

Strengthening Partnerships:

A Guide to Family Rights & Safeguards in the



**Infant & Toddler
Connection of Virginia**

Part C Early Intervention System

2012

TABLE OF CONTENTS

PURPOSE OF THIS GUIDE	1
BACKGROUND	2
EARLY INTERVENTION SERVICES	3
FINDING OUT IF YOUR CHILD IS ELIGIBLE FOR EARLY INTERVENTION	4
ASSESSMENT FOR SERVICE PLANNING	7
INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING	8
AVAILABLE EARLY INTERVENTION SERVICES	10
PAYING FOR EARLY INTERVENTION SERVICES	11
IFSP REVIEWS	11
TRANSITION	13
CONFIDENTIALITY	14
REVIEWING YOUR CHILD’S RECORDS	16
RESOLVING DISAGREEMENTS	17
Filing a Complaint	18
Using Mediation	19
Requesting a Due Process Hearing	19
GLOSSARY	23
SINGLE POINTS OF ENTRY FOR ACCESSING EARLY INTERVENTION SERVICES	24



The Arc of Virginia
2025 East Main Street, Suite 107
Richmond, VA 23223

T 804.649.8481
F 804.649.3585
www.thearcofva.org

Achieve with us.

Dear Parent,

The Arc of Virginia staff is dedicated to provide support to the families receiving early intervention services. We are parents of children who have received these services and understand first hand the questions and concerns that you may be having.

This book was written to help families understand the early intervention system and the rights and safeguards (or protections) that have been put in place to ensure that families are involved in decisions that are being made concerning their child's early intervention services. These safeguards are included in Notice of Child and Family Rights & Safeguards Including Facts About Family Cost Share. You will receive a copy and explanation of these rights and safeguards throughout your time in the early intervention system.

As parents of children with developmental delays we may be members of many teams throughout our children's lives such as the early intervention Individualized Family Service Plan (IFSP) team. Although early intervention staff will explain the IFSP team purpose to you, you may still be wondering what part you play with the "professionals" gathered with you.

The most important thing to remember is that you are at the table speaking on behalf of your child and family and that you are the expert on this topic! Early intervention staff are there to coach and support you to interact with your child in ways to support their development. Because you spend the most time with your child you have more opportunities during natural routines and activities to interact with your child, develop strategies and practice them with your child.

At The Arc of Virginia we promote and protect the human rights of people with intellectual and developmental disabilities and actively support their full inclusion and participation in their community throughout their lifetime. Our staff is here to answer questions, provide support and give families the tools they need to become involved! Please do not hesitate to contact us to learn more, our number is 804-649-8481 ext. 103.

Sincerely,

Debra Holloway
Director of Training and Technical Assistance

Infant & Toddler Connection of Virginia
Strengthening Partnerships – 6/12

PURPOSE OF THIS GUIDE

Early intervention in Virginia is a coordinated system of community services for infants and toddlers (birth through age two, meaning until the child's third birthday) who have disabilities or developmental delays and their families. Through this system, called Infant & Toddler Connection of Virginia, agencies, parents, and service providers work together to give children and their families services to meet the children's developmental needs.

Parents of infants and toddlers who are eligible for early intervention services have an important and special role to play in their child's services. Parents:

- Provide information;
- Give permission;
- Participate in meetings; and
- Decide what services to accept.

To assist families in their roles in the early intervention system, this guide explains the major steps in becoming involved in the Infant & Toddler Connection of Virginia and the safeguards, or rules that are put in place to protect families' rights. It discusses how you can work with the people who provide early intervention services.

People who provide early intervention services might use technical language to describe the work they do with infants and toddlers and families. Ask for explanations of unfamiliar words. When technical words are used in this booklet, they will be defined in a box. There also is a glossary starting on page 23 of this booklet that defines some of these technical words.

BACKGROUND

Since the 1970's, the Commonwealth of Virginia has provided early intervention services for children, birth through two years of age (meaning until the child's third birthday), who are experiencing developmental delays. In 1986, the U.S. Congress provided funds to states to set up a comprehensive system of early intervention services. This system of services is referred to as Part C - Early Intervention for Infants and Toddlers with Disabilities within the federal special education law called the Individuals with Disabilities Education Act (IDEA). In this guide, the term *early intervention system* is used to describe Virginia's policies and practices under the federal Part C program.

In Virginia, there are 40 local lead agencies that plan, with the advice and assistance of a local interagency coordinating council (a group of people with interest in the early intervention system, including parents), how agencies and providers in the community will provide services for families. Each local lead agency has someone you can contact for information and help (see page 24).



**Infant & Toddler
Connection of Virginia**

EARLY INTERVENTION SERVICES

Early intervention services are for infants and toddlers who are not developing as expected or who have a condition that can delay normal development, and their *families*. Services are provided to help children's development and to assist families in meeting the developmental needs of their child. Early intervention service providers work in partnership with families. Family involvement is important at every step along the way.

Family is defined according to each family's definition of itself.

Parent means a biological or adoptive parent of a child, a foster parent, a guardian, a person acting as a parent, (such as a grandparent or stepparent with whom a child lives, or a person who is legally responsible for the child's welfare); or a *surrogate parent*.

A *surrogate parent* is an individual assigned to act for a parent when the child is a ward of the state or a parent cannot be identified or located. If you are serving as a surrogate parent or want more information about safeguards and responsibilities of surrogate parents, contact your local early intervention system listed on page 24 or the Infant & Toddler Connection of Virginia at (800) 234-1448.

Every child and family entering the early intervention system has a service coordinator. Your service coordinator's job is to help your family:

- gather information to make good decisions for your child and family;
- arrange for and keep track of services;
- find out about and receive necessary services;
- find out about advocacy services;
- plan for changes in services (transition); and
- understand your rights, safeguards and responsibilities as a parent and use them when appropriate.

FINDING OUT IF YOUR CHILD IS ELIGIBLE FOR EARLY INTERVENTION

When your child is referred to the Infant & Toddler Connection of Virginia, a service coordinator will begin working with your family to find out if your child is eligible for services. This step is called eligibility determination. You will receive *written prior notice* before the eligibility determination happens.

Written Prior Notice: Before each major step in the early intervention process, your service coordinator must make sure you get a notice in writing. The notice will tell you what step comes next. The notice must be in the language you use unless this is not possible. It must also be clear and easy to understand. If you need any help in understanding the notice, ask your service coordinator for an explanation.

The notice must be given to you **before** the next step actually takes place. You can show the notice to others (a professional or friend) who can help you decide what is best for your child. All written prior notice will be given using standard state forms. Each time these standard forms are given to you, you will also receive a copy and explanation of Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share, which is a technical explanation of parents' safeguards with references to federal law.

As the parent, you play an important role in getting ready for eligibility determination. You have the opportunity to:

- Share information about you and your child, including what you know about your child's skills and needs;
- Give your service coordinator permission to gather information about your child from other professionals who know your child or have tested your child;
- Ask questions about the eligibility determination process; and
- Give *informed consent*, permission, for eligibility determination.

Informed Consent: To make good decisions, you need accurate information. Giving your consent means that you understand what is being offered and recommended, and with that understanding, you give your permission. The best time to ask questions is before you give your consent.

To find out if your child is eligible for early intervention services, a *multidisciplinary* team reviews the information you shared about your child, results of any screening or assessment tool used, and information from your doctor and other professionals who know your child (with your permission).

Often this information is enough for the team to decide if your child meets the eligibility criteria for early intervention services (see page 6). Sometimes, the team will need more information and some testing will be done to help the team learn more about your child's development. If information from your child's medical or other records is enough by itself to show that your child meets the eligibility criteria, then no team or further evaluation is needed and you can move directly to the next step in the process, assessment for service planning.

Multidisciplinary means professionals from at least 2 different disciplines or professions. Under the federal law, one individual who is qualified in more than one discipline or profession meets the definition of *multidisciplinary* for eligibility determination and assessment for service planning.

All parents are a part of eligibility determination because they provide important information to the multidisciplinary team about their child's development. Let your service coordinator know if you also would like to be part of the multidisciplinary team discussion about whether your child is eligible. Otherwise, your service coordinator will call you after the team meets to let you know whether or not your child is eligible for early intervention services.

If the multidisciplinary team decides that your child is eligible for services, you will work together to do an assessment for service planning and develop an individualized family service plan (IFSP). These steps are explained in the next sections.

If the multidisciplinary team decides that your child is not eligible for early intervention services, you can ask your service coordinator to help with referrals to other resources in your community that may be helpful to your child and family. You also are welcome to call the Single Point of Entry for your local area again if you have concerns about your child's development.

If agreement cannot be reached on your child's eligibility, there are ways to help resolve these differences (see page 17).

Criteria for Eligibility for Early Intervention Services in Virginia

In Virginia, your child may qualify three different ways for early intervention services. Information gathered during the eligibility determination process will help identify if your child meets one or more of the eligibility criteria.

- I. Infants and toddlers with at least a 25% developmental delay (chronological age or age adjusted for prematurity) in one or more of the following areas:
1. **cognitive development** (thinking skills);
 2. **physical development** (including the way muscles work, vision and hearing);
 3. **communication** (understanding what is said or communicating what is wanted)
 4. **social or emotional development** (ability to interact with others and express feelings); or
 5. **adaptive development** (doing things independently like eating and helping to dress self).

AND/OR

- II. Children without a 25% developmental delay who are developing atypically in one or more of the following:
1. **atypical or questionable sensory-motor responses** (abnormal muscle tone, limitations in joint range of motion, abnormal reflex or postural reactions, poor quality of movement patterns or quality of skill performance, oral-motor skills dysfunction, including feeding difficulties)
 2. **atypical or questionable social-emotional development** (delay or abnormality in achieving expected emotional milestones, persistent failure to initiate or respond to most social interactions, or fearfulness or other distress that does not respond to comforting by caregivers)
 3. **atypical or questionable behaviors** that interfere with the acquisition of developmental skills or
 4. **impairment in social interaction and communication skills along with restricted and repetitive behaviors.**

AND/OR

- III. Children who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. These include, but are not limited to:
1. seizures/significant encephalopathy (identifies the high risk group with low Apgars and/or asphyxia);
 2. significant central nervous system anomaly;
 3. severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage;
 4. symptomatic congenital infection;
 5. effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants;
 6. myelodysplasia;
 7. congenital or acquired hearing loss;
 8. visual disabilities;
 9. chromosomal abnormalities, including Down syndrome;
 10. brain or spinal cord trauma, with abnormal neurologic exam at discharge;
 11. inborn errors of metabolism;
 12. microcephaly;
 13. severe attachment disorder;
 14. failure to thrive;
 15. autism spectrum disorder;
 16. endocrine disorders with a high probability of resulting in developmental delay;
 17. hemoglobinopathies with a high probability of resulting in developmental delay;
 18. cleft lip or palate;
 19. periventricular leukomalacia;
 20. neonatal factors that make developmental delay highly probable:
 - gestational age less than or equal to 28 weeks; or
 - NICU stay greater than or equal to 28 days; or
 21. other physical or mental conditions at the multidisciplinary team's discretion.

ASSESSMENT FOR SERVICE PLANNING

You will be given written prior notice before the assessment for service planning takes place. With your signed permission, your service coordinator will arrange for an *assessment* to learn about your child's strengths and needs in all areas of development. This information will help the team figure out what early intervention services are needed to meet your child's and family's needs. The assessment will include how your child:

- thinks and understands events occurring in his day - this is called *cognitive development*;
- sees things, hears sounds and voices and is growing - this is called *physical development*;
- moves - this is called *gross motor or fine motor development*;
- understands what you say or lets you know what she wants - this is called *communication*;
- gets along with other people and expresses his feelings - this is called *social or emotional development*; and
- does ordinary things expected of babies and toddlers like feeding herself, helping to dress himself and kissing and hugging - this is called *adaptive development*.

Assessment is the way that professionals learn about your child's strengths and needs and what services might help meet those needs. With your permission, assessment also includes learning about your family's concerns, priorities (what's most important to you), and resources.

Note: The words *she* and *he* or *her* and *him* are used alternately to refer to children. No matter what gender is used, both boys and girls are equally included.

If your child has already had an assessment, additional assessments may not be needed. Your service coordinator will make sure that any assessment procedures used are sensitive to your family's needs and culture.

During the assessment, your child will be given a fair chance to show what she can do. Your child will be assessed by a group of professionals who represent at least two professions or areas of development or by one professional who is qualified in two professions or areas of development. Professionals may include infant educators, speech therapists, physical therapists, occupational therapists, social workers, nurses, and/or others.

As the child's parent, you are an important part of the team during the assessment. You are welcome to participate in assessments and in any meetings where assessment results are discussed or explained. You can invite anyone to the assessment or meetings who can help you with the discussion about your child and can help you with making decisions. For the assessment, you have an opportunity to:

- give permission before any testing is done;
- give your service coordinator permission to gather information about your child from other professionals who know your child;
- share with the team what you know about your child's skills and needs;
- decide if the assessment will include information about your family's resources, priorities and concerns about your child;
- include information from other people who have tested your child in the last six months;
- get copies and explanations of the test results and other reports; and
- ask questions about the assessment process or the results.

The information learned through the assessment for service planning will be used by the team during the next step, the Individualized Family Service Plan (IFSP) meeting.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING

The individualized family service plan (IFSP) is a written plan for providing early intervention services. Within 45 calendar days after referral, your team will meet to write an IFSP. At the IFSP meeting, members of the IFSP team, which includes you, work together to develop a plan for the next year.

You are an important member of the team. You can invite other family members or people who you feel can help you make good decisions for your child. Your service coordinator and local service providers will also be members of the team. Your service coordinator will set up the meeting at a time and place that is convenient and comfortable for you. You will also receive this information in writing.

At the IFSP meeting, you and the rest of the team will discuss your child's strengths and needs, what you consider most important for your child and family, and goals and *outcomes*. This is a good starting point for deciding what services are needed to help your child develop. All team members,

including you, share ideas about what activities and services will help your child and family. Together you will decide what goes in the IFSP.

Outcomes are statements of the major changes you and the rest of the team hope to see for your child and family.

The IFSP lists what you and the early intervention providers will be working on and includes:

- the name of your service coordinator;
- your child's current skills and levels of development;
- if you agree, a statement of your family's resources (supports that you and your child have, including people, activities and programs/organizations) , priorities, and concerns related to your child's development;
- outcomes the team hopes to see for your child and family;
- what early intervention services and supports will be provided;
- where services will be provided;
- the natural environment, to the extent appropriate, in which services will be provided, including the home and settings that are natural or typical for children who are your child's age;
- how often services will be provided, when they will begin and how long they will last;
- other services needed by your family but that the early intervention system does not make available;
- payment arrangements, if any;
- a transition plan for when your child is getting ready to leave early intervention services; and
- your signed permission to begin services.

You will be asked to sign the IFSP to show that you agree with the plan and want your child and family to get the services that it describes. You can choose to accept all, some, or none of the services. Nothing will be done without your permission. You can ask for the IFSP to be reviewed at any time. If there is ever a time when you and the rest of the team cannot reach agreement on what services should be in the IFSP, refer to page 17.

AVAILABLE EARLY INTERVENTION SERVICES

Many kinds of early intervention services are available to meet the needs of the many different kinds of children and their families. Services can include:

- assistive technology devices and services
- audiology
- developmental services
- family training, counseling and home visits
- health services
- medical services (for diagnosis or assessment only)
- nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- service coordination
- sign language and cued language services
- social work services
- speech language pathology
- transportation and related costs
- vision services

Some families receive only a few services. Others receive more. It depends

on your child and family's needs. Regardless of the type and number of services you receive, early intervention providers coach and support you to interact with your child in ways to support their development during everyday routines and activities.

PAYING FOR EARLY INTERVENTION SERVICES

Some services must be available at no cost to parents. These are eligibility determination, assessment, service coordination, IFSP development, and safeguards.

You may be charged for other early intervention services based on your ability to pay as determined using the steps described in the Facts About Family Cost Share section of Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share. You received a copy of this document and it was explained to you when you received written prior notice before eligibility determination. You will be offered an additional copy and receive an explanation of this document at every IFSP review and annual IFSP meeting.

Some of the costs of services are supported by federal, state and local funds. Local early intervention service providers also rely upon payment from individual health insurance (with your permission) and Medicaid, as well as fees based on parent income in order to fund services. However, you will not be denied services because you cannot pay for them. If you have some questions about how services for your child might be funded, you should discuss this with your service coordinator.

IFSP REVIEWS

You, your service coordinator and service providers will review the IFSP over time to make any changes needed.

Six-Month IFSP Review

Ongoing assessment of your child's development and progress is built into early intervention services. Your child's IFSP will be reviewed every six months or more often if necessary. You, your service coordinator and, if appropriate, other service providers will review the IFSP. At the IFSP review, you and the others present will discuss your child's progress.

You can request a review of IFSP outcomes and services at any time. If your child is not making expected progress, or if you believe that services need to be adjusted (increased, decreased, or ended), an IFSP review can be held to discuss your concerns.

Written prior notice is required before changes to services: Anytime early intervention providers want to make a change or refuse to make a change in the services listed on your IFSP, they must give you a notice in writing. Changes might include adding a new service, ending a service, or a change in how often you will receive a service. The change may have been suggested by you or by a provider(s). The notice must tell you what you can do if you disagree with the proposed change.

Any possible change will be discussed with you at an IFSP meeting first, and the written notice must be given to you **before** the change is discussed at an IFSP meeting. You can take time to think about the change and decide if you agree with it. You can also show the notice to others (a professional or friend) who can help you decide what is best for your child.

Annual IFSP

At least once a year, your team meets to discuss your child's progress and update the IFSP. Your service coordinator arranges this team meeting at a time and place that is convenient for you. Before an annual meeting, your service coordinator will let you know about the meeting in writing and give you an explanation of your safeguards in writing. As a part of the team, you will be asked to join in on the discussions and decision-making as you did for the first IFSP.

At the time of the annual IFSP, a multidisciplinary team will review information from you and from your child's service providers to check that your child is still eligible for early intervention services.

Things I want to remember:

TRANSITION

By the time they leave early intervention, some children no longer need special assistance. Others still need some more help. This can be provided by community agencies, private providers or by the early childhood special education system in the public schools.

You should be informed about Virginia's system of services for children through age 5 at your first IFSP meeting. Virginia's system of services is designed to transition eligible children into public school services, if you agree, as early as age two (at the start of the school year in which your child is 2 by September 30) and by age 3.

Your local school system provides early childhood special education for children with delays and disabilities under what is called *Part B of the Individuals with Disabilities Education Act (IDEA)*. In Virginia, eligible children who will be two years old by September 30th can begin early childhood special education at the start of the school year. Many two year olds move to services through the school system in September of the year they are eligible. Transitions for some two year olds may be delayed until later in that school year if the local school system allows that. You decide when your child transitions as a part of the IFSP. Early intervention services continue to be available until the transition occurs or until your child's third birthday.

A transition plan helps you and your child move smoothly from early intervention to whatever comes next for your child. This transition plan is a part of your child's IFSP and must be developed at least 90 days or up to nine months (if all parties agree) prior to your child's third birthday or prior to your child's anticipated date of transition if he/she will transition earlier.

Steps in the transition to special education may include:

- notifying the local school division and the Virginia Department of Education of your child's name and birth date and your name, address, and telephone number as your child gets close to the age of eligibility for special education (at least 90 days before your child's anticipated date of transition), unless you indicate in writing on the IFSP transition page that you do not want the information sent. This notification serves as a referral for special education services;
- transferring information about your child (such as assessment

- information and IFSPs) to the local school system, with your permission;
- having a conference with the local school system at least 90 days or up to nine months (if all parties agree) prior to your child's anticipated date of transition;
 - discussing future services and placements; and
 - preparing you and your child for a change in services and helping her adjust to a new setting.

During the transition from early intervention to early childhood special education services, your service coordinator can go to meetings with you.

If your child is not eligible for special education, but still needs some services or supports, your service coordinator will, with your approval, attempt to schedule a transition meeting with others in the community to discuss next steps for your child and family. Your service coordinator can help you plan for and find other services in your community, as available. These might include Head Start, nursery schools, or other education or family support programs that can help meet your needs. Your IFSP will document these efforts.

As your child leaves early intervention services, it is a good idea to make sure you have a complete copy of your child's records. The records will help you document the progress your child has made and may be useful as you plan for future services and supports. Review your child's early intervention records to decide what information you would like passed along to special education or your next service providers. If you disagree with something in your child's records, you can ask to have them changed. See page 16 for information on how to do this.

CONFIDENTIALITY

The early intervention services your family and child receive and the reasons you need these services are personal and private. Although you share personal information about your child or your particular family situation with your service providers, your privacy is protected through the confidentiality requirements in the early intervention system.

Confidentiality extends to written records and conversations people may have with you or about your child and family.

Early intervention providers collect information to keep careful track of what services are provided to your family and how well your child is doing. Keeping information confidential is not only a federal and state requirement, but also an important part of gaining your trust.

"My little boy's disability is one that a lot of people don't know about. It was so nice to have help with finding out who in my area could help us. But I always knew they wouldn't talk to anyone about us without our permission." —A Virginia Parent

There are extensive requirements telling early intervention providers how to handle confidential records. These include:

- **Record storage:** All records that contain personally identifiable information are kept where only certain people can see them. These authorized people include individuals who have a legitimate reason to look at your early intervention records. They include your service coordinator, the professionals working with you and your family, and the administrators of the agencies responsible for providing you with services.
- **Authorization to see files:** No one can give out information or tell what is in your child's record without your permission except under very limited circumstances allowed under federal law.
- **Disclosure record:** The local early intervention system has a list of all the files kept on your child and family. There is also a list of everyone who has looked at any of your child's records. You can see this "*disclosure record*" if you ask.
- **Parent permission:** Except under very limited circumstances allowed under federal law, confidential information in the files cannot be shown or given to anyone without your written permission. A copy of your written permission telling what information can be shared and who can get it must be kept in the file.

- **Disposal of records:** Your early intervention system will provide notification of when they no longer need the information in your child's records. Often the early intervention system will destroy the record at that point, and they are required to do so if you request it. However, the provider may maintain permanent records of your child's name, date of birth, your contact information (address, phone number), the names of your child's service coordinator and other early intervention providers, and information about when your child exited the early intervention program and any programs he transitioned to upon exit.

Periodically, during your time in Infant & Toddler Connection of Virginia, you will receive a copy and explanation of Notice of Child and Family Safeguards Including Facts About Family Cost Share which explains in detail all of the safeguards under Part C, including those related to confidentiality.

REVIEWING YOUR CHILD'S RECORDS

Looking at your child's and family's early intervention records helps you know about your child and your child's services. The more you know, the more effective you will be as a member of the team making decisions about your child. Knowing what is in the records helps you make the best decisions for your child. It is helpful to check to make sure that what is in your child's records is accurate.

You can ask your service coordinator to make arrangements for you to look through the records. Early intervention providers must let you see the records within a reasonable time (within 10 calendar days of your request) and before any meeting about your child. You can ask for explanations of anything you see in the records. You can also arrange for someone representing you or your child to look at the records.

You can ask for copies of information in the records. One copy of the record must be made available to you at no cost. After that, you may be asked to pay for the actual cost of making the copies, but not for the time it takes to find and copy them. If you cannot afford to pay for the copies, you can still receive copies of your child's records.

If you see something in the records that you believe is not accurate, you can ask that it be changed or removed. Ask your service coordinator for help with this and about the local procedure to request a change in the records.

If service providers do not make the change you request, you can ask for a hearing. If the hearing officer determines that the record does not have to be changed, you can place your own explanation of the information into the file. Your explanation must be kept with the file and included every time the information you object to is given out so that the person who receives it will know about your concern.

RESOLVING DISAGREEMENTS

Early intervention works best when families and professionals work together. This means sharing information, being honest about ideas and feelings, listening carefully, asking questions, and treating everyone with courtesy and respect.

Even the best of friends sometimes disagree. The same is true for families and service providers. In most cases, families and professionals can discuss their disagreements and reach a compromise that everyone can accept.

You and the people providing early intervention services are a team and have the same goal. You all want your child to get a good start in life. Service providers want you to be satisfied with what the team is doing on behalf of your child and family. Everyone on your team should listen to your ideas and concerns, and answer your questions. It is easier to come to agreement when everyone tries to understand each other's view of the situation.

If you have differences, you will probably be able to settle those differences more easily if you:

- are specific about what is bothering you and give examples;
- know what effect the disagreement has on you and your child;
- are clear about how you want the situation to be different; and
- explain what you want others to do to make things better.

Sometimes, even when people mean well and try hard, talking it over does not work. There are three formal ways in the early intervention system to resolve disagreements. These are called complaints, mediation and impartial due

process hearings. A general description of these three procedures is provided below. A complete description is included in Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share.

Filing a Complaint

Anyone can file a complaint if they believe any agency or person providing early intervention services has violated the early intervention requirements. Complaints must be made in writing, signed and must include your contact information; the specific facts on which the complaint is based, including the Part C requirement that is alleged to have been violated; the name of your child and the service provider; and a proposed solution to the problem if you have one. Complaints must be filed within one year.

As the parent of a child receiving early intervention services, you can also file a written complaint when you disagree with anything related to the services your child and family are getting. For example, you might want to file a complaint if your local early intervention system is not:

- doing something the team agreed to—like conducting an assessment or providing a service;
- meeting important deadlines—like determining eligibility and developing an IFSP in 45 days; or
- letting you look at your child's early intervention records.

Include in your written complaint specifically what action or decision you disagree with and why you object. Send a copy of your complaint to the agency or provider serving your child at the same time you send the complaint to:

Department of Behavioral Health and Developmental Services
Office of Early Intervention
P.O. 1797
Richmond, VA 23218

Call the Department at (804)786-3710 if you have questions.

Once your complaint is received, the state agency responsible for early intervention will investigate. You will be given the opportunity to submit

additional information, either verbally or in writing, about your complaint. You will be notified of the results of the investigation within 60 calendar days. Any issues that are currently being addressed in a due process hearing will not be investigated as a state complaint.

Using Mediation

Many disagreements between families and professionals can be worked out with the help of a mediator. *Mediation* is a process that makes it possible for a specially trained person, who doesn't have a financial or other interest in the case, to help you and the early intervention system reach an agreement.

In mediation, no one wins or loses. Successful mediation builds on the partnership you have with providers and keeps it strong. The result of mediation is that you and providers write down and sign what you each agree to do to solve the problem. Mediation occurs at a time and place convenient for both you and individuals representing the early intervention system.

You can begin mediation and file a request for an impartial hearing at the same time or you can begin mediation without requesting an impartial hearing. Mediation is voluntary. This means that if you do not think it will work, you do not have to do it.

The mediation process must be completed within 15 calendar days of the Infant & Toddler Connection of Virginia's state office receipt of notice that both parties agree to mediation. Mediation cannot extend the timelines for a due process hearing (30 calendar days).

Requesting a Due Process Hearing

Hearings are the most formal way to resolve disputes. You can request a hearing if you disagree with a decision or action that affects your child's identification, eligibility determination, placement or the services you and your child receive.

Hearings are conducted by impartial hearing officers who know the early intervention law, regulations, policies and practices. A hearing is a formal proceeding where evidence can be presented and witnesses can be called to testify. You can bring a lawyer with you or anyone else you think can help you present your case and best represent your child's interests.

A hearing follows a number of rules, including strict timelines. The main

rules for hearings are:

- hearing officers must be completely impartial—which means that they cannot have a personal or professional interest that would conflict with their objectivity in the outcome of the hearing or be an employee of any agency or entity providing early intervention services or care to your child;
- hearings must be held when and where it is reasonably convenient for you to attend;
- evidence presented must be shown to you at least five days before the hearing;
- the hearing must be recorded. The record can be a tape or a written transcript, and you can ask for a free copy;
- the hearing officer must make a decision and mail the written decision to each party no more than 30 calendar days after the request for a hearing is filed; and
- during the hearing process, your child and family must continue to receive the early intervention services currently in your IFSP unless you and the early intervention system agree otherwise. If the hearing involves a request for initial services and your child has been determined eligible, your child must receive those services already agreed to by you and the early intervention system.

Your written request for a hearing should say specifically what action or decision you disagree with and what you want changed. Send your request for an impartial hearing to:

Department of Behavioral Health and Developmental Services
Office of Early Intervention
P.O. 1797
Richmond, VA 23218

Call them at (804)786-3710 if you have questions.

After the hearing is completed, the hearing officer makes a decision based on

the facts and evidence presented. If you are not satisfied with the hearing officer's decision, you may file civil action with any state or federal court.

Filing a Medicaid Appeal (For Medicaid recipients only)

When the Infant & Toddler Connection of Virginia plans to take an action that adversely affects your child's services, you will receive a Notice of Action letter that explains how you can file an appeal with the Department of Medical Assistance Services, the state Medicaid agency in Virginia. Both the Notice of Action letter and the Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share explain what actions can be appealed, how to file an appeal and where to get more information.

If you have a disagreement with your early intervention service providers, deciding upon which options to take can be complicated. If you have questions, discuss your options with your service coordinator, who has the responsibility to make sure that you understand your options. You can also call The Arc of Virginia at 1-888-604-2677, the Virginia Office for Protection and Advocacy at (800) 552-3962 or the Parent Educational Advocacy Training Center at (703) 923-0010 or toll-free (800) 869-6782 to discuss options.

Things I want to remember:

A large, empty rectangular box with a thin black border, intended for the user to write their thoughts or memories. It occupies most of the page's vertical space.

GLOSSARY

Assessment—the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C to identify: (a) the child's unique strengths and needs and the services appropriate to meet those needs; and (b) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

Developmental delay—see page 6 of this guide

Eligibility—see page 6 in this guide

Eligibility Determination – the process by which a multidisciplinary team determines whether or not a child meets the Infant & Toddler Connection of Virginia eligibility criteria

Family—defined according to each family's definition of itself

IFSP or individualized family service plan— a written plan for providing early intervention services to eligible children/families

Mediation—a voluntary process freely agreed to by parents and providers to attempt to resolve Part C disagreements.

Multidisciplinary— the involvement of two or more qualified professionals from different disciplines or professions (or, in the case of eligibility determination and assessment for service planning, one individual who is qualified in two or more disciplines of professions)

Natural Environment—settings that are natural or normal for children who are your child's age

Personally identifiable information— information that would make it possible to identify your child with reasonable certainty, such as your child's and other family members' names, social security numbers, address, or a list of personal characteristics

Surrogate parent—an individual who is assigned to act for a parent when the child is a ward of the state or a parent cannot be identified or located

Transition—the entry or exit of children and families to and from early intervention services. See page 13 in this guide

Single Points of Entry for Accessing Early Intervention Services

Across Virginia, there are 40 local early intervention systems. Their contact information and areas served are listed below. Phone numbers may change. If you are not able to contact the local early intervention system through the number listed below, contact (804) 786-3710 to obtain the current phone number.

Infant & Toddler Connection of:	Counties/Cities Served	Phone Number
Alexandria	City of Alexandria	(703) 746-3387
Alleghany Highlands	Alleghany County; Cities of Clifton Forge and Covington	(540) 863-1620
Arlington	Arlington County	(703) 228-1630
Augusta-Highland	Counties of Augusta and Highland	(540) 245-5133
the Blue Ridge	Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson; City of Charlottesville	(434) 970-1391
Central Virginia	Counties of Amherst, Appomattox, Bedford and Campbell; Cities of Bedford and Lynchburg	(434) 947-2888
Chesapeake	City of Chesapeake	(757) 547-8929
Chesterfield	Chesterfield County	(804) 768-7205
Crater District	Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex; Cities of Colonial Heights, Emporia, Hopewell, and Peters	(804) 862-8049 ext. 3077
Cumberland Mountain	Counties of Buchanan, Russell, and Tazewell	(276) 964-6702
Danville - Pittsylvania	Pittsylvania County; City of Danville	(434) 799-0456 ext. 3121
DILENOWISCO	Counties of Dickenson, Lee, Scott and Wise; City of Norton	(276) 431-3521
the Eastern Shore	Counties of Accomack and Northampton	(757) 442-7599
Fairfax - Falls Church	Fairfax County; Cities of Fairfax & Falls Church	(703) 246-7121
Goochland - Powhatan	Counties of Goochland and Powhatan	(804) 657-2010
Hampton - Newport News	Cities of Hampton and Newport News	(757) 726-4012
Hanover	Hanover County	(804) 723-2070
Harrisonburg - Rockingham	Rockingham County; City of Harrisonburg	(540) 433-7144 ext. 1
Henrico - Charles City - New Kent	Counties of Henrico, Charles City, and New Kent	(804) 727-8372
the Heartland	Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward	(434) 395-2967
the Highlands	Washington County; City of Bristol, Abingdon	(276) 619-2405
Loudoun County	Loudoun County	(703) 777-0561
the Middle Peninsula - Northern Neck	Counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, and Westmorland	(804) 758-5250 (800) 305-2229
Mount Rogers	Counties of Bland, Carroll, Grayson, Smyth, and Wythe; City of Galax and Marion	(276) 223-3270
the New River Valley	Counties of Floyd, Giles, Montgomery and Pulaski; City of Radford	(540) 831-7529
Norfolk	City of Norfolk	(757) 441-1186
the Piedmont	Counties of Henry, Franklin, and Patrick; City of Martinsville	(276) 632-7128
Portsmouth	City of Portsmouth	(757) 393-8321
Prince William	Prince William County; Cities of Manassas, Manassas Park and Quantico	(703) 792-7879
the Rappahannock Area	Counties of Caroline, King George, Spotsylvania, and Stafford; City of Fredericksburg	(540) 372-3561
Rappahannock Rapidan	Counties of Culpeper, Fauquier, Madison, Orange, and Rappahannock	(540) 829-7480 ext 105 or 101
Richmond	City of Richmond	(804) 855-2742
Roanoke Valley	Counties of Botetourt, Roanoke and Craig; Cities of Roanoke and Salem	(540) 283-5050
the Rockbridge Area	Counties of Bath and Rockbridge; Cities of Buena Vista and Lexington	(540) 462-6638
the Shenandoah Valley	Counties of Clark, Frederick, Page, Shenandoah, and Warren; City of Winchester	(540) 635-2452 Ext. 17
Southside	Counties of Brunswick, Mecklenburg, and Halifax; Cities of South Boston and South Hill	(434) 738-0406
Staunton-Waynesboro	Cities of Staunton and Waynesboro	(540) 245-5133
Virginia Beach	City of Virginia Beach	(757) 385-4400
Western Tidewater	Counties of Isle of Wight and Southampton; Cities of Franklin and Suffolk	(757) 562-6806