

# **AS Early Intervention Policy Manual (2024) Section III – INTRODUCTION**

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## **Introduction**

### **Helping Hands Family-Centered Services**

Family-centered services recognize and respect the pivotal role of the family in the lives of children with developmental delays and/or special health needs. Family-centered services support families in their natural care-giving and decision-making roles by building on their individual unique strengths as people and families. In this philosophy, parents and professionals are seen as equals in a partnership committed to the development of optimal quality in the delivery of all levels of service. To achieve this, elements of family-centeredness and community-based intervention must be carefully interwoven into a full and effective coordination of services and supports for all children with developmental delays and/or special health needs.

From a philosophical perspective, it is clear that a family-centered approach is not defined by the use of a particular form or by the provision of a specific type of service. Rather, it is reflected in the willingness of Helping Hands and the service provider to develop a collaborative relationship with each individual family and to provide services in accordance with family values and priorities.

Helping Hands Early Intervention Program, under the auspices of LBJ Tropical Medical Center has developed and implemented policies and practices that will assure the following elements of Family-Centered Services:

- ❖ Families are supported in using family-directed, family-centered planning to ensure full participation, choice, and control in decisions related to their wants and needs.
- ❖ All children are valued and each child deserves the opportunity to meet his or her potential, which can best be accomplished when children grow up in families.
- ❖ Families are provided complete and unbiased information.
- ❖ Families decide who will provide their chosen services and supports when possible.
- ❖ Services and supports are flexible and change with the evolving experiences of families.

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- ❖ No one is excluded due to difficult or challenging circumstances.
  
- ❖ Services and supports focus on the entire family; the child who has a disability or delay, parents, siblings, and others involved.
  
- ❖ Services and supports are reliable and easily available, but are not imposed on families.
  
- ❖ Services and supports are available before families experience extraordinary stress.

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- ❖ Families are supported to have an active presence in all aspects of their community.
- ❖ Family-to-family support and networking are encouraged and facilitated.
- ❖ Families are recognized as critical to meaningful decision-making, planning, development, implementation, and evaluation of the Early Intervention services and supports, and their participation is encouraged.
- ❖ Services and supports are implemented based on policies and programs that meet the needs of families as they identify them.
- ❖ Family diversity is honored, family strengths are recognized and differences are respected.

This document follows the 2011 IDEA Part C regulations at 34 CFR Part 303 (76 FR 60140) and to the extent possible, any potential ambiguity in the provisions of this document should to be interpreted in the manner that is consistent with 34 CFR Part 303.

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(Note: Activities requiring written parental consent are designated by a “” in the left margin.)

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**Subject**                      **Child Eligibility**

**Authority**                      34 C.F.R. 303.5, 303.21, 303.111, 303.206, 303.303;

**Companion Policies** Policies III.2 - III.4, Policy III.8 and Policies III.11 – III.11F; Glossary; Appendix C

**Purpose**                      To ensure that Helping Hands has uniform criteria throughout the territory to determine who may receive services.

**Policy**

1. An interdisciplinary team that includes the parent(s) must meet to determine a child's eligibility for Early Intervention services. An eligibility statement from the interdisciplinary team must be included in the child's record, and updated annually. The statement must verify medical eligibility or summarize developmental delay. [See Glossary for definition of Interdisciplinary Team].
2. A child is eligible for Early Intervention services if the child is under three years of age, and is authorized for services due to a visual impairment or auditory impairment, and/or needs early intervention services due to a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or a documented developmental delay.
3. A child becomes ineligible for Early Intervention services beginning on his/her third birthday.
4. Services cannot be provided to anyone who is not a resident of the American Samoa. [See Glossary for definition of Resident].
5. Services cannot be denied on the basis of race, gender, national origin, religion or ethnicity.
6. Programs must determine eligibility based on child and family needs due to (a) a medically established condition, (b) determination of developmental delay based on test results, or (c) a biological/medical risk, and d) environmental risk.
  - A. Medically Established Condition - Children are eligible who need early intervention services because they have a medically established physical or mental condition that has a high probability of resulting in developmental delay. (An approved list of eligible diagnoses is in Appendix C).
    - i. A change in a medical diagnosis may result in a child's loss of eligibility for Helping Hands comprehensive services. Any change in medical diagnosis must be documented by a physician, i.e., resolution of failure to thrive.
    - ii. If the symptoms of the medical diagnosis are resolved and the child and family do not demonstrate a need for Helping Hands services as

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determined by the interdisciplinary team, enrollment in comprehensive Helping Hands services will not be extended.

- iii. Programs must obtain a physician's statement of Polymerase Chain Reaction (PCR) or viral testing in order to confirm eligibility for children who are HIV positive after 15 months of age. Prior to 15 months of age, an infant does not qualify for Helping Hands services based on this medical diagnosis alone.
- iv. If a child is eligible due to a medical diagnosis, an assessment is needed for intervention planning purposes. A standardized evaluation tool is not required.

If a child's eligibility is determined based on the criteria of a medically diagnosed condition with a high probability of delay, the child's record must contain a physician's statement, hospital discharge summary, or other medical record that verifies that a medical diagnosis has been made.

Children who are eligible based on a medical diagnosis remain eligible for comprehensive Helping Hands services and may not need an evaluation as long as the qualifying medical diagnosis is present and there is a continuing need for the services.

- B. **Developmental Delay** - Children are eligible who need early intervention services because they are delayed in one or more of the following areas of development: cognitive, motor, communication, social-emotional, or adaptive skills. If a child's eligibility is determined based on the criteria of developmental delay, the child's record must contain the test protocol(s) used to establish developmental delay. This is American Samoa's rigorous definition of developmental delay.

Eligibility must be verified by determination of the specific level of delay by test performance on a content validated comprehensive developmental inventory or standardized test according to the parameters below:

- i. For infants who were born prematurely, developmental age must be measured against adjusted age rather than chronological age in determining eligibility until the child is 12 months old. Age must not be adjusted for more than two months prematurity.
- ii. For infants whose age is two months or less at the time of assessment, atypical responses or behaviors must be documented.
- iii. For children ages two months through 12 months, a delay of two months or more in any one developmental area must be documented.
- iv. For children ages 13 months through 24 months, a delay of three months or more in any one developmental area must be documented.
- v. For children ages 25 months to 36 months, a delay of four months or more in any one developmental area must be documented.



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**Exception:** For children whose only delay is in the area of expressive language

For children ages 18 to 36 months, a delay in expressive language of 6 months or more must be documented. Recommended practice is to have a speech language pathologist present at evaluation. If the delay is less than six months, a speech language pathologist must be present at evaluation and document that other factors (such as oral-motor concerns, measures of articulation or other clinical concerns) are present for the child to be eligible.

For children under 18 months of age, a delay in expressive language of 4 months or more must be documented. Recommended practice is to have a speech language pathologist present at evaluation. If the delay is less than four months, a speech language pathologist must be present at evaluation and document that other factors (such as oral-motor concerns, measures of articulation or other clinical concerns) are present for the child to be eligible

- C. Biological/Medical risk – Children are eligible who need early intervention services because they are diagnosed with a medical condition that may produce a developmental delay. Medical conditions need to be diagnosed by an Physician or Pediatrician.
  - D. Environmental Risk – Children are eligible for early intervention services if it is determined that there are environmental risk factors which may result in a developmental delay of the child. Environmental risk factors are: physical, social or economic.
  - E. Other At-Risk Children:  
ASDOH coordinates to ensure the referral of a child under the age of three who—
    - (1) Is the subject of a substantiated case of child abuse or neglect; or
    - (2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
7. Child eligibility for comprehensive Helping Hands services must be re-determined at least annually.
  8. When using an inventory or a test that results in an age-range score, the interdisciplinary team must assign the highest age in the range to determine the months of delay.
  9. Programs must establish a system of management oversight to ensure consistent eligibility determination.

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10. Parent(s) must receive written notice that their child is not eligible for comprehensive Helping Hands services when:
  - A. At any time after enrolling in services, a child who is eligible based on a developmental delay reaches developmental proficiency or no longer qualifies for comprehensive Helping Hands services based on re-evaluation criteria.
  - B. At any time after enrolling in services, a child who is eligible by medical diagnosis no longer has the diagnosed condition (i.e. no longer is considered failure to thrive, no longer has a seizure disorder).
11. Eligibility determination services must be provided at no cost to families.

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**Subject**                      **Referral and Intake**

**Authority**                      34 C.F.R. 303.206, 303.303, 303.310 (d) & (e)

**Companion Policies**   **Policy III.11A; III.11B; III.11C; Glossary**

**Purpose**                      To ensure that programs identify referral procedures and to ensure that children have access to comprehensive intervention services.

### **Policy**

#### **Referral**

1.      Helping Hands may receive a referral from any source by telephone or in writing. The referral date is when enough referral information has been obtained and verified to enable Helping Hands to contact the family.
  
2.      If a child leaves American Samoa to another territory or state the Helping Hands information will be transferred upon request. A family leaving American Samoa will be asked for permission to refer baby to the next Part C program and to alert the next Part C program that the child is coming.
  
3.      Helping Hands documents the date and source of each child’s referral in the child’s record.
  
4.      Helping Hands develops and implements local procedures for coordinating referrals with other community resources when Part C intervention services are determined inappropriate.
  
- ☆ 5.      Children referred who are not eligible for a Helping Hands service is referred to other appropriate services. Parental consent is required to release any identifiable information to entities outside of the Helping Hands program. (See Policy III.11B, Written Parental Consent).
  
6.      Helping Hands confirms medical referral outcomes. Information on each child’s referral disposition is communicated to the child’s primary care physician within two weeks of eligibility determination.
  
7.      Helping Hands maintains records of referrals for planning and evaluation purposes.

#### **Intake**

8.      Screening takes place either during the intake process or on-site.

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9. Helping Hands uses the Ages and Stages questionnaire as a screening instrument and it will not be used for eligibility determination. Intake staff is trained on Ages and Stages two times a year.
10. The parent is notified in writing when the child passes all developmental areas of the Ages and Stages and does not require an evaluation for eligibility. Family can disagree with recommendation to not conduct eligibility evaluation and if family disagrees then can still request an evaluation. Helping Hands provides an evaluation for eligibility if the family requests it.
11. Parent(s) are notified that personally identifiable information will be sent to public school child find personnel when their child turns two.
- ☆ 12. Intake staff obtains written consent from parents for screening, gathering information about their child from outside sources, and releasing personally identifiable information to other community resources.
13. Intake staff act as the Service Coordinator to coordinate information gathering across agencies and as the single point of contact for setting eligibility determination date. Helping Hands identifies and documents the assignment of a service coordinator at the beginning of the intake process.
14. At intake parents are informed that Helping Hands services are provided at no cost to the family.
15. Children who are referred before they are born because they are expected to be eligible for services based on a medical diagnosis remain on referral and intake status until birth. An initial or interim IFSP cannot be developed until after the child is born. [Note: The child is not considered enrolled until the initial IFSP, or interim IFSP if appropriate, is developed and signed by the family].
16. The intake process includes:
  - A. An explanation and distribution of the Helping Hands Guide to Family Rights that includes obtaining parent's signature on the acknowledgment form at the beginning of the intake process.
  - B. A discussion with the family that child records may be destroyed five years after the child exits Helping Hands
  - C. A discussion with the family about Helping Hand's commitment to providing services in natural environments and supporting the child's ability to function in those environments.
  - D. Assisting the family in determining the assessment and evaluation settings and circumstances (i.e., time of day, who should be present, how the family chooses to

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participate in the assessment) that will provide the best evaluation of the child's ability to function in their natural environment(s). (See Glossary for definition of natural environments).

- E. A discussion with the family about concerns and needs as well as daily routines, tasks, and responsibilities.
  - F. Assisting the family in identifying the environments in which they want their child to participate, including the home, neighborhood, and community settings in which children without disabilities participate (i.e., where does the child live and play and/or where does the family want their child to live and play).
  - G. Screening for the need for further evaluation in the areas of assistive technology, vision, hearing, and nutrition.
17. All screenings of the child (including vision, hearing, nutrition and assistive technology screenings) and the process for assisting families to identify their concerns, priorities and resources must be:
- A. Conducted by persons trained to use appropriate methods and procedures, and each test protocol must include the name(s) of the evaluator(s) and the date the test was administered.
  - B. Conducted in the primary language or other mode of communication of the parent(s) and child unless it is clearly not feasible to do so.
  - C. Conducted in the settings and under circumstances that have been selected by the family as most appropriate for their child (i.e., where their child will be most likely to exhibit his/her typical behaviors and performance).
  - D. Reviewed on an ongoing basis and updated at a frequency recommended by the interdisciplinary team.
  - E. Based on informed clinical opinion and parent input.

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<b><u>Subject</u></b>	<b>Evaluation and Assessment</b>
<b><u>Authority</u></b>	34 C.F.R. 303.10, 303.21 through 303.25, 303.111, 303.321;
<b><u>Companion Policies</u></b>	Policies III.3A – III.4; Policy III.4C; and Policies III.11A – III.11B; Glossary
<b><u>Purpose</u></b>	To ensure that comprehensive evaluations and assessments are completed and include the components necessary for planning services for children with developmental delays and their families that enable the child and family to participate in their natural environments.

### **Policy**

1. Helping Hands provides a comprehensive, interdisciplinary team evaluation and assessment for each child as well as assessment activities to assist the family in the identification of concerns, priorities and resources.
2. For each child who qualifies based on criteria for developmental delay or environmental risk, a comprehensive evaluation occurs initially and annually thereafter to determine the child's initial and/or continuing eligibility regardless of how eligibility is determine. For each child who qualifies for services based on an established medical condition that has a potential to be resolved (i.e. failure to thrive, seizure disorder), Helping Hands requests updated medical information annually in order to document continued eligibility.
3. Evaluations and assessments are provided at no cost to families.
4. A timely, comprehensive, and multidisciplinary assessment will be conducted initially and annually thereafter to identify each child's unique needs and strengths and to determine the nature and extent of intervention services needed by the child and family. If a discipline-specific assessment is necessary and cannot be completed before the IFSP meeting (which occurs within 45 days of referral), the reason is documented in the child's record (see Policy III.4, Individualized Family Service Plan).
5. Helping Hands gives written notice to parents prior to performing evaluations and assessments. The notice is given five days before the meeting date to ensure that participants will be able to attend.
6. Parents have an opportunity to participate in all evaluation and assessment processes.
7. All evaluation data used as the basis for determining eligibility will be maintained as part of the child's record.
8. Prior to any evaluation or assessment, parents receive written notice in sufficient detail to inform them about:

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- A. Persons who will be involved in conducting evaluations and assessments and their respective disciplines,
- B. How the family will be involved in the evaluation and assessment process,
- C. The instruments and methods to be used, and
- D. Who will have access to the information obtained, and when and how that information will be synthesized and shared. (See Policy III.11A, Prior Written Notice)

- ☆ 9. Written consent from the parent or guardian to perform any and all evaluations and assessments is obtained before the process begins. The consent forms for evaluation and assessment describes the activity and includes information on applicable procedural safeguards. (See Policy III.12B, Written Parental Consent).
- 10. All evaluations and assessments of the child, the process for assisting families to identify their concerns, priorities and resources, and a family-directed identification of the needs of the family to appropriately assist in the development of the child is:
  - A. Conducted by persons trained to use appropriate methods and procedures, and each test protocol must include the name(s) of the evaluator(s) and the date the test was administered,
  - B. all evaluations and assessments of a child must be conducted in the native language of the child, if determined developmentally appropriate by qualified personnel conducting those evaluations and assessments, and family assessments must be conducted in the native language of the family member being assessed unless clearly not feasible to do so,
  - C. Conducted in the settings and under circumstances that have been selected by the family as most appropriate for their child (i.e., where their child will be most likely to exhibit his/her typical behaviors and performance),
  - D. Inclusive of informed clinical opinion, which may be used as an independent basis to establish a child's eligibility even when other instruments do not establish eligibility. This may not be used to negate the results of evaluation instruments used to establish eligibility.
  - E. Based on more than a single procedure as the criterion for determining a child's eligibility, and
  - F. Nondiscriminatory in regards to race or culture.
- 11. Helping Hands is not responsible for costs the family incurs in seeking a second opinion regarding evaluation or assessment findings. However, if a family obtains an evaluation

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or assessment at their own expense, programs must take into consideration the information provided by the additional evaluation or assessment, or both.

12. All initial and annual comprehensive child evaluations and assessments must be multidisciplinary and include the following:
  - A. A review of the child's health and medical history as well as the results of any evaluations conducted.
  - B. An evaluation to determine eligibility and the child's level of functioning in the areas of:
    - i. Cognitive development,
    - ii. Physical development, including vision and hearing, gross and fine motor skills, and nutrition status,
    - iii. Communication development,
    - iv. Social-emotional development, and
    - v. Adaptive development or self-help skills.
  - C. An assessment of the child's unique strengths and needs of the infant or toddler and the identification of services appropriate to meet those needs,
  - D. A family-directed assessment of the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler, and
  - E. Input from others (as selected by the parents), including day care providers, grandparents, extended family members, friends, siblings, and
  - F. Initial evaluations and assessments must be conducted prior to the child's initial IFSP meeting, all of which must be conducted within the 45-day timeline described in 34 C.F.R. 303.310.
13. Helping Hands assists the family in identifying their concerns, priorities, and resources (CPRs) related to enhancing their child's development. Although identification of family CPRs is voluntary on the part of the family, Helping Hands will ask the family to participate in the process. The process includes discussing the family's interest or need for a parent support group or contact with other parents raising children with special needs. This is not a process by which a staff member should evaluate or assess the strengths and needs of the family. If a family wants help in identifying their concerns, priorities, and resources, the process includes:
  - A. Designed to assist the family in the determination of their concerns, priorities, and resources and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child, including helping the family identify what assistance they need in promoting their child's ability to fully



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participate in his/her natural environments (i.e., home, child care, neighborhood, community playground, church, restaurants, grocery store, etc.), and

- B. Based on information provided by the family that must include but is not limited to a personal interview.
14. At initial evaluation, if a child does not meet any of the Helping Hands eligibility criteria, the parent receives written notice that their child is not eligible for Helping Hands services.
  15. All documentation of eligibility determination is maintained in the child's record and includes all assessment reports, with associated test protocols and medical reports, as appropriate.

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**Subject**      **Nutrition Screening, Evaluation and Services**

**Authority**     34 C.F.R. 303.13 (b)(7)

**Purpose**        To ensure early identification of children with nutritional needs that potentially interfere with optimal growth and development, and to evaluate the need for nutrition evaluation, assessment, and services.

**Policy**

1.      At Intake the Helping Hands Nutrition Screening instrument is completed to determine current nutritional status and to evaluate the need for further nutrition evaluation, assessment, and services.
- ☆ 2.      Children who fail the Helping Hands nutrition screening instrument is referred, within 5 working days, for a nutrition assessment by a licensed or registered dietitian. Parental consent is required to release any identifiable information to entities outside of the Helping Hands program. (See Policy III.11B, Written Parental Consent). If the child is already receiving services from a dietitian, the dietitian is invited to participate in the assessment and IFSP process.
3.      Each child’s nutrition status is reviewed on an ongoing basis and updated at a frequency recommended by the interdisciplinary team.
4.      The nutrition screening will be performed by qualified intake staff who:
  - A.      Are licensed or registered dietitians, or by professionals trained in weight /length /height measurements and evaluating high-risk referral criteria, and/or
  - B.      Have received training in the use of the most current version of the Helping Hands Screening Form. Documentation of this training is maintained in personnel files
5.      Growth status (head circumference, weight and length/height) must be current within 30 days and plotted on a growth chart.
6.      A referral to the WIC program may be a part of a nutrition care plan but does not constitute a nutrition assessment or the provision of nutrition services.
7.      If a child needs nutrition services the IFSP will describe how child’s growth is monitored at regular intervals and reported to the consulting dietitian.

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**Subject**      **Auditory Screening, Evaluation and Services**

**Authority**    **34 C.F.R. 303.13**

**Purpose**      To ensure early identification of children with auditory impairments that potentially interfere with optimal development, and to determine the need for auditory evaluation, assessment, and services.

### **Policy**

- ☆ 1.      The Helping Hands Screening form is completed and Intake staff will process the screening form for each child to evaluate the need for further auditory evaluation, assessment, and services.
  
- ☆ 2.      All children who, according to the criteria listed in the Helping Hands Screening Form have or are suspected of having an auditory impairment are referred if indicated, within 5 working days, with parental consent as follows:
  - A.      For an audiological evaluation by a certified audiologist within 5 working days.
  - B.      A referral for an ontological examination performed by an otologist (or a licensed medical doctor with documentation that an otologist is not reasonably available) within 5 working days.
  
3.      A child’s hearing status is screened and updated at a frequency recommended by the interdisciplinary team.
  
4.      The hearing screening is performed by Intake staff that has received training in the use of the most current version of the Helping Hands Screening Form. Documentation of this training is maintained in personnel files.

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**Subject**      **Vision Screening, Evaluation and Services**

**Authority**     34 C.F.R. 303.13;

**Purpose**        To ensure early identification of children with visual impairments that potentially interfere with optimal development, and to evaluate the need for vision evaluation, assessment and services.

**Policy**

- ☆ 1. Intake staff completes the Helping Hands Vision Screening Form during the intake process for each child to evaluate the need for further vision evaluation, assessment, and services. However, if circumstances, such as those listed in Policy #3 (below) already indicate the need to refer the child to the LEA for further evaluation, a vision screening is not required. Parental consent is required to release any identifiable information to entities outside of the Helping Hands program. (See Policy III.11B, Written Parental Consent).
  
- ☆ 2. All children who, according to the criteria listed in the Helping Hands Vision Screening Form, have or are suspected of having a visual impairment must be referred if indicated, within 5 working days, with parental consent as follows:
  - A. To an ophthalmologist or optometrist for an examination, unless the child has a current (within nine months) eye doctor report (if available in the community, a pediatric specialist is recommended), within 5 working days of receipt of ophthalmologists or optometrist report.
- 3. A child’s vision status must be screened and updated at a frequency recommended by the interdisciplinary team.
- 4. The vision screening is performed by intake personnel who have received training in the use of the most current version of the Helping Hands Vision Screening Form. Documentation of this training is maintained in personnel files

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**Subject**      **Assistive Technology Screening, Evaluation and Services**

**Authority**     34 C.F.R. 303.13;

**Purpose**        To ensure early identification of children who may need assistive technology assessment, services and devices.

**Policy**

1. Intake staff will conduct an assistive technology screening during the intake process for each child.
2. Screening and/or evaluation results will be documented and maintained in the child's record
3. Recommendations for assistive technology services and devices will be addressed as services, outcomes or strategies in the Individualized Family Service Plan (IFSP).
4. The need for assistive technology evaluations, services or devices will be monitored periodically and updated at a frequency recommended by the interdisciplinary team.
5. Assistive technology will be provided when it is needed to support the strategies identified to help a child reach his or her developmental outcomes. Assistive technology focuses on positioning, mobility, adaptive play, and/or augmentative communication.
6. The assistive technology screening will be performed by personnel who have received training on the use of Helping Hand's assistive technology screening process.
7. Assistive technology evaluations will be performed by personnel with the appropriate education and experience such as occupational, physical and speech therapists or contractual Assistive Technology Consultants from off-island.
8. All assistive technology evaluations will:
  - A. Include a review of the child's development in the areas of cognition, motor, language, social/emotional and self-help skills, which includes a review of the child's functioning and needs for assistance in positioning, mobility, communication and play
  - B. Consider all of the child's activities that occur over a 24-hour period and over a variety of important life events, such as vacations and holidays (make this Samoan version)
  - C. Take place in the child's home and/or places of familiarity for the child and include environmental issues, such a transportation, home environment and family routines, and

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- D. Provide parents with information and increased awareness of the availability of assistive technology services and devices, and the positive outcomes that can occur through the use of technology.

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**Subject**                      **Individualized Family Service Plan (IFSP)**

**Authority**                      34 C.F.R. 303.20; 303.340 through 303.346;

**Companion Policies** Policy III.4 - 4C; III.11A; III.7, III.7A; Appendix M; Glossary

**Purpose**                      To ensure that each child and family has a plan of services that is based on shared assessment information and knowledge, meets the unique needs of the child and family, and is developed in an open forum that supports the collaborative partnership between parents and all appropriate professionals

### **Policy**

1. Each eligible child has a written IFSP developed by an interdisciplinary team that includes the parents.
2. Helping Hands staff discusses with families their preferences for how they will participate, when the IFSP meeting will take place, where it will take place, who will participate, and how the information will be shared.
3. Parents receive a copy of the IFSP and it is written in their primary language, when feasible.

### **All IFSPs**

4. Every IFSP:
  - A. Includes the services necessary to enhance the development of the child, the child's ability to function in his/her natural environments, and the capacity of the family to meet the child's unique needs.
  - B. Is developed in settings and at scheduled times convenient to families.
  - C. Is developed in the primary language or mode of communication used by the family.
  - D. Is written in family centered language.
5. The IFSP is prepared with the family present and upon request an audio tape may be used to assist families. The IFSP includes:
  - A. An integrated summary that describes the child and includes the child's pertinent health and medical history.
  - B. A description of the child's present functional abilities based on professionally acceptable objective criteria

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- C. A description of the child's unique strengths and needs in terms of each of the following developmental areas:
- Cognitive Development
  - Physical development, including vision and hearing, gross and fine motor skills, and nutrition status
  - Communication development
  - Social – emotional development
  - Adaptive development or self-help skills
  - A description of the settings in which the child lives and plays (natural environments); and the family's routines, tasks, and responsibilities.
  - A description of who else is in these natural environments
  - A description of how the child functions in the natural environments in which he/she lives and plays
  - A description of any assistive technology devices used or needed to support the child's ability to function in his/her natural environment
- D. The IFSP team addresses with the family the importance of identifying Concerns, Priorities and Resources (CPRs)
- i. CPRs include information related to the family's ability to enhance their child's development; including any assistance they need in promoting their child's ability to fully participate in his/her natural environments.
  - ii. Families may decline to develop CPRs.
  - iii. Families may choose to have their CPRs maintained in a separate location from the IFSP.
- E. Outcomes expected to be achieved by the child and family. As new outcomes are developed, they must be dated and added to the current IFSP.
- F. Criteria to functionally describe how the parents will know that outcomes have been achieved.
- G. Strategies for reaching the outcomes. Strategies must include, when appropriate, other resources for which the child and/or family may be eligible. A service must not be listed as a strategy for reaching an outcome.
- H. Early intervention services to be provided. This includes type, frequency, intensity, location, and method of delivery for each service. The intensity of the service must be a specific amount of time, not a range. Frequency and intensity "As Needed" is used only for Service Coordination.



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- I. Services necessary to:
  - i. Enhance the development of the child
  - ii. Enhance the child's ability to function in his/her natural environments
  - iii. Enhance the capacity of the family to meet the child's unique needs, i.e., family counseling, family education, psychological services, and service coordination
- J. The name of the service coordinator who is responsible for coordination with other agencies and persons, and for implementation of the IFSP.
- K. The discipline of the person(s) responsible for implementing each individual service.
- L. Projected dates for starting each service as specified in the IFSP meeting and the anticipated duration of each service.
- M. Medical and other services that the child needs, but are not required early intervention services. Also included is information on potential funding sources to be used to pay for the services and, if necessary, the steps to be taken to secure potential funding.
- N. The date the IFSP is developed.

- 6. Team decisions regarding the services to be provided only occur after the development of outcomes and strategies and are determined on an individualized basis for every child and family.
- 7. The IFSP identifies the natural supports and resources in the child's environment, including who can facilitate the child's acquisition and mastery of skills (i.e., parents, peers, siblings, other caregivers, professionals). In addition, activities in the child's daily routine that offer opportunities for the child to learn new skills are identified.
- 8. Helping Hands provides or arranges for those services described in the IFSP for which parents have given consent
- 9. The IFSP includes a plan for transitioning a child who is two years of age or older. (See Policy III.4C, Transition).
- ☆ 10. The IFSP is signed by parent(s) designating informed consent to services, after staff have fully reviewed the IFSP and the Helping Hands Guide to Family Rights with the parent. (See Policy III.11B, Written Parental Consent).

- 11. Helping Hands keeps the original IFSP in the child's record.

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12. When there is a dispute among the interdisciplinary team members regarding the IFSP, every effort must be made to reach consensus. If a family indicates that they are not in agreement with the IFSP, Helping Hands must inform parents that they have the right to request an administrative hearing and/or file a complaint. The family must sign the IFSP to initiate services, but may indicate their specific area of disagreement.
13. A child is considered enrolled in Helping Hands services on the date that the IFSP is signed by the parent(s).

### **Initial IFSPs**

In addition to meeting the requirements for all IFSPs (described above), the initial IFSP:

14. Is written within 45 days of referral.
15. Is based on information gathered during the intake process and the comprehensive evaluation and assessment performed by an interdisciplinary team.
16. Is developed in a face-to-face meeting of the interdisciplinary team. The interdisciplinary team must include the following participants:
  - A. The parent(s) of the child.
  - B. Other family members, advocate(s) or person(s) outside the family, as requested by the parent.
  - C. A minimum of two fully qualified professionals from different disciplines.
  - D. The basic Helping Hands interdisciplinary team will be composed of a Physical Therapist, Certified Special Education Teacher, Certified Counselor and a MSW.
  - E. All needed child services are identified on the IFSP. Helping Hands contracts with off-island professionals to provide services not available locally. Off-island professional recommendations can be incorporated in the plan development process via alternative communication methods.
  - F. When on-island, Speech, Nutrition and Occupational Therapy specialists are members of the IFSP team as needed
  - G. The service coordinator who has been working with the family since the initial referral must be present.
  - H. Any professional directly involved in conducting the evaluation and assessment that is unable to attend the IFSP meeting must be involved through other means, e.g., telephone conference call, making pertinent records available at the meeting, or having a knowledgeable authorized representative attend the meeting. The

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parent must be given an opportunity to discuss this assessment and evaluation information with the professional prior to the IFSP meeting.

- ☆ I. In situations where multiple agencies are serving the child and/or family, representatives from those agencies must be invited, with parental consent.

17. The initial IFSP is signed by all team members, including those who conducted evaluations and assessments, participated in the IFSP development, and who provided or will provide services.

### **Six Month IFSP Review**

18. The IFSP is reviewed at a meeting or by other means acceptable to the parents, service providers and other participants at least every six months, or more frequently if conditions warrant, or the family requests such a review.

19. Participants must include:

- A. The service coordinator.
- B. The parent(s) of the child.
- C. Other family members, advocate(s) or person(s) outside the family, as requested by the parent.

20. The review addresses:

- A. The degree to which progress toward achieving the outcomes is being made.
- B. Whether or not additional needs have been identified based on ongoing observation procedures.
- C. Whether or not modification or revision of the outcomes or services is necessary.

21. The review is documented in the child's record. If changes are made to the services parents must sign consent for the changes to occur

### **Annual IFSP**

22. The annual IFSP meeting:

- A. Includes a review of the current Helping Hands Guide to Family Rights to ensure that they fully understand their rights. If the family does not have a current Helping Hands Guide to Family Rights, Helping Hands must provide them with a new one. Documentation of this review must be placed in the child's record.

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23. In addition to meeting the requirements for all IFSPs, the annual IFSP:

- A. Is written no later than one year after the initial IFSP is developed.
- B. Is developed through a face-to-face meeting of the interdisciplinary team that includes the parents. The same participant requirements outlined for the Initial IFSP apply to the annual IFSP.
- C. Is based on information gathered during the annual re-evaluation and assessment performed by an interdisciplinary team.
- D. Is signed by all team members, including those who conducted evaluations and assessments, participated in the IFSP development, and who provided or will provide services.

24. Continuation IFSP: The Service Coordinator documents the reason for the delay in the child's record. For children that will turn three within 60 days of the due date of the IFSP, parents may elect to continue with the current IFSP.

### **IFSP Revision**

25. IFSP Revisions are:

- A. Written whenever changes are necessary to the frequency, intensity, or end date of services, change in service coordinator or to add/delete a service.
- B. Conducted whenever conditions warrant or if the parent requests such a review.
- C. Developed through a face-to-face meeting or by other means acceptable to the parents, service providers and other participants. Requirements for participants are the same as those listed above for the six month review.
- D. Documented on the IFSP form, with the parent initialing and dating the changes.

26. Parents are provided a written copy of the revised IFSP.

### **Interim IFSP**



27. For a child who is expected to be eligible and has obvious immediate needs, early intervention services may start before evaluation and assessment are completed, with written parental consent. An Interim IFSP must be written before services begin.

28. An interim IFSP must include:

- A. The name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons

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- B. The early intervention services that have been determined to be needed immediately by the child and the child's family
- 29. Immediate child services must be recommended in writing by a physician. The specific need for immediate child and family services must be indicated.
- 30. Interim services must be planned by an interim team consisting of the parent(s), service coordinator and Helping Hands program director.

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**Subject**                      **Required Services and Service Delivery**

**Authority**                      34 C.F.R. 303.13, 303.26

**Companion Policies** Policy I.5J; III.4-4C; Glossary

**Purpose**                      To ensure that services are provided that meet the needs of all eligible children, in settings that families have identified as natural or normal including the home, neighborhood, and community settings in which children without disabilities participate.

1. Helping Hands provides all services in the natural environment and all services are designed to support the child and family in their natural environment; that is, the environment where the child lives, learns, plays, and spends time on a daily basis.
2. The IFSP team determines what supplemental supports to the natural environment must be provided by Helping Hands in order for the child to meet the outcomes listed in his/her IFSP.
3. Service settings are not selected by categories of disability, severity of disability, configuration of the delivery system, age, availability of services, availability of space, or administrative convenience.
4. A written justification is provided if services are to be delivered outside the natural environment.
5. Helping Hands program operates year-round closing for only local and government holidays. Parents are notified of the holiday schedule.
6. Helping Hands operates a flexible schedule that allows time for parents to participate (i.e., when parents are not working).
7. Individualized intervention services, as determined by the interdisciplinary team, must be provided to meet the developmental needs of the child, and the needs of the family related to enhancing the child's development. All services identified as needed by the child are listed in the IFSP. With the concurrence of the family, all services identified as needed by the family may be addressed in the IFSP. The array of required early intervention services that Helping Hands provides includes, the following
  - A. Assistive technology services and devices
  - B. Audiology
  - C. Special Instruction
  - D. Early identification, screening and assessment
  - E. Family counseling
  - F. Family education
  - G. Home visits

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- H. Health services necessary to enable the child to benefit from the other early intervention services
  - I. Medical services only for diagnostic or evaluation purposes
  - J. Nursing services
  - K. Nutrition services
  - L. Occupational therapy
  - M. Physical therapy
  - N. Psychological services
  - O. Service coordination
  - P. Social work services
  - Q. Speech/Language therapy
  - R. Transportation and related costs, and
  - S. Vision services
8. Documentation (such as progress notes) of the provision of all services must be maintained in each child's record. Documentation includes date of service, name of recipients, signature of service provider, nature of service, time involved, and place of service.
9. Helping Hands staff provides counseling or access to counseling for parents when the need is indicated.
10. The overriding consideration in selection of the setting in which a service will take place is that the selection for each child is determined on an individual basis according to the child's need(s).

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**Subject**                      **Service Coordination**

**Authority**                      34 C.F.R. 303.34;

**Companion Policies** Policy I.16; III 4-4C; III.7.

**Purpose**                      To ensure the consistent provision and coordination of services to all eligible children and their families.

**Policy**

1. SC is provided at no cost to the families.
2. The service coordinator is qualified and trained to carry out all applicable responsibilities. The service coordinator communicates with the family in their primary language whenever feasible to do so.
3. Service coordination includes but is not limited to:
  - A. Coordinating referral and intake processes and the performance of evaluations and assessments
  - B. Facilitating and participating in development, review, and evaluation of the IFSP
  - C. Monitoring all service provision and all Helping Hands related documentation
  - D. Facilitating the development of a transition plan
  - E. Continually seeking appropriate services for the child and family, including other community services for which the child and/or family may be eligible
  - F. Coordinating with medical and health providers and monitoring the well child visits and immunization periodicity schedule
  - G. Coordinating services the family may be receiving from other agencies
  - H. Addressing the needs of the family and their ongoing requests for information or services
  - I. Providing the family with information regarding advocacy services
  - J. Informing families of complaint procedures when appropriate
  - K. Assisting the family to continually identify and access services within their community that enables them to participate fully in their natural environments, including child care--and any other opportunities for their child to play and learn with children without disabilities and



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- L. Coordinating referrals to and from health care services including family planning, genetic counseling and prenatal care for pregnant mothers of enrolled children.
- 4. Each family must have a service coordinator who acts as a single point of contact.
- 5. Service Coordinator must document service coordination activities in the child's record.
- 6. At the time the IFSP is developed, families are given the opportunity to participate in the selection of the service coordinator as a part of the interdisciplinary team process.
- 7. If a new service coordinator is requested by a parent, a new service coordinator is assigned.
- 8. 18.  
When a paraprofessional is functioning as a service coordinator, supervision must be provided. Supervision may include, but is not limited to, consultation, record review, and observation.

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<b><u>Subject</u></b>	<b>Transition</b>
<b><u>Authority</u></b>	34 CFR 303.209, 303.344 (h)
<b><u>Companion Policies</u></b>	Policy III.4-III.4B
<b><u>Purpose</u></b>	To ensure a smooth transition for children receiving early intervention services to preschool or other appropriate services.

### **Policy**

#### **I. Transition Plan**

The LA must ensure that a transition plan is established in the child’s IFSP not fewer than 90 days (and at the discretion of all parties, not more than nine months) before the third birthday for *all* toddlers who are exiting Part C and not just those who are potentially eligible for Part B. [34 CFR § 303.209\(d\)](#).

1. Helping Hands must establish a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the toddler's third birthday. [34 CFR 303.209\(d\)\(2\)](#). The transition plan in the IFSP must include:
  - (i) Steps for the toddler with a disability and his or her family to exit from the part C program; and
  - (ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family. ([34 CFR 303.209\(d\)\(3\)](#)).
  - (iii) Individualized strategies to support the child's transition into preschool or other appropriate services or settings.
2. The transition plan must include steps for the child and their family to exit from the Part C program and any transition services that the IFSP Team identifies as needed by the child and their family. [34 CFR §§ 303.209\(d\)\(3\)](#) and [303.344\(h\)](#). Required transition planning activities are documented in the child’s record and are as follows:
  - A. Identification of appropriate future settings, such as Preschool services under IDEA Part B; child care program, ECE/Head Start, Pre-Kindergarten school programs; Other appropriate early childhood services; Continued early intervention services for children with disabilities from age three until the beginning of the school year following the child’s third birthday;
  - B. Provision of information and parent training regarding options for their child's future setting;
  - C. Assisting the family prior to transition by helping them prepare their child for a change in service delivery, including steps to help the child adjust to, and function in, a new setting;
  - D. With written parental consent, sharing information about the child (evaluation and assessment reports, IFSP, etc.) with the appropriate local education agency in which the child resides.

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### **II. Notification**

American Samoa has one program that is considered a unitary system that serves as both the State and local program. The SEA/LEA must be notified that the toddler will reach the age of eligibility for services under Part B on his or her third birthday. [34 CFR 303.209\(b\)\(1\)\(i\)](#). The LA must ensure that it provides the SEA/LEA with notification of toddlers with disabilities who are identified as *potentially eligible* for preschool services under IDEA Part B.

All children who have an IFSP in place at least nine months to 90 days before their third birthday must be considered potentially eligible for Part B services.

Transition notification must occur for all children receiving Part C services not fewer than 90 days prior to their 3rd birthday.

The transition notification to the SEA/LEA must include the child's name, date of birth, and parent contact information (name, home and email address, telephone number).

If the child is determined eligible for Part C early intervention services between 45 and 90 days prior to the toddler's third birthday, the LA must notify the LEA/SEA as soon as possible after the toddler's eligibility determination. [34 CFR § 303.209\(b\)\(1\)\(ii\)](#).

If a child is referred to the LA and EIS program or provider fewer than 45 days before that toddler's third birthday, the LA is not required, but may opt to conduct the initial evaluation, assessment, or IFSP meeting. If that child may be eligible for preschool services or other services under IDEA Part B, the LA, with parental consent required under [34 CFR § 303.414](#), must refer the toddler to the SEA/LEA. [34 CFR § 303.209\(b\)\(1\)\(iii\)](#).

### **III. Transition Conference**

For a child exiting Part C who is potentially eligible for Part B preschool services, the LA, with the approval of the family of the toddler, must convene a conference among the LA, the family, and the LEA, not fewer than 90 days and at the discretion of all parties, not more than 9 months before the child's third birthday to discuss any services the toddler may receive under Part B.

If the LA determines that a toddler with a disability is not potentially eligible for preschool services under part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive. [34 CFR S 303.209\(c\)\(2\)](#).

The LA must provide written notice of the transition conference to the family and other participants, which includes the SEA/LEA, early enough before the meeting date to ensure that they will be able to attend.

The LA may, but is not required to, combine the invitation to the transition conference in 34 C.F.R. § 303.209(c)(1) and the transition notification in 34 C.F.R. § 303.209(b). If the LA provides timely notification to the SEA/LEA and the SEA/LEA fails to attend the transition conference, the LA must still hold the transition conference to provide the family with information about Part B preschool services and may use the transition conference meeting to develop or revise the transition plan in the child's IFSP.

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Part B will provide an Initial Evaluation for Part B, and for children who are eligible, will develop and implement an IEP by the child's third birthday. [34 CFR § 300.101](#).

If the family declines placement or the child is determined ineligible for the public school Part B Section 619 preschool program for children with disabilities, the Helping Hands program must assist the family in transitioning the child into another appropriate setting by the child's third birthday.

1. Other transition activities include, but are not limited to:
  - A. Notification to school child find personnel on or before a child's second birthday
  - B. Holding the 90-day transition meeting with programs other than the school
  - C. Jointly planning assessments and evaluations so that they are not repeated or duplicated
  - D. Participation of Helping Hands staff in planning meetings with the receiving program
  - E. Sharing information about the use of assistive technology to meet a child's needs
  - F. Facilitating referrals to other community services
  - G. Plans for opportunities for children who have reached developmentally appropriate milestones and no longer need special services
2. Programs must notify parents that personally identifiable information regarding their child will be sent to the Child Find Part B staff by the child's second birthday. Personally identifiable information includes:
  - A. Child's name
  - B. Child's date of birth
  - C. Parent or guardian's contact information (including parents' or guardians' names, addresses, and telephone numbers).
  - D. Date of enrollment in Helping Hands

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**Subject**                      **Public Awareness and Child Find**

**Authority**                      34 C.F.R. 303.115, 303.116 303.301, 303.302;

**Companion Policies** Policy III.2; III.6

**Purpose**                      To identify, locate, and screen or evaluate infants and toddlers, birth through two years of age, who have or are suspected of having disabilities or developmental delays. To ensure access to services, as early as possible, for eligible children and their families.

### **Policy**

1. Each fiscal year, Helping Hands develops and implements a written public awareness plan and a written child find plan or a combined public awareness, child find and interagency coordination plan.
2. The Public awareness and child find plans target these primary referral sources:
  - A. Parents
  - B. LBJ Tropical Medical Center, Physicians, Outpatient clinics
  - C. Public Health Departments with maternal and child health programs under Title V of the Social Security Act
  - D. Women, Infants, Children (WIC)
  - E. ECE/Head Start
  - F. Child care programs
  - G. Department of Human and Social Services
  - H. Churches
  - I. Media and Radio
3. The Public Awareness and Child Find includes:
  - J. Timelines for activities
  - K. The person or position responsible for conducting the activities
  - L. Specific strategies
4. Public awareness and child find materials are produced in English and in Samoan.
5. Helping Hands uses its' logo and slogan to ensure program identification across American Samoa.

Helping Hands maintains documentation to verify implementation of the plan.

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**Subject**                      **Interagency Coordination**

**Authority**                      34 C.F.R. 303.1, 303.100, 303.120;

**Companion Policies**      Policy III.3; III.4; III.4C,

**Purpose**                          To prevent duplication of service, to promote access to existing community resources, and to promote interagency coordination.

### **Policy**

1. Helping Hands programs must develop and implement a written interagency coordination plan or a combined public awareness, child find and interagency plan with the following agencies:
  - Department of Education
  - Public Health Title V Programs
  - Head Start/ Early Childhood Education
  - LBJ Tropical Medical Center for Medicaid services
  - Department of Health and Human Services
2. The interagency coordination plan includes:
  - A. Outcomes to be achieved through interagency coordination and collaboration.
  - B. Specific agencies, organizations and local and regional planning and coordination groups affecting services to young children with whom Helping Hands will coordinate
  - C. Coordination strategies and activities to increase effectiveness and efficiency of training and service provision, to prevent duplication of assessments and services and to ensure families have access to services for which they are eligible
  - D. Timelines for activities
  - E. The person or position responsible for conducting the activities
  - F. Evaluation methods for determining the effectiveness of interagency coordination activities
3. Interagency coordination plans and activities must be coordinated and consistent with all Helping Hands state agency memoranda of understanding (MOUs) and with the Statewide Public Awareness and Interagency plan. (Plans are distributed to programs annually.)
4. Programs must maintain documentation of interagency coordination activities and of evaluation of these activities.

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<b><u>Subject</u></b>	<b>Staff Qualifications</b>
<b><u>Authority</u></b>	34 C.F.R. 303.13, 303.31, 303.119-;
<b><u>Companion Policies</u></b>	Policy III.4; III.7A-B
<b><u>Purpose</u></b>	To ensure that programs have staff with suitable qualifications to provide early intervention services.

### **Policy**

1. Professional staff providing early intervention services must abide by their license, registration or certification requirements for the established rules of supervision and conduct for their profession.
2. Helping Hands maintains documentation that includes:
  - A. Job descriptions for each position indicating responsibilities assigned and education and experience required.
  - B. Current license and qualifications with necessary renewals for each professional including contractors, and degrees or transcripts. Professionals from other countries who are licensed or degrees from another country must submit a complete certified transcript which has been reviewed by an accredited organization for US equivalency.
3. A criminal history record check is conducted on all applicants for employment including contract employment per LBJ Tropical Medical Center. Helping Hands must ensure that employees have not been convicted of any felony or misdemeanor related to child abuse, sexual abuse, or any other offense against a person or family. Applicants are given notice that a criminal history record check will be completed.
4. Programs may utilize paraprofessionals within the following parameters:
  - A. A paraprofessional is a staff person who does not have a related professional degree (Bachelor of Arts or Bachelor of Science). Related degrees include majors as follows:
    - i. Adaptive Physical Education (with or without teacher certification)
    - ii. Child Development
    - iii. Child Life
    - iv. Communication Disorders
    - v. Early Childhood (with or without teacher certification)
    - vi. Elementary Education (with or without teacher certification)
    - vii. Family Studies
    - viii. Health
    - ix. Psychology
    - x. Social Work



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- xi. Sociology
- xii. Special Education (with or without teacher certification)
- xiii. Other equivalent degrees

B. Adequate supervision is provided to Paraprofessionals at least one hour per week.

C. Paraprofessionals are trained to conduct the following direct service activities:

- i. screenings,
- ii. intakes,
- iii. service coordination,
- iv. parent education, and
- v. Special Instruction under the direction of a professional.

They may assist with developmental assessments and IFSP development but cannot serve as one of the two required team members on an interdisciplinary team, or supervise other paraprofessionals.

D. Helping Hands maintains a list of language interpreters in Korean, Tagalog, Tongan, and Fijian.

5. Helping Hands will grandfather credentials for staff that have worked with Helping Hands since 2000.

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**Subject**                      **Early Intervention Specialist (EIS)**

**Authority**                      34 C.F.R. 303.12

**Companion Policies** Policy III.7; III.7B

**Purpose**                      To define requirements for the occupational category of Early Intervention Specialist (EIS).

**Policy**

1. Early Intervention Specialist (EIS) is a professional occupational category established by Helping Hands and is specific to service providers employed by Helping Hands programs. Early Intervention Specialists represent the discipline of early intervention, may be one of the two required professionals on an Interdisciplinary Team, and may perform the following responsibilities:
  - A.                      conduct family intake processes, including required screenings
  - B.                      participate in determining eligibility,
  - C.                      conduct developmental screenings and assessment,
  - D.                      participate in the development and implementation of the IFSP, and
  - E.                      provide service coordination, family education services, and developmental services.
2. To function as an EIS or to use the occupational title EIS, an individual must be participating in or certified through the Helping Hands Competency Demonstration System (CDS). Please note that the CDS is currently under development and all references to CDS below are in the planning stages.
3. Entering the CDS:
  - A. Eligibility - To enter the C D S, the individual must have a bachelor’s degree from a U.S. accredited university and meet one of the following criteria:
    - i. Have a major in one of the following areas of study:
      - Adaptive Physical Education (with or without teacher certification)
      - Child Development
      - Child Life
      - Communication Disorders
      - Early Childhood (with or without teacher certification)
      - Elementary Education (with or without teacher certification)
      - Family Studies
      - Health
      - Psychology
      - Social Work
      - Sociology
      - Special Education (with or without teacher certification)

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- Other equivalent degrees as approved
  - ii. If the degree is from an approved institution outside of the United States, documentation must be provided from an accrediting agency that verifies that the degree is comparable to a degree from a U.S. Institution.
- 4. Application to enter the CDS:
  - A. The Helping Hands program must submit the EIS's Application for Entering the CDS to the Helping Hands office within 30 days of the date of hire. The applicant is considered a participant in the CDS and eligible to begin functioning as an Entry Level EIS (EL-EIS) when the application is approved by the Helping Hands office.
- 5. Participating in the CDS.
  - A. Supervision of Entry Level EIS
    - i. The Entry Level EIS must have a designated Supervisor who is administratively responsible for assuring that the EL-EIS is competent to perform any specific job activity before the EL-EIS performs the activity independently.
    - ii. The EL-EIS must receive a minimum of one hour per week of direct supervision.
    - iii. The direct supervision must be provided by the EIS Supervisor or by a designated EIS Mentor from a discipline related to early intervention. The EIS Supervisor /mentor must have a Helping Hands approved license or credential
  - B. Nine (9) month Progress Chart - The EL-EIS must submit the Nine Month Chart of progress on the Individualized Professional Development Plan (IPDP) on or before the nine-month anniversary of his/her hire date.
- 6. Completing the Competency Demonstration System
  - A. The EIS must submit documentation of the completed IPDP within 24 months of his/her hire date.
  - B. If extenuating circumstances make it impossible to complete the CDS in 24 months, a written request to extend the training period must be submitted to the Helping Hands Office by Helping Hands Director prior to the due date.
  - C. When completion of competencies has been verified, Helping Hands will issue a Certificate of Recognition to verify the individual has attained the status of a Fully Qualified EIS.
- 7. Continuing Education Requirements

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- A. To maintain professional status, a Fully Qualified EIS must submit his/her Continuing Professional Education (CPE) Record to the Helping Hands State Office documenting a minimum of ten (10) contact hours of professional development or continuing education experiences annually. The CPE Record must be received in the Helping Hands Office on or before the annual anniversary of his/her EIS Certification date and no earlier than 12 weeks prior to the due date.
  - B. The professional development activities must be either Helping Hands-approved trainings or trainings approved by the EIS supervisor, and must be in addition to Helping Hands-required trainings such as CPR, First Aid, Universal Precautions, etc.
  - C. EISs on Inactive Status who plan to return to work in a Helping Hands program at a later date, must maintain documentation of 10 hours per year of Continuing Education during the years away in order to be reinstated as a Fully Qualified EIS. If the EIS has not maintained documentation of 10 hours per year of Continuing Education, he/she may be reinstated as an Entry Level EIS and may fulfill the status of FQ EIS either upon completion of the required number of hours (i.e. 4 years = 40 hours) or upon completion of the CDS.
8. Loss of professional status - The EIS loses his/her professional status when documentation is not received in the Helping Hands Office for any of the required activities (9 month review, Final IPDP, CPE Record) on or before the due date. Loss of professional status means the individual is not qualified to function as an EIS and may not perform activities requiring that professional status.
9. Changes in EIS status – The Helping Hands program is responsible to ensure that any changes to an EIS’s professional status are submitted within 30 days to the Helping Hands State Office on the Change of Information form. Such changes include, but are not limited to: withdrawing from the CDS, termination of employment with Helping Hands, change in name, change in supervisor, and relocation to another Helping Hands program. When an EIS ends employment, or is on extended leave from a Helping Hands program, he/she is put on “inactive status.”

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**Subject**                    **In-Service Education for Helping Hands Program Staff**

**Authority**                    34 C.F.R. 303.119;

**Companion Policies** Policy I.5E; I.10

**Purpose**                    To ensure that, on a continuing basis, Helping Hands program staff has the knowledge and skills to provide quality services to infants and toddlers with developmental delays and their families.

### **Policy**

1. Required trainings for program staff are the following:

A. On an annual basis:

- i. All program staff who have access to family records that include personally identifiable information, including contractual staff, interns, and volunteers – Procedural safeguard requirements for confidentiality
- ii. All program staff who work directly with children and/or families, including contractual staff, interns and volunteers – Health and Safety best practices

A. Based on scheduled re-certification requirements:

- i. All program staff who work directly with children and/or families, including contractual staff, interns and volunteers – Cardiopulmonary Resuscitation (CPR) of infants and children
- ii. All program staff who work directly with children and/or families, including contractual staff, interns and volunteers – First aid to include emergency care of seizures

A. Upon employment and as needed:

- i. All program staff who work directly with children and/or families, including contractual staff, interns and volunteers – Recognition of common childhood illnesses
- ii. All Service Coordinators –Service Coordination Introduction training
- iii. Drivers of vehicles and driver’s aides (including contractors) in addition to the required CPR and First Aid, must have valid and appropriate drivers licenses and American Samoa Government permit.

2. Documentation of all training activities are required and listed as needed or necessary to update or renew a credential must be maintained in individual personnel files.

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**Subject**                      **Child Health Standards**

**Authority**                      34 C.F.R. 303.13, 303.16 (c);

**Companion Policies**      Appendix E

**Purpose**                      To ensure that the health needs of Helping Hands-eligible children are evaluated and considered in the planning and provision of services, and to ensure that programs implement all applicable health requirements.

**Policy**

1. Helping Hands adheres to best practices for health safety measures used in the home.
- ☆ 2. Programs receive written parental consent to release information regarding HIV infection status of a child or family member to the Helping Hands program interdisciplinary team. Team members guard the confidentiality of that information and do not release it to other staff. Documents that contain any information regarding HIV status of a child or family member must be kept in a secure location separate from the child’s record or destroyed.
3. Each child has documentation in the child’s record of an examination by a physician, physician assistant, an advanced pediatric nurse practitioner, or a registered nurse at a public health clinic with the education and experience to perform the pediatric admission health examination. Medical personnel will indicate any special medical, dental, nursing, nutritional, and/or other health care needs which will be considered by Helping Hands in planning services.
4. Helping Hands assists families in accessing appropriate immunizations when needed. Helping Hands has documentation supporting appropriate immunization or efforts to access appropriate immunization for all enrolled children as recommended by the American Samoa Department of Public Health.
5. Any Helping Hands staff having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, must report this in accordance with American Samoa law. Failure of any Helping Hand staff to report suspected abuse or neglect is subject to appropriate disciplinary action. Reports of child abuse or neglect must include the name and address of the child, identification of the person responsible for the care of the child, if available, and any other pertinent information. A report must be made immediately upon learning of the possible abuse or neglect.
6. Smoking is not permitted where services are provided to children, and which are funded by Helping Hands.
7. Programs must attempt to use other funding sources to pay for health examinations and may only pay for the health examination if no other funding source is available.

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8. If a child does not have a physical examination because of a medical contraindication or conscientious objection, including a religious belief, documentation must be maintained in the child's record. The parent must present an affidavit (notarized statement) stating that the child's parent or guardian declines to obtain a physical examination for their child for reasons of conscience, including because of the person's religious belief. The affidavit will be valid for a one-year period.
9. If a physical examination for a child is not obtained, direct services to the child must not be provided. However, Helping Hands must continue to provide service coordination and family support services, and any other available services that could benefit the child, other than direct services. At the same time, the service coordinator must continue efforts to link the family with a health care provider.
10. If a child is not vaccinated because of a medical contraindication or conscientious objection, including a religious belief, documentation must be maintained in the child's record as follows:
  - A. If there is a medical contraindication, a parent of the child must present a statement from a physician who states that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of his or her family or household. Unless it is written that a lifelong condition exists, the certificate is valid for one year from the date signed by the physician. Parents must be informed by program staff that their child could be at risk for contracting a contagious disease.
  - B. If there is a conscientious objection, including a religious belief, the parent of the child must present an affidavit (notarized statement) that the child's parent declines vaccinations for reasons of conscience, including because of the person's religious belief. The affidavit will be valid for a one-year period. The child who has not received immunizations for this reason may be excluded in times of emergency or epidemic.
  - C. If the parents refuse to have the child immunized, and neither of the above exemptions applies, this refusal must be documented in the child's record. AI/VI services will not be delivered to children who have not met the immunization requirements. Other Helping Hands services cannot be denied for noncompliance with the immunization schedule. However, parents must be informed by program staff that their child could be at risk for contracting a contagious disease and that their child will be excluded from group activities in the event of an outbreak of a contagious disease.
11. The service coordinator must conduct follow-up activities with medical and health providers in order to keep immunizations current.
12. The parents and physician of a child with HIV infection, other immuno-suppressed conditions, or a child who is not immunized must be advised when there is an outbreak of

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measles, mumps, rubella, chicken pox or other contagious disease in Helping Hands that may pose a health threat to the child.



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**Subject**                      **Staff Health Standards**

**Authority**                      Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings with Special Focus on HIV-Related Issues, U.S. Department of Health and Human Services, 1991.

### **Companion Policies**

**Purpose**                      To ensure that programs implement requirements necessary to provide a healthy environment for children and staff.

### **Policy**

1. In case of employee exposure to HIV/AIDS Helping Hands staff follows the policies of the LBJ Tropical Medical Center.
2. Staff with positive TB results must obtain routine follow-up as required by the local health department. In addition staff must provide written evidence of tuberculosis (TB) screening (negative tuberculin test or satisfactory chest x-rays) within six months of beginning employment in a Helping Hands program
3. Staff with a communicable disease must be excluded from work with children until cleared by a physician to return to work.
4. Helping Hands ensures a drug-free work place.

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**Subject**      **Accessibility and Safety Regulations**

**Authority**              Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA)

**Purpose**              To ensure an accessible and safe environment for children and families receiving Helping Hands services and for employees of Helping Hands programs.

**Policy**

1. LBJ Tropical Medical Center maintains documentation on file to show that buildings, including office space, meet all applicable federal, state and local fire, safety and sanitation codes and standards.

If any fire and safety/sanitation inspections indicate that hazards exist, these hazards will be corrected. Documentation (including protocol used) of the annual inspections and actions taken to address any hazards identified will be maintained on file.

2. LBJ Tropical Medical Center ensures compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA) for determinants of accessibility.
3. Buildings and vehicles occupied and/or used by Helping Hands adheres to the following standards:
  - A. First aid supplies must be maintained on the premises and in vehicles used by Helping Hands for client transportation.
  - B. There must be written procedures posted to be followed in the event of an actual or a threatened natural disaster, such as a fire, flood, cyclone, or an act of terrorism or war.
  - C. Each facility conducts quarterly fire drills rehearsing the evacuation of all staff and children. Such drills must be documented.
  - D. Each facility has a working telephone, and emergency telephone numbers posted.
  - E. Buildings are clean, free of hazards, free of insect and rodent infestation, and in good repair. Buildings are equipped with adequate light, ventilation, and temperature control.
  - F. An external emergency release mechanism is provided for opening interior doors that can be locked from the inside. Locks are not used to restrain a child within a room.
4. All transportation vehicles operated by Helping Hands meet Federal and local licensing, inspection, insurance, and capacity requirements, and ensures that children are transported in a child passenger safety seat system that is appropriate to the child's age.

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**Subject**                    **Procedural Safeguards and Other Cross-Cutting Provisions**

**Authority**                    34 C.F.R. 303.207, 303.208, 303.400 through 300.417

**Companion Policies** Policy III.11A-III.11F

**Purpose**                    To ensure that families are informed of and understand the legal rights and protections available to them and their advocates.

**Policy**

1. Helping Hands distributes to all families the Helping Hands Guide to Family Rights informing parents of their rights under the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA).
2. The Helping Hands Guide to Family Rights is explained to parents at the beginning of the intake process, reviewed at the initial IFSP meeting before requesting that the parent sign the IFSP, and reviewed annually at the time of the annual meeting held to evaluate the IFSP.
3. Helping Hands provides all materials regarding procedural safeguards in oral and written format. Helping Hands informs parents of eligible children that they have the following rights protected by procedural safeguards:
  - A. The right to have information provided in their primary language
  - B. The right to review and inspect records
  - C. The right to prior written notice when Helping Hands proposes to evaluate a child, proposes to determine or change eligibility for services, or proposes to initiate or change services
  - D. The right to written notification when Helping Hands refuses to evaluate or to initiate services
  - E. The right to confidentiality of personally identifiable information
  - F. The right of a child to receive representation by a surrogate parent, when appropriate
  - G. The right of consent for evaluations, assessments, and services
  - H. The right for services to continue during any complaint proceeding
  - I. The right to prompt and unbiased dispute resolution
  - J. The right to bring a civil action in Territorial or federal court after exhausting administrative remedies

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- K. The right to report concerns to the Helping Hands Director and to request mediation or a hearing
  - L. The right to file a complaint with the Helping Hands Director
  - M. The right to receive interpreter services at no cost to the family. Families that have limited English or Samoan proficiency must be advised at initial contact that a free interpreter will be made available. Documentation must be in the child's record that the offer was made and the parent's response. Minors will never be used as interpreters, regardless of the request.
4. Changes to any information documented in a child's record must be lined through with a single line, initialed and dated by the individual making the change. Using correction fluid or any other method to make corrections in a child's record is not allowable.
  5. All notices are fully completed before signature, including blank lines or boxes requiring choices.
  6. Appropriate accommodations must be made for the literacy level of the family.

### **Public Participation**

**(a) Application.** At least 60 [days](#) prior to submission of its IDEA Part C annual for funds to the US Department of Education (including any policies, procedures, descriptions, methods, certifications, assurances and other information required in the application), ASDOH will publish in a manner that will ensure circulation throughout American Samoa for at least a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period.

**(b) Policies and Procedures.** Each application will include a description of the policies and procedures used by ASDOH and Helping Hands to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with IDEA Part C and these regulations, ASDOH will—

- (1) Hold public hearings on the new policy or procedure (including any revision to an existing policy or procedure);
- (2) Provide notice of the hearings held in accordance with [paragraph \(b\)\(1\)](#) of this section at least 30 [days](#) before the hearings are conducted to enable public participation; and
- (3) Provide an opportunity for the general public, including individuals with disabilities, [parents](#) of infants and toddlers with disabilities, EIS providers, and the members of the [Council](#), to comment for at least 30 [days](#) on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with IDEA Part C

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### **Geographic Equity**

ASDOH has submitted in 2023 and will review (and update as appropriate) its form under Section 427 of the General Education Provisions Act or GEPA as related to geographic equity and as required by 34 CFR 303.207.

The American Samoa Early Intervention program recognizes the importance of ensuring equitable access and participation in early intervention services. As a part of the application and acceptance of IDEA funds, the AS Early Intervention program assures nondiscrimination based upon free EI services available to all infants and toddlers ages zero to three with disabilities and/or who are at risk for developmental delays. AS Early Intervention also recognizes and respects diversity, age, gender, race/ethnicity, socioeconomic class, geographic location in all aspects of our work as EI providers all of which are assurances related specifically to Part C IDEA funding and GEPA requirements.

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**Subject**                      **Prior Written Notice**

**Authority**                      34 C.F.R. 303.421

**Companion Policies** Policy III.2; III.3; III.4

**Purpose**                      To ensure families the opportunity to participate in the planning and development of early intervention services.

**Policy**

1. Written notice is given to the parents within a reasonable time before Helping Hands proposes, or refuses, to initiate or change the eligibility status, evaluation, or placement of a child, or the provision of early intervention services to the child and the child's family. The notice is given early enough before the meeting date to ensure that participants will be able to attend. Prior written notice is also provided if Helping Hands proposes to discontinue services to a child and family.
2. The notice is written in clear, understandable language, omitting or clarifying technical and professional terms.
3. The notice is in sufficient detail to inform the parents about:
  - A. The actions or issues to be considered
  - B. Each record or report used as a basis for consideration
  - C. All applicable procedural safeguards including rights regarding confidentiality, rights to refuse consent, and rights to appeal
4. The notice must be:
  - A. Written in language understandable to the general public
  - B. Provided in the primary language of the parents unless clearly not feasible to do so
5. If the primary language or other mode of communication of the parent cannot be written, Helping Hands ensures that:
  - A. The notice is interpreted orally or by other means to the parent in the parent's primary language or other mode of communication normally used by the parent, e.g., sign language, Braille or oral communication
  - B. The parent understands the notice
  - C. There is written evidence in the child's record that notice has been provided and the parent understands it
6. It is a parent's right to decide whether to proceed to evaluation after screening. Written notification is provided when Helping Hands does not recommend an evaluation for a child based on screening results. It must contain the following:

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- A. The date of notification
  - B. The name of the child
  - C. Records used to recommend the child not be evaluated
  - D. The reason for not evaluating the child
  - E. A statement that the parents may review the results, that Helping Hands will keep the results and the results will be confidential
  - F. Information about the parent's right to disagree with the screening results and receive an evaluation
  - G. Information about the parent's right to file a complaint
7. Prior written notice is provided to families for any and all evaluations and assessments. Notice of an assessment and/or evaluation must describe the activity and include information on applicable procedural safeguards. It contains the following:
- A. The date of notification
  - B. The name of the child being evaluated or assessed
  - C. The name and discipline(s) of person(s) performing the evaluation or assessment
  - D. The developmental areas to be evaluated or assessed
  - E. The assessment or evaluation instrument to be used
  - F. The records or reports from other agencies or persons to be used
  - G. The location, date and time of the evaluation or assessment
  - H. The purpose of the evaluation or assessment and how the results will be used
  - I. The parents' involvement in the process
  - J. A statement that consent is voluntary and may be revoked at any time
  - K. A statement that consent may be given for some parts of the evaluation or assessment and not for others
  - L. An explanation of the consequences of the parent(s) refusing evaluation and assessment services
  - M. A statement that the parent(s) may review the results of the evaluation and assessment, Helping Hands will keep the results, and the results are confidential
  - N. Information about the parents' right to file a complaint
8. Prior written notice is provided to families for all IFSP meetings. Notice for an IFSP meeting describes the activity and includes information on applicable procedural safeguards. It contains the following:
- A. The date of notification
  - B. The name of the child for whom the IFSP meeting is being held



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- C. The name and discipline(s) of person(s) who will be present
  - D. The records or reports from Helping Hands and other agencies or persons that will be used
  - E. The date, time and location of the IFSP meeting
  - F. The purpose for the meeting
  - G. The parent's involvement in the process
  - H. A statement that consent is voluntary and may be revoked at any time
  - I. A statement that consent may be given for some parts of the plan and not for others
  - J. A statement that the parents will receive a copy of the IFSP, Helping Hands keeps a copy of the IFSP in the child's record and the IFSP is confidential
  - K. Information about the parent's right to file a complaint
9. Written notification is provided when Helping Hands refuses or discontinues services for the child. It contains the following:
- A. The date of notification
  - B. The name of the child
  - C. The records used to determine the child should not receive services
  - D. The reason for refusing (or discontinuing) services
  - E. A statement that the child's records are kept by Helping Hands, the parent may review the records, the records are confidential, and that Helping Hands may destroy child records **5 years** after the child exits Helping Hands.
  - F. Information about the parent's right to file a complaint
10. At intake, parents must be informed that Helping Hands notifies (not refers) public school child find personnel of the names of all Helping Hands children to ensure a continuum of services for Helping Hands children after they reach the age of three. Parents are told that the information provided to the school child find personnel will include personally identifiable information (see Glossary for definition of personally identifiable information) and will occur on or before the child's 2<sup>nd</sup> birthday.

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**Subject**                      **Written Parental Consent**

**Authority**                      34 C.F.R. 303.7; 303.420

**Companion Policies** Policy I.15; III.2; III.3; III.4-4C; III.11F

**Purpose**                      To ensure that families are fully informed of and have approved the activities in which their child will participate.

**Policy**

1. Parents must be fully informed of all information related to the activity for which consent is sought.
2. The parent must understand and agree in writing to the activity for which consent is sought.
3. The consent describes the activity and the records (if any) that will be released and to whom they will be released.
4. If the primary language or other mode of communication of the parent is not a written language, Helping Hands must take steps to ensure the consent form is translated orally or by other means to the parent in the parent's primary language e.g., sign language, Braille or oral communication. Helping Hands ensure that the parent understands the consent and maintains documentation of our efforts.
5. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
6. The parent understands any possible adverse consequences that could result from denying consent.
7. The parent understands the right to consent to some procedures and/or services and to refuse others. Parents may determine whether they, their child, or other family members will accept or decline any early intervention services, and may decline a service after first accepting it without jeopardizing other early intervention services described on the IFSP.
8. Written parental consent must be obtained before:
  - ☆ A. Screening
  - ☆ B. Conducting the initial and subsequent evaluations, and assessments of a child
  - ☆ C. Initiating the provision of early intervention services as described in the IFSP
  - ☆ D. Changing the frequency, intensity, location, and/or method
  - ☆ E. Changes in the child's services
  - ☆ F. Releasing personally identifiable information, as required in Policy III.11F

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9. If consent is not given, Helping Hands will make reasonable efforts to ensure that the parent:
  - A. Is fully aware of the nature of the evaluation and assessment or the services that would be available
  - B. Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given
  - C. Understands the possible adverse consequences of not consenting to the release of personally identifiable information if refusing to release such information would result in services being denied
10. Helping Hands staff must not employ any form of coercion in attempting to persuade parents to accept recommended evaluation or assessment procedures or recommended services.
11. Helping Hands will not limit or deny a specific evaluation, assessment or service because the parent has refused consent for another service, evaluation or assessment.
12. Helping Hands receive written parental consent to release information regarding HIV infection status of a child or family member to the interdisciplinary team. Team members must guard the confidentiality of that information and must not release it to other program staff.
13. The consent for screening form (including mass screening events) describes the activity and include information on applicable procedural safeguards. It contains the following:
  - A. The name of the child being screened
  - B. The name(s) and discipline(s) of person(s) screening the child
  - C. The developmental areas to be screened
  - D. The screening tool(s) or process(es) to be used
  - E. The time and location of the screening
  - F. The purpose of the screening and how the results will be used
  - G. The parents' involvement in the process
  - H. A statement that consent is voluntary and may be revoked at any time
  - I. An explanation of the consequences of the parent refusing the screening services
  - J. A statement that the parents may review the results, Helping Hands will keep the results, and that the results are confidential
  - K. Information about the parent's right to file a complaint
  - L. Parent signature and date of consent
14. When Helping Hands requests that parents provide consent to release records in order to exchange information for legitimate purposes, the following requirements are met:

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- A. Parents are informed of their right to refuse to sign the consent for release of information. Notice of the right to refuse must appear on the form.
  - B. The form lists the agency or agencies and/or persons to whom the information will be given and specifies the type of information that will be given
  - C. Parents are given the opportunity to limit the information provided under the release and to limit the agencies and persons with whom information will be shared. The form provides ample space for parents to express such limitations in writing.
  - D. The form contains a statement that consent is revocable at any time
  - E. The consent must be time-limited. The form reflects a time limitation not to exceed one year.
15. Written consent from the parent or guardian to perform evaluations and assessments are obtained before the process begins. The consent for evaluation and assessment forms describe the activity and include information on applicable procedural safeguards. They must contain the following:
- A. The name of the child being evaluated or assessed
  - B. The name(s) and discipline(s) of person(s) performing the evaluation or assessment, if known
  - C. The developmental areas to be evaluated or assessed
  - D. The assessment or evaluation instrument to be used
  - E. The time and location of the evaluation or assessment
  - F. The purpose of the evaluation or assessment and how the results will be used
  - G. The parents' involvement in the process
  - H. A statement that consent is voluntary and may be revoked at any time
  - I. A statement that consent may be given for some parts of the evaluation or assessment and not for others
  - J. An explanation of the consequences of the parent refusing evaluation and assessment services
  - K. A statement that the parents may review the results of the evaluation and assessment, Helping Hands will keep the results, and the results are confidential
  - L. Information about the parents' right to file a complaint
  - M. Parent signature and date of consent
16. The IFSP must contain information about procedural safeguards as follows:
- A. A statement that consent is voluntary and may be revoked at any time

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- B. A statement that consent may be given for some services and not for others
  - C. A statement of the consequences of the parent refusing services
  - D. A statement that the parent's signature grants permission for the child to receive services
17. If Helping Hands receives consent to request information from another provider, i.e. the child's physician, and Helping Hands receives records that were not specifically requested, Helping Hands will either mail the unneeded records back to the originator, or give them to the parent.

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**Subject**        **Surrogate Parents**

**Authority**     34 C.F.R. 303.422;

**Purpose**        To ensure that the rights of the child are protected by assigning a surrogate parent to represent the interests of the child in matters pertaining to evaluation, assessment, IFSP development and early intervention services.

### **Policy**

1. Helping Hands must ensure that the rights of children eligible under this part are protected if:
  - A. No parent or legal guardian can be identified or
  - B. Helping Hands, after reasonable efforts, cannot discover the whereabouts of a parent or legal guardian; or
  - C. Parental rights have been terminated by the courts and the courts have placed the child in the managing conservatorship of American Samoa.
2. If a child is in the managing conservatorship of American Samoa Department of Human and Social Services/Child Protective Services, CPS will identify a legal guardian for the child. A parent, legal guardian or other surrogate parent must participate in the assessment and evaluation. The surrogate parent may be the foster parent.
3. Helping Hands assigns an individual to act as a surrogate parent for the child when:
  - A. Helping Hands determines a child needs a surrogate parent
  - B. The surrogate parent to the child is assigned at intake. Assignment of the surrogate parent and training, as appropriate, must be documented in the child's record
  - C. Helping Hands provides training to ensure that surrogate parents fully understand their roles and responsibilities to represent the best interests of the child
4. Criteria for selecting a surrogate parent are as follows:
  - A. A person selected as a surrogate parent may have no interest that conflicts with the interests of the child represented.
  - B. A person assigned as a surrogate parent may not be an employee of any American Samoa governmental agency or a person, or an employee of a person providing early intervention services to the child or to any family member of the child.
  - C. A person who qualifies to be a surrogate parent is not an employee solely because he or she is paid to serve as a foster parent or surrogate parent.
  - D. The person selected as a surrogate parent must have knowledge and skills that ensure adequate representation of the interests of the child.

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5. Helping Hands invite the surrogate parents to represent the child and give consent in all matters related to:
  - A. The evaluation and assessment of the child
  - B. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews
  - C. The ongoing provision of early intervention services to the child

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**Subject**            **Complaint and Mediation Procedures**

**Authority**        34 C.F.R. 303.430 through 303.433;

**Purpose**            To ensure that parents and other individuals have the opportunity to resolve complaints at the state level.

### **Policy**

1. An individual or organization may file a complaint alleging that Helping Hands has violated requirements of IDEA, Part C or any related regulations or policies. The complaint must be in writing, and include a statement of the facts on which the complaint is based. The complaint is submitted to the Director of Helping Hands:

Helping Hands Director  
P.O. Box 7477  
Pago Pago AS 96799

2. The Director of Helping Hands reviews and logs in the complaint.
3. The Director of Helping Hands determines if IDEA/Part C has been violated:
  - A. The Helping Hands Director writes a letter to the parent informing them of receipt of the complaint and that an investigation will be conducted to determine if the complaints appears to violate a specific IDEA/Part C regulation. The letter will state that Helping Hands has 60 days from the date of the complaint to resolve the issue. The letter will also state that the child and family will not lose services during the complaint process.
  - B. The Helping Hands Director conducts an investigation which includes interviewing all parties involved in the complaint and collection of documentation relevant to the complaint
  - C. Within 20 days from the date of the complaint, the Helping Hands Director will send a letter of findings to the family
  - D. The original complaint and letter of findings are sent to the Quality Assurance Department of LBJ Tropical Medical Center for additional review
  - E. Within 40 days from the date of complaint, LBJ Tropical Medical Center will provide in writing its opinion
  - F. Within 60 days, a resolution of the complaint will be implemented
4. If the Director has determined that IDEA has not been violated, then:
  - A. The Helping Hands Director writes a letter to the parent informing them of receipt of the complaint and that an investigation will be conducted. The letter will state that Helping Hands has 60 days from the date of the complaint to resolve the



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- issue. The letter will also state that the child and family will not lose services during the complaint process
- B. The Helping Hands Director conducts an investigation which includes interviewing all parties involved in the complaint and collection of documentation relevant to the complaint
  - C. Within 20 days from the date of the complaint, the Helping Hands Director will send a letter of findings to the family and any necessary resolutions
5. If the findings and resolutions are not satisfactory to the family, the family may be offered mediation for resolution of dispute(s).
- A. A complaint that could be investigated and addressed in an administrative hearing process will be offered mediation to resolve their dispute. Participation in mediation is voluntary to all parties involved in the dispute. A parent's right to an administrative hearing or complaint investigation will not be denied or delayed because they chose to participate in mediation. At any time either party can choose to stop the mediation process. The complaint investigation will continue and be resolved within 60 days even if mediation is used as the resolution process.
    - B. If both parties agree, the Director of Helping Hands will contact and assign a qualified mediator who is knowledgeable in laws and regulations relating to the provision of early intervention services in accordance to IDEA/Part C.
    - C. Mediation sessions will be scheduled in a timely manner and shall be held in a location that is convenient to the parties in the dispute
    - D. If an agreement is reached by the parties to the dispute, a written mediation agreement will be developed and signed by both parties. The agreement will be filed with the Director of Helping Hands.
    - E. All discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent administrative hearings or civil proceedings and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.
    - F. Mediation has to occur 30 days from the date mediation request was made
    - G. If no agreement has been made, all documents will be destroyed.

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**Subject**            **Administrative Hearings Concerning Individual Child Rights**

**Authority**        34 C.F.R. 303.434 through 303.438

**Purpose**            To ensure that parents have the right to resolve complaints through a formal hearing process.

### **Policy**

1. A parent may initiate a hearing on any matter related to identification, evaluation, placement, and/or provision of early intervention services.
2. The request for a hearing must be in writing and filed with the Director of Helping Hands. The request for a hearing will be considered filed when actually received in writing by the Helping Hands Office and Attorney General’s Office of the American Samoa.
3. Any party to a hearing has the following rights:
  - A. To be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early childhood intervention services,
  - B. To present evidence and confront, cross-examine, and compel the attendance of witnesses,
  - C. To prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least five days before the hearing,
  - D. To obtain a written or electronic verbatim record of the hearing and
  - E. To obtain written findings of fact, conclusions of law, and decision.
4. While the hearing is pending, unless the parties agree otherwise, the child involved in the complaint will continue to receive appropriate services previously agreed upon
5. Any party aggrieved by the findings and decision regarding an administrative hearing has the right to bring a civil action under 20 United States Code, '1480(1), in state or federal court following the issuing of a final decision by the hearing officer.
6. Hearings must be conducted by an impartial hearing officer appointed by the Director of Helping Hands.
  - A. The hearing officer must be a person who is licensed to practice law in American Samoa and who is knowledgeable about the provision of IDEA/Part C services.
  - B. The person must not be an employee of LBJ tropical Medical Center, Helping Hands or any program involved in the provision of services or care to the child or the child's family, or have a personal or professional interest that would conflict with his/her objectivity in the hearing.

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7. The following hearing procedures are required:
  - A. The hearing officer must afford the parties an opportunity for hearing after reasonable notice of not less than ten days, unless the parties have agreed otherwise.
  - B. Each hearing must be conducted at a time and place that is reasonably convenient to the parties involved.
  - C. Rules of evidence, concurrent with the American Samoa Code, shall apply in hearings conducted.
  - D. The hearing must be recorded by a reporter who will immediately prepare and transmit a written or electronic verbatim record of the evidence to the hearing officer with copies to the parties. The hearing officer will instruct the reporter and the parties to delete all personally identifiable information from the transcription and from all evidence submitted.
  - E. The hearing officer may issue subpoenas and commissions to take depositions pursuant to the American Samoa Code.
  - F. The hearing officer must issue a final decision no later than 30 days after a request for a hearing is filed. A final decision must be in writing and shall include findings of fact and conclusions of law, separately stated. Findings of fact must be based exclusively on the evidence and on matters officially noticed pursuant to the American Samoa Code. The final decision will be transmitted to each party by the hearing officer.
  - G. Hearings are closed to the public unless the parent requests that the hearing be open.
  - H. The administrative officer may grant an extension of the time period at the request of any parties involved.
  - I. The child may continue to receive early intervention services from Helping Hands during the administrative hearing process.

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<b>Subject</b>	<b>Confidentiality</b>
<b>Authority</b>	34 C.F.R. 303.401, 303.402 34 C.F.R. Part 99; Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Section. 99.31
<b>Companion Policies</b>	Policy III.18; III.11A-E
<b>Purpose</b>	To ensure the confidentiality of personally identifiable information (paper or electronic) concerning individual children and families.

### **Policy**

1. Parent's rights to confidentiality include:
  - A. Inspection and review of their child's records (paper or electronic):
    - i. The right to a response from Helping Hands to reasonable requests for explanations and interpretations of the records
    - ii. The right to request Helping Hands to provide copies of the records containing the information
    - iii. The right to have a representative of the parent inspect and review the records
  - B. A description of what personally identifiable information is maintained, the types of information sought, the methods Helping Hands uses in gathering information (including the sources from whom information is gathered), and how Helping Hands uses the information
  - C. A description of how personally identifiable information is stored, disclosed to third parties, maintained and destroyed
  - D. A parent's right to request copies of Helping Hands' policies and procedures on confidentiality
2. Written policies and procedures must comply with the confidentiality requirements of the American Samoa Code.
3. Helping Hands has procedures that are used in the event that a parent refuses to provide consent.
4. Helping Hands assumes the parent has authority to inspect and review records relating to his/her child unless the Director has been advised that the parent does not have the authority under applicable territorial law governing such matters as guardianship, separation and divorce.

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5. Helping Hands keeps a record in each child's chart of parties obtaining access to service records collected, maintained or used. Each record of access must include the name of the party, the date access was given, and the purpose for which the party is authorized to use the record.
6. Helping Hands maintains, for public inspection, a current listing of the names and positions of those employees within the program and other authorized personnel who may have access to personally identifiable information and records. This list must be provided to parents upon request.
- ☆ 7. With written parental consent, Helping Hands may release a copy of the child's record, including medical information, to the designated party.
8. If any record includes information on more than one child, parents have the right to inspect and review only information relating to their child or to be informed of information specific to their child.
9. Helping Hands will on request, provide parents a list of the types and locations of service records collected, maintained or used by the program.
10. No fee is charged for copies of records.
11. Helping Hands does not charge a fee to search for or to retrieve information under this section.
- ☆ 12. Unless authorized to do so under FERPA, 99.31, informed parental consent must be obtained before personally identifiable information is:
  - A. Disclosed to anyone other than officials or employees Helping Hands employees or LBJ Tropical Medical Center, or authorized audit personnel, and public school child find personnel
  - B. Used for any purpose other than meeting a requirement under this policy
13. Helping Hands may share personally identifiable information without parental consent in some circumstances. These circumstances include but are not limited to:
  - A. Compliance with a judicial order,
  - B. Health or safety emergencies (i.e. child protective situations),
  - C. Authorized audits, and
  - D. Other reasons as allowed by law.
14. If disclosure is to an authorized representative of American Samoa Department of Education for the purpose of complying with child find requirements, consent is not needed for sending personally identifiable information, such as child's name, parent's or guardian's name, address, date of birth and telephone number.

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15. Helping Hands protects the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.
16. All persons collecting or using personally identifiable information must receive training or instruction regarding the appropriate policies and procedures.
17. Programs must maintain documentation in each child's record of all disclosures of confidential information made as a result of a parent giving consent to Helping Hands to release information.
18. Helping Hands retains records for five years after the child has been dismissed from services.
19. Helping Hands informs parents when personally identifiable information collected, maintained or used is no longer needed to provide services to the child and family and that records may be destroyed after 5 years. Written notice at intake and exit from the program, that records may be destroyed five years after their child exits Helping Hands, is considered sufficient notice. Information can be destroyed upon request of the parents; however, Helping Hands maintains a permanent record of a child's name, address, telephone number, attendance record, services received and years completed and dismissed without time limitation.
- ☆ 20. Informed parental consent is obtained before confidential Helping Hands records are released (paper or electronic) to a school when a child is making the transition from Helping Hands to the public school setting. If parents refuse consent, confidential Helping Hands records must not be intermingled with public school records, including records relating to special education. This consent does not pertain to personally identifiable information that must be shared with public school child find personnel prior to each child's second birthday.
- ☆ 21. A parent who believes that information in records collected, maintained or used is inaccurate, misleading or violates the privacy or other rights of the child, may request that Helping Hands amend the record.
  - A. Helping Hands decides whether to amend the information, in accordance with the request, within a reasonable period of time of receipt of the request, not to exceed 30 days.
  - B. If, after review of the request, Helping Hands decides the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it shall amend the record accordingly and so inform the parents in writing.
  - C. If Helping Hands decides to refuse to amend the information in accordance with the request, it shall inform the parent of the refusal, and advise the parent of the right to a hearing.
22. Helping Hands will, on request, provide an opportunity for a hearing to challenge information in service records to ensure that it is not inaccurate, misleading or otherwise in

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violation of the privacy or other rights of the child. This hearing will be conducted according to the requirements of FERPA.

23. The hearing must meet at a minimum the following requirements:

- A. Helping Hands must hold the hearing within a reasonable time, not to exceed 30 days, after it has received the request for the hearing from the parent
- B. Helping Hands will give the parent notice of the date, time, and place, within a reasonable time in advance of the hearing
- C. The hearing will be conducted by any individual, including an official of Helping Hands, who does not have a direct interest in the outcome of the hearing, including an official of LBJ Tropical Medical Center
- D. Helping Hands will give the parent a full and fair opportunity to present evidence relevant to the issues under FERPA, including, but not limited to FERPA. The parent may, at his/her own expense, be assisted or represented by one or more individuals of his/her own choice, including an attorney.
- E. Helping Hands will make its decision in writing within a reasonable period of time after the hearing, not to exceed 30 days
- F. The decision will be based solely on the evidence presented at the hearing and will include a summary of the evidence and the reasons for the decision

24. If, as a result of the hearing, Helping Hands decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child or family, it will amend the information accordingly and so inform the parents in writing.

25. If, as a result of the hearing, Helping Hands decides that the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the child or family, it will inform the parent of the right to place a statement in the record commenting on the contested information or setting forth any reasons for disagreeing with the decision of the program.

Any explanation placed in the records of the child or family under this section will be maintained by Helping Hands as part of the records of the child or family as long as the record or contested portion is maintained.

26. If the contested portion is disclosed by Helping Hands to any party, the explanation must also be disclosed.

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**Subject**        **Directory of Resources**

**Authority**     34 C.F.R. 303.117

**Purpose**        To provide information about community resources to families of infants and toddlers with developmental delays.

### **Policy**

1. Helping Hands maintains a directory of resources that includes information about public and private early intervention services, research and demonstration projects, and professional or other groups that provide assistance to eligible children and their families.
2. Information about resources includes the telephone number, address, scope, eligibility requirements and assistance available from each service.
3. The directory of resources is updated annually and will be accessible to the general public including persons with disabilities.



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**Subject**      **Early Intervention Services**

**Authority**    34 C.F.R. 303.3 through 303.37, 303.321

**Purpose**        To incorporate the definitions and other requirements in the Federal IDEA Part C regulations that apply to early intervention services for infants and toddlers with disabilities in American Samoa.

### **Glossary**

The words and terms used in the Policy and Procedures Manual have the following meanings unless the context clearly indicates otherwise:

#### **Assessment**

The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:

- a.     The child's unique needs and strengths;
- b.     The family's concerns, priorities and resources and identification of supports and services necessary to enhance developmental needs of the child; and
- c.     The nature and extent of intervention services needed by the child and the family in order to resolve the determinations.

#### **Assistive Technology Device**

Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is commonly used to increase, maintain, or improve the functional capabilities of children with disabilities.

#### **Assistive Technology Services**

A service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- a.     The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- b.     Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- c.     Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

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- d. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- e. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- f. Training or technical assistance for professionals (including individuals providing early intervention services), or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.

### **Audiology Services**

Audiology service includes:

- a. Identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques;
- b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- c. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- e. Provision of services for prevention of hearing loss; and
- f. Determination of the child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

### **Child Find**

Activities and strategies designed to locate and identify, as early as possible, infants and toddlers with developmental delay.

### **Code of Federal Regulations (CFR)**

Rules of the federal government. All agencies and programs receiving funds under federal law must follow these rules.

### **Community Resources**

Services available outside the Helping Hands program through such entities as civic, educational, health, social service, faith-based, rehabilitative and benevolent organizations. Resources and services available in the community may be utilized and/or accessed.

### **Complaint**

A formal written allegation submitted to the Helping Hands office stating that a requirement of IDEA, Part C, or that an applicable federal and/or state regulation has been violated.

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### **Comprehensive Services**

Individualized intervention services, as determined by the interdisciplinary team and listed in the Individual Family Service Plan (IFSP).

### **Consent**

Consent means the parent understands and agrees in writing to the carrying out of the activity for which consent is sought and the consent describes the activity and lists the records (if any) that will be released and to whom. Consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication.

### **Days**

Means calendar days unless otherwise specified.

### **Developmental Delay**

A significant variation in normal development in one or more of the following areas, as measured and determined by appropriate diagnostic instruments, or procedures administered by an interdisciplinary team, or by informed clinical opinion: cognitive development; physical development (including vision and hearing, gross and fine motor skills and nutritional status); communication development; social-emotional development; adaptive or self-help skills.

### **Developmental Proficiency**

Children reach developmental proficiency when they are no longer delayed, as determined by test performance on a content validated comprehensive developmental inventory or standardized instrument.

### **Destruction of Records**

As used in this policy, means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

### **Empowerment**

The interaction of professionals with families in such a way that families maintain or acquire a sense of control over their family lives and attribute positive changes that result from early intervention to their own strengths, abilities and actions.

### **Enrollment**

Enrollment occurs when the child has been determined eligible for services; the Individualized Family Service Plan (IFSP) has been completed, signed and dated by the interdisciplinary team.

### **Evaluation**

The procedures used by appropriate qualified personnel to determine the child's initial and

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continuing eligibility, consistent with the definition of infants and toddlers with developmental delay, including determining the status of the child in areas of cognitive development, physical development, communication development, social-emotional development and adaptive or self-help skills. Evaluation activities include reviewing all available information prior to eligibility determination, including medical information, screening results, assessment results, parent input, etc.

### **Family Education, Counseling**

Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

### **Family Educational Rights and Privacy Act of 1974 (FERPA)**

Federal law (Title 20 USC Section 1232g) that outlines requirements for the protection of parents and children including confidentiality, disclosure of personally identifiable information and the right to inspect records.

### **Family Strengths**

Characteristics that family members identify as contributing to the growth and development of the child and family. Among the areas of family life that many families identify as strengths are coping strategies, nurturing relationships, communication, religious or personal beliefs, family competence, and family/community interconnectedness.

### **Frequency**

The number of days or sessions that a service will be provided within a specified period of time.

### **Health Services**

Necessary health services provided by appropriately trained staff which enables a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services.

- a. The term "health services" includes:
  - 1) Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services,
  - 2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services;
- b. The term "health services" does not include services that are:

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- 1) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus),
- 2) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose),
- 3) Related to the implementation optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

### **High Probability of Resulting in Developmental Delay**

For a medical diagnosis with high probability of delay to qualify a child as eligible for Helping Hands-funded program, it must be known and widely accepted within the medical community that the natural course of the diagnosis will result in a significant developmental delay.

### **Individualized Family Service Plan (IFSP)**

A written plan, developed by the interdisciplinary team, based on all assessment and evaluation information, including the family's description of their strengths and needs, which outlines the early intervention services for the child and the child's family.

### **Individuals with Disabilities Education Act (IDEA)**

The federal law (20, U.S. Code, Chapter 33) authorizing and funding services for the education of all children and youth with disabilities. Early Childhood Intervention Services are authorized under Part C of IDEA.

### **Initial Assessment**

The assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

### **Initial Evaluation**

The child's evaluation to determine his or her initial eligibility under Part C.

### **Intake**

The first face-to-face contact with a parent following initial referral.

### **Intensity**

The length of time a service is provided during a session.

### **Interdisciplinary Team**

A team of caregivers who work together to develop and implement a plan of care. The team is composed of a minimum of two professionals from different disciplines and the child's parent(s).

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### **Location**

The place where a service is provided (i.e., in the child's home, child care centers, hospitals, clinics or other settings).

### **Medical Services**

Services provided by a licensed physician to determine a child's developmental status and need for early intervention services which are for diagnostic or evaluation purposes only.

### **Method**

The manner in which the service is delivered, i.e., in a group or on an individual basis.

### **Native Language**

When used with respect to an individual who is limited English proficient or LEP means the language or mode of communication normally used by the parent(s) of an eligible child

### **Natural Environments**

Settings that individual families identify as natural or normal for their family, including the home, neighborhood and community settings in which children without disabilities participate. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in Natural Environments.

### **Nursing Services**

Nursing Services include:

- a. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- b. The provision of care by nurses to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- c. The administration of medications, treatments, and regimens prescribed by a licensed physician.

### **Nutrition Services**

Nutrition services include:

- a. Conducting individual assessments/evaluations in:
  - 1) Nutritional history and dietary intake,
  - 2) Body Measurements, biochemical and clinical variables,
  - 3) Feeding skills and feeding problems, and
  - 4) Food habits and food preferences;
- b. Developing and monitoring appropriate plans to address the nutritional needs of eligible children; and

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- c. Making referrals to appropriate community resources to carry out nutrition goals.

### **Occupational Therapy Services**

Occupational therapy services include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:

- a. Identification, assessment and intervention;
- b. Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- c. Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

### **Other Services**

Services beyond those specifically defined which must be provided to meet the developmental needs of the child, and the needs of the family related to enhancing the child's development. The types of IDEA Part C services and personnel identified and defined in this document are not exhaustive.

### **Outcomes**

Statements of the changes that families want to see for their child or themselves (family's priorities). An outcome can focus on any area of child development or family life that a family feels is related to their ability to help their child. Outcomes are functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product).

### **Parent**

A natural or adoptive parent of a child, a legal guardian, a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives), a person who the courts have determined is legally responsible for the child's welfare, an appointed surrogate parent or a foster parent.

### **Part C**

The section of the federal law known as Individuals with Disabilities Education Act (IDEA) which authorizes and allocates funding to states "to develop and implement a statewide, comprehensive, coordinated, multidisciplinary interagency program of early intervention services for infants and toddlers with disabilities and their families."

### **Personally Identifiable Information**

Information that includes:

- a. The name of the child;

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- b. The name of the child's parent, or other family member;
- c. The address of the child, parent or other family member;
- d. A personal identifier, such as the child's or parent's social security number; or
- e. A list of personal characteristics or other information that would make it possible to identify or trace the child, the parent or other family member, with reasonable certainty.

### **Physical Examination**

A physical examination entails a review of systems in the body. A systems review includes general; skin; head, face and neck; ears; eyes; nose and oral cavity; respiratory; heart; gastrointestinal; genitourinary/reproductive; musculoskeletal and neurological reviews.

### **Physical Therapy Services**

Physical therapy services to address the promotion of sensory-motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- a. Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- b. Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and
- c. Providing services to prevent alleviate or compensate for movement dysfunction and related functional problems.

### **Primary Referral Sources**

Individuals or organizations which refer children including, but not limited to:

- a. Hospitals, including prenatal and postnatal care facilities;
- b. Physicians;
- c. Parents
- d. Child care programs;
- e. educational agencies
- f. Public health facilities;
- g. Other service agencies; and
- h. Other health care providers.

### **Procedural Safeguards**

The rights provided families and children eligible to receive early intervention services under Part C of IDEA.

### **Psychological Services**



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Psychological services include:

- a. Administering psychological and developmental tests, and other assessment procedures;
- b. Interpreting assessment results;
- c. Obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health and development; and
- d. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.

### **Qualified Personnel**

A person who has met state approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which the person is providing early intervention services. A list of the type of qualified personnel who provide early intervention services can be found in 34 C.F.R. 303.13(c).

### **Referral Date**

The date the child's name and sufficient information to contact the family was obtained by the receiving program.

### **Resident**

A person who resides in American Samoa is someone who is physically present. Physical presence can be determined by observation or through proof such as utility bills. There is no length of residency requirement. A minor's residence is the residence of the parent or guardian or person who is functioning in the role of the parent.

### **Services**

Individualized intervention services, as determined by the interdisciplinary team, and listed in the IFSP.

### **Service Coordinator**

A staff person who is assigned to a child/family to be the single contact point for families, and who is responsible for assisting and empowering families to receive the rights, procedural safeguards and services authorized by rules and Helping Hands policy and procedures. Service coordinators may be employed or assigned in any way that is permitted under the American Samoa Code if the employment or assignment is consistent with the requirements of IDEA, Part C.

### **Service Coordination**

Service coordination services are assistance and services provided by a service coordinator to an eligible child and the child's family that is designed to assist and empower the family in

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enhancing the child's development in accordance with the rights, provisions and procedural safeguards of IDEA, Part C.

### (a) *General.*

- (1) As used in this part, *service coordination services* mean services provided by a service coordinator to assist and enable an [infant or toddler with a disability](#) and the [child](#)'s family to receive the services and rights, including procedural safeguards, required under this part.
- (2) Each [infant or toddler with a disability](#) and the [child](#)'s family must be provided with one service coordinator who is responsible for—
  - (i) Coordinating all services required under this part across agency lines; and
  - (ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a)(3) and (b) of this section.
- (3) Service coordination is an active, ongoing process that involves—
  - (i) Assisting [parents](#) of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and
  - (ii) Coordinating the other services identified in the IFSP under [§ 303.344\(e\)](#) that are needed by, or are being provided to, the [infant or toddler with a disability](#) and that [child](#)'s family.

### (b) *Specific service coordination services.* Service coordination services include—

- (1) Assisting [parents](#) of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
- (2) 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;
- (3) Coordinating evaluations and assessments;
- (4) Facilitating and participating in the development, [review](#), and evaluation of IFSPs;
- (5) Conducting referral and other activities to assist families in identifying available EIS providers;
- (6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
- (7) Conducting follow-up activities to determine that appropriate part C services are being provided;
- (8) Informing families of their rights and procedural safeguards, as set forth in [subpart E](#) of this part and related resources;

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- (9) Coordinating the funding sources for services required under this part; and
- (10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

(c) *Use of the term service coordination or service coordination services.* The [lead agency](#)'s or an EIS provider's use of the term *service coordination* or *service coordination services* does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the [Social Security Act](#)—Medicaid), for purposes of claims in compliance with the requirements of [§§ 303.501](#) through 303.521 (Payor of last resort provisions).

### **Sign Language and Cued Language**

Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

### **Social Work Services**

Social work services include:

- a. Evaluating a child's living conditions and patterns of parent-child interaction;
- b. Preparing a social or emotional developmental assessment of the child within the family context;
- c. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- d. Working with those problems in a child's and family's living situation (home, community and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- e. Identifying, mobilizing and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

### **Speech-Language Pathology Services**

Speech-Language Pathology Services include:

- a. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

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- c. Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

### **Strategies**

Family and service-related activities that will be used to bring about the family's desired outcomes and focus on mobilizing a family's own resources and support networks.

**Surrogate Parent** An individual appointed or assigned to take the place of a parent when no parent can be identified or located or when the child is under managing conservatorship of the state. A surrogate parent acts to advocate for or represent the child relating to the identification, evaluation, educational placement and provision of early childhood intervention services.

### **Transportation Services and Related Costs**

Coverage of travel costs (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that is necessary to enable an eligible child and the child's family to receive early intervention services.

### **Valid Referral**

A written, phone or face-to-face referral from any source concerning a child who is potentially eligible for Helping Hands services. Contacts where services are obviously not needed are not considered valid referrals.

### **Vision Services**

Vision services include:

- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities;
- b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both; and
- c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.