



First Steps

Public Comment Response First Steps Policy Manual

FINAL

Policy manual effective date: 9/1/2018

This document is intended to provide clarification on questions received about the First Steps policy manual during the public comment period. The document also summarizes changes that were made to the manual based on public comment and other feedback, for example feedback received from the federal Office of Special Education Programs (OSEP). The First Steps policy manual was submitted to OSEP with Indiana’s 2018 IDEA Part C application on May 4, 2018. To see the final policy manual and other related documents, go to the First Steps website at <https://www.in.gov/fssa/ddrs/4655.htm>.

This document is not inclusive of all of the comments received during the public comment period. A document containing all public comments received can be found 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). Any use of “the Division” refers to DDRS/First Steps.

Page	Section	Comment/Feedback	Response
3	Personnel Standards: Intro	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.	The graphic was removed. For more information about state comprehensive systems of personnel development under Part C of IDEA, go to https://ecpcta.org/ .
3	Personnel Standards: Requirements overview	There is no mention of providing documentation for liability insurance, background check, etc. in the credentialing requirements.	A “Requirements Overview” section was added on page 3 to clarify what is required to enroll with First Steps, obtain an initial credential, and renew the credential on an annual basis.
4	Personnel Standards: Exemptions	Can any audiologist in Indiana provide services for First Steps? Recommendation to require documentation that the audiologist is qualified to serve pediatric population.	Audiologists are exempt from credentialing requirements, however they are still required to sign a provider agreement with the Division. The Division will review the commenter’s recommendation.

4	Personnel Standards: Exemptions	Nutritionists, psychologists, and social workers are not listed as exempt providers. Does this mean that these providers are not exempt from the credentialing requirements?	The providers listed on page 4 (audiologists, interpreters, nurses, physicians, orientation and mobility specialists, transportation providers, and vision specialists, i.e. optometrists and ophthalmologists) are exempt from First Steps <u>credentialing</u> requirements. The manual was clarified to state that <u>all</u> providers must still <u>enroll</u> and sign an agreement with First Steps in order to be reimbursed for providing early intervention services.
4	Personnel Standards: Exemptions	Are audiologists exempt from both the initial and annual credentialing requirements?	Yes. "Credentialing requirements" includes both initial and annual requirements.
4	Personnel Standards: Initial Credential Requirements	How many hours are required for the initial credential?	Obtaining an initial credential is based on the required trainings and not on the number of hours.
5	Personnel Standards: Credential Renewal Requirements	How many hours are required annually to renew a credential?	After a provider's first year, 15 hours of professional development related to early intervention are required.
5	Personnel Standards: Credential Renewal Requirements	Will providers be able to receive time extensions on their annual credential renewal?	Language was added to the manual regarding the process for submitting requests for extensions on annual credential renewals.
5	Personnel Standards: Credential Renewal Requirements	An inconsistency was identified between the service provider agreement and provider onboarding training regarding the number of years a provider must keep credentialing/ service documentation on file.	The policy manual was changed to align with the service provider agreement, which requires records related to the provision of services to be kept for a period of seven (7) years.
5	Personnel Standards: Credential Renewal Requirements	What is the difference between a state required training and a "First Steps Core Training"?	The term "First Steps Core Training" has been removed. Any specific trainings required by the DDRS/First Steps will be referred to as "state required trainings."
5	Personnel Standards: Credential Renewal Requirements	Certificates are not always available/ provided for agency in-service trainings.	Sign-in sheets have been added as acceptable documentation for in-service training hours.
5	Personnel Standards: Credential Renewal Requirements	What is the difference between mentoring and reflective supervision?	Language was added to clarify that mentoring is specific to First Steps and reflective supervision is specific to the Infant Mental Health Endorsement (IMH-E®).

6	Personnel Standards: Credential Renewal Requirements	Will a list be maintained and made publicly available regarding previously approved independent professional development activities?	The use of independent professional development activities will be approved on a case by case basis depending on the individual request. An approval form is required and can be found on the First Steps website at https://www.in.gov/fssa/ddrs/4655.htm
6	Personnel Standards: First Year Supervision Requirements	Several comments were received regarding the proposed policy to require mentorship for all first-year First Steps providers. Commenters requested clarification on how this policy would align with current practice and whether the Division had considered the financial impact of the change on provider agencies.	The proposed policy requiring mentoring for all first year providers has been removed. The comments are currently under advisement.
6	Personnel Standards: First Year Supervision Requirements	Several commenters requested that the first year of supervision required for developmental therapists begin with the provider's enrollment date as opposed to the date of their first authorization for services.	This change has been made to reflect that the 12 months of required supervision for newly enrolled developmental therapists begins at enrollment.
6	Personnel Standards: First Year Supervision Requirements	Consider clarifying that developmental therapists enroll at the associate level and receive one year of supervision to ensure professional competency since they are not required to be licensed like other disciplines.	A statement has been added stating that first-year DTs must enroll at the associate level to ensure professional competency unless the individual has at least one year of documented experience in IDEA Part C early intervention.
8	Personnel Standards: Professional Conduct Guidelines	The professional conduct guidelines state that a parent or other primary caregiver must be present during services, but this may not be feasible if services are provided in the child care setting.	The language in this requirement has been changed from "parent/primary caregiver" to "parent or other caregiver" to be inclusive of child care providers.

8	Personnel Standards: Professional Conduct Guidelines	The professional conduct guidelines state that personnel may be terminated for failing to notify families of late or missed appointments. This language was concerning to many commenters.	This statement has been removed from the professional conduct guidelines.
8	Personnel Standards: Professional Conduct Guidelines	Clarity is needed around the following professional conduct requirement: “New First Steps personnel or students gaining required practical experience and who are supervised by enrolled First Steps personnel, state staff, and/or state contractors are required to have prior consent of the family”	This statement has been rewritten as: “Parental consent is required for any student or new provider shadowing a First Steps provider in the family’s home.”
8	Personnel Standards: Professional Conduct Guidelines	Does the professional conduct guideline regarding engaging in business transactions with families prohibit providers from assisting families in accessing assistive technology or other supports that are not provided by First Steps?	This statement has been clarified to say that personnel may not engage in business transactions for personal gain. The Division does not intend to prohibit providers from assisting families in accessing needed resources.
9	Personnel Standards: Educational Qualifications and Licensure Reqs.	“Visually impaired” is an outdated term. Request to consider name change for DT-VI.	The name for “Developmental Therapist, Focus Area in Blind and Visually Impaired (DT-VI)” has been changed to “Blind and Low Vision Specialist”.
9	Personnel Standards: Educational Qualifications and Licensure Reqs.	“Hearing impaired” is an outdated term. Request to consider name change for DT-HI.	The name for “Developmental Therapist, Focus Area Deaf and Hard of Hearing (DT-DHH/formerly DT-HI)” has been changed to “Deaf and Hard of Hearing Specialist”.
9	Personnel Standards: Educational Qualifications and Licensure Reqs.	Developmental Therapy, Focus Area in Communication (DT-C) should be eliminated and replaced with Speech-Language Pathology Assistant (SLP-A)	This comment is currently under advisement.

9	Personnel Standards: Educational Qualifications and Licensure Reqs.	How is “related degree” defined for developmental therapy? What criteria is used to determine “coursework related to child development”?	This comment is currently under advisement.
10	Personnel Standards: Educational Qualifications and Licensure Reqs.	Individuals with a temporary license in physical therapy must operate in direct line of sight of a licensed physical therapist.	The entry-level educational qualifications for physical therapists has been revised and the option to work under a temporary license has been removed. Physical therapists must be fully licensed to provide services in First Steps.
10	Personnel Standards: Educational Qualifications and Licensure Reqs.	See above	The option for occupational therapists to work under a temporary license has been removed to align with the qualifications for physical therapists. Licensure requirements for a temporary license in occupational therapy are similar to licensure requirements in physical therapy.
10	Personnel Standards: Educational Qualifications and Licensure Requirements		Based on additional feedback and further consideration, First Steps will allow the enrollment of individuals with temporary licenses in OT or PT. These individuals must submit the name, professional license, and First Steps credential of their supervising provider at enrollment.
11- 14	Service Definitions	Where did the language for the service definitions come from?	The language for service definitions was adopted from federal IDEA Part C regulations at 34 CFR 303.13.
12	Service Definitions	The definition of assistive technology does not align with the assistive technology currently provided in the First Steps program.	This comment is currently under advisement.
13	Service Definitions	The definition of nutrition services is missing.	The definition was added.

14	Service Definitions	Many developmental therapists address behavioral concerns, but this focus is missing from the definition of developmental therapy.	<p>The definition of developmental therapy has been amended to include “the design of environments and activities that promote the infant’s or toddler’s development in a variety of areas including cognitive processes, social interaction, and behavior.”</p> <p>After further review, “curriculum planning” and the “planned interaction of personnel, materials, and time and space” was removed from the definition of developmental therapy to provide a more accurate definition of the service.</p>
14	Service Definitions	It was identified that the definition for service coordination did not fully align with the federally required definition at 34 CFR 303.34.	“Coordinating the funding sources for services required under IDEA Part C” was added to the definition for service coordination. This refers to the work done by service coordinators related to the First Steps payment system (for example, obtaining consent to bill the family’s insurance, collecting cost participation information, etc.).
15	Referral and Intake Procedures	Evaluation and assessment are provided at no cost to the family, however First Steps may still try to recoup the cost of these services from the family’s insurance provider. The policy should clarify this so that families are aware that they may see an insurance statement (but not a bill) for evaluation and assessment services.	A clarifying statement was added to the policy on page 15 regarding how families must be informed of First Steps billing practices.
15-16	Referral and Intake Procedures	Clarify that parental consent is required to notify and/or complete a referral to the local education agency (LEA) when children are referred to First Steps at 30 months of age or older.	Language regarding consent has been added.

15-16	Referral and Intake Procedures	The language regarding referrals at 30 months of age and older appears to discourage parents from seeking an evaluation in First Steps. Families need to be aware that they have a right to an evaluation up to 45 days before their child's third birthday.	Some of the language has been reworked in this section. It is not the Division's intent to discourage families from seeking an evaluation.
16	Program Eligibility and Definition of Developmental Delay	It was identified that the conditions listed in the eligibility category for "high probability of developmental delay" were not inclusive of the conditions required by federal regulations at 34 CFR 303.21 (a)(2)(ii).	The federal regulations have been adopted in the manual. This means that the following conditions have been added for First Steps eligibility: <ul style="list-style-type: none"> • Congenital infections • Inborn errors of metabolism • Severe attachment disorders
18	Evaluation and Assessment Procedures: Child Assessment	It was identified that the requirement around native language in the child assessment procedures did not align with federal regulations at 34 CFR 303.25 and 34 CFR 303.321(a)(5).	The manual was updated to state that all child evaluations and assessments must be conducted in the native language of the child, if determined developmentally appropriate by qualified personnel conducting the evaluations and assessments.
18	Evaluation and Assessment Procedures: Child Assessment	Is it legally required for the physician to provide comment as described for children who are eligible due to a documented medical diagnosis?	The requirement on pg. 18 re: physician documentation of the child's medical diagnosis was an existing assessment policy prior to the 2018 revisions. The requirement is based on federal regulations at 34 CFR 303.321 that allow eligibility to be established with a medical diagnosis but still require a multidisciplinary assessment of the child's strengths and needs conducted by qualified personnel. If a SPOE wishes to have a single qualified individual complete the initial AEPS for medically eligible children, information is also required from the child's physician regarding the child's development to ensure that the assessment is multidisciplinary and conducted by qualified personnel. The Division is open to working with the SPOEs on improving our policies and processes regarding coordination with physician offices.

18	Evaluation and Assessment Procedures: Family Assessment	The family assessment required by federal regulations at 34 CFR 303.321 must be completed before the first IFSP meeting.	The manual has been updated to align with this requirement.
19	Evaluation and Assessment Procedures: Provider Qualifications for Evaluation and Assessment	Will the requirement for two years of working experience in First Steps for assessment team members be retroactive?	No. The requirement that assessment team members have two years working experience in First Steps will apply only to individuals who enroll after the policy becomes effective.
20	Eligibility Determination Process	Who is responsible for notifying the parent of the child's eligibility determination?	The table on page 20 has been clarified to indicate that the SPOE is responsible for this notification.
20	Eligibility Determination Process	Pursuant to federal regulations, child and family assessment are not supposed to have bearing on a child's eligibility for the program.	The language has been revised to clarify that a child's eligibility is determined based upon the child's evaluation.
20	Eligibility Determination Process	"All children who are eligible and in need of early intervention services must have an individualized family service plan." Consider changing "must have" to "must be offered."	This change has been made.
21	IFSP Procedures: Service Authorization	Several comments were received regarding the second paragraph under "Service Authorization" in the original draft .	This paragraph has been removed. The paragraph was intended to clarify the process of writing services into the IFSP; however, after further review of the manual, it was determined that the paragraph was duplicative and unnecessary.
21	IFSP Procedures: Service Authorization	The service start date must be 30 days after the parent signs the IFSP. What is day 1?	The policy has been clarified to indicate that day 1 is the day that the parent signs the IFSP.
21	IFSP Procedures: Service Authorization	For ethical reasons, any First Steps provider involved in the provision of services should be addressed in the service authorization(s).	The authorization policy has been amended to include a requirement that authorizations for physical therapy assistants (PTA) include the supervising therapist and that both the PT and PTA must have an authorization for the child being served by the PTA.

22	IFSP Procedures: IFSP Review	A form exclusively for IFSP team discussion is redundant. The IFSP change recommendation form includes a space to document team discussion.	The requirement to use a form for IFSP team discussion has been removed.
22	IFSP Procedures: IFSP Review	“The IFSP must be reviewed quarterly.” Current policy requires the IFSP to be reviewed every 6 months, which satisfies the federal requirement.	This statement has been changed to “The IFSP must be reviewed at least every 6 months.”
22	IFSP Procedures: IFSP Review	“Service coordinators are expected to meet with families face to face at least every 6 months.” Consider changing “expected” to “required.”	This change has been made.
22	IFSP Procedures: IFSP Review	“Service providers are expected to submit written quarterly progress reports.” Consider changing “expected” to “required.”	This change has been made.
22	IFSP Procedures: IFSP Review	Assessment team members should have a conversation with the child’s ongoing provider(s) before denying a request for service change on the IFSP.	The policy has been amended to indicate that assessment team members cannot deny change requests without documented discussion with the ongoing provider.
22	IFSP Procedures: IFSP Review Evaluation and Assessment Procedures: Child Assessment	The AEPS is not required annually for children who remain eligible due to a medical diagnosis.	The policy has been amended to indicate that the AEPS is not required annually for children eligible due to a medical diagnosis and that other methods such as provider progress notes and parent report should be used to assess the child’s progress for the annual evaluation of the IFSP. A clarifying statement has also been added to the child evaluation and assessment procedures on page 18 (letter H2).

23	Exit from First Steps	“With parental consent, the SPOE will conduct a transition conference for all children exiting the program.” Currently, a transition conference is mandatory for all families.	The phrase “with parental consent” has been removed.
23	Exit from First Steps	“Completes the IFSP change recommendation form” – this form is not currently used by service coordinators for children exiting at the third birthday. Ongoing providers are responsible for recommending discharge prior to the child’s third birthday.	This requirement has been removed from the bulleted list regarding service coordinator responsibilities for children exiting First Steps. The policy has been revised to indicate that the ongoing provider notifies the service coordinator if discharge is recommended prior to the child’s third birthday.
23	Exit from First Steps	“Obtains updated AEPS scores for the child” – consider including the provider requirement for completing the updated AEPS scores.	This statement has been revised to: “Obtains updated AEPS scores for the child from the ongoing provider.”
24	Service Delivery Options	Please clarify how co-treatment and consultation are documented on the IFSP.	Co-treatment and consultation must be documented as strategies in the IFSP. The manual has been amended to clarify this.
25	Key Timelines	Clarification was requested regarding key timelines for IFSP services.	The table on key timelines was amended to clarify when IFSP services must begin.