not listed in the personnel guide. [Commenter] recommends the inclusion of all roles in both the personnel guide and the policy manual if the State plans to retain both documents as guidance.
  - [Commenter] recommends that the requirements for a Service Coordinator be updated to state that a Bachelor's degree is preferred versus recommended.

- Service Definitions, Page 10
  - Under bullet 8, how does the State define "maximum extent appropriate?"
  - [Commenter] would recommend the State consider creating a policy to ensure the safety, health, and well-being of the providers while delivering services in the natural environment. Because providers are committed to serving children in need, they work

in all environments, including homes that are unsanitary, and around family members that may be ill.

- To ensure consistency across all guidance and policies, [commenter] recommends the list of qualified personnel match the Early Intervention codes.

[Commenter] looks forward to the results of the Fiscal Analysis currently be undertaken by the State. The First Steps program has experienced various cuts over the last two decades and in order to ensure that children are receiving the necessary services, those rates must be increased.

Thank you very much for your consideration of our comments on the State Application under Part C of the IDEA and the proposed Policy Manual. We hope you find that they are constructive as you draft the final versions of the application and manual.