New York City
**Early Intervention** Program

**The Earlier, The Better**



## Clinicians' Guide:

# The Early Intervention Program in New York City

Ages Birth to 3

NYC Health



As a clinician, you know that routine developmental screening and surveillance of your youngest patients helps identify disorders as early as possible. Children with developmental disorders can be referred to the **New York City Early Intervention Program (EIP)** for evaluation for services — but referral is not the end of the process. Throughout your patient's participation in the program, your involvement remains key to their success. This brief guide is intended to help you navigate the process leading to EIP referral, as well as everything that follows.

**Resources:**

- Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening [1]

# Background

- Identifying developmental disorders early is critical to young children's well-being.
- Identification includes screenings at specific ages, and when you or the child's parent or caregiver has a concern.
- Early Intervention services are available for a wide range of developmental disorders.
- Children can be referred directly to the New York City EIP by you, a parent, a child care provider, or anyone who suspects that a child has a developmental delay. New York State Public Health Law requires that qualified personnel refer the child directly to the EIP within two business days of identifying the possible disability or delay (NYCRR10, subpart 69-4.3).
- The New York City Health Department oversees the City's EIP.
- Recommendations in this guide are based on the American Academy of Pediatrics (AAP) and New York State Department of Health guidelines and other noted sources.

# Algorithm A:

## Your Role **Before** Referral to Early Intervention

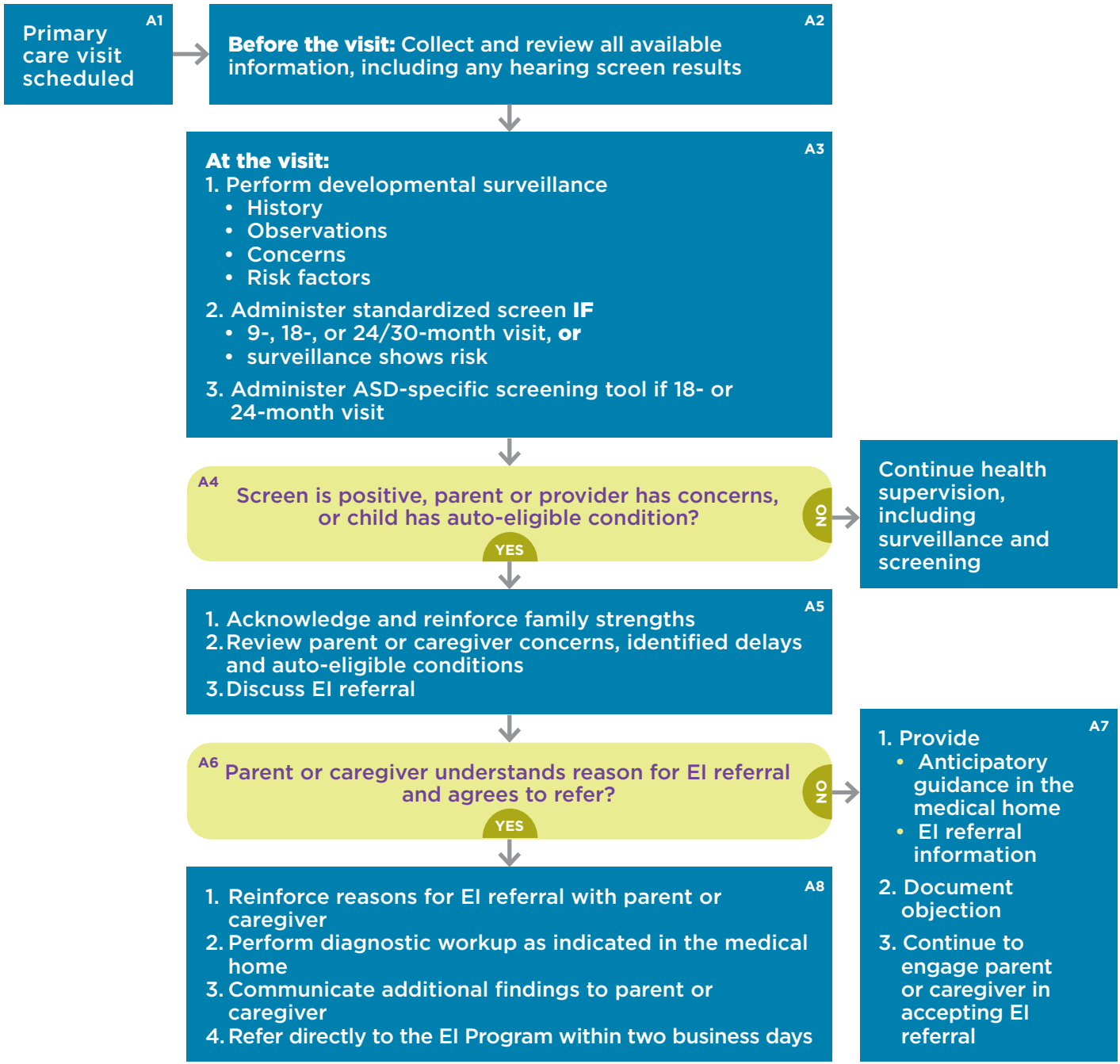
**Key**

**: Decision point**

**: Your role**

**ASD: Autism Spectrum Disorder**

**EI: Early Intervention**




For more information or to make a referral, call **311** and ask for the **Early Intervention Program.**

# Algorithm B:

## Your Role **After** Referral to Early Intervention

**Key**

- : Decision point
- : Your role
- : EI role

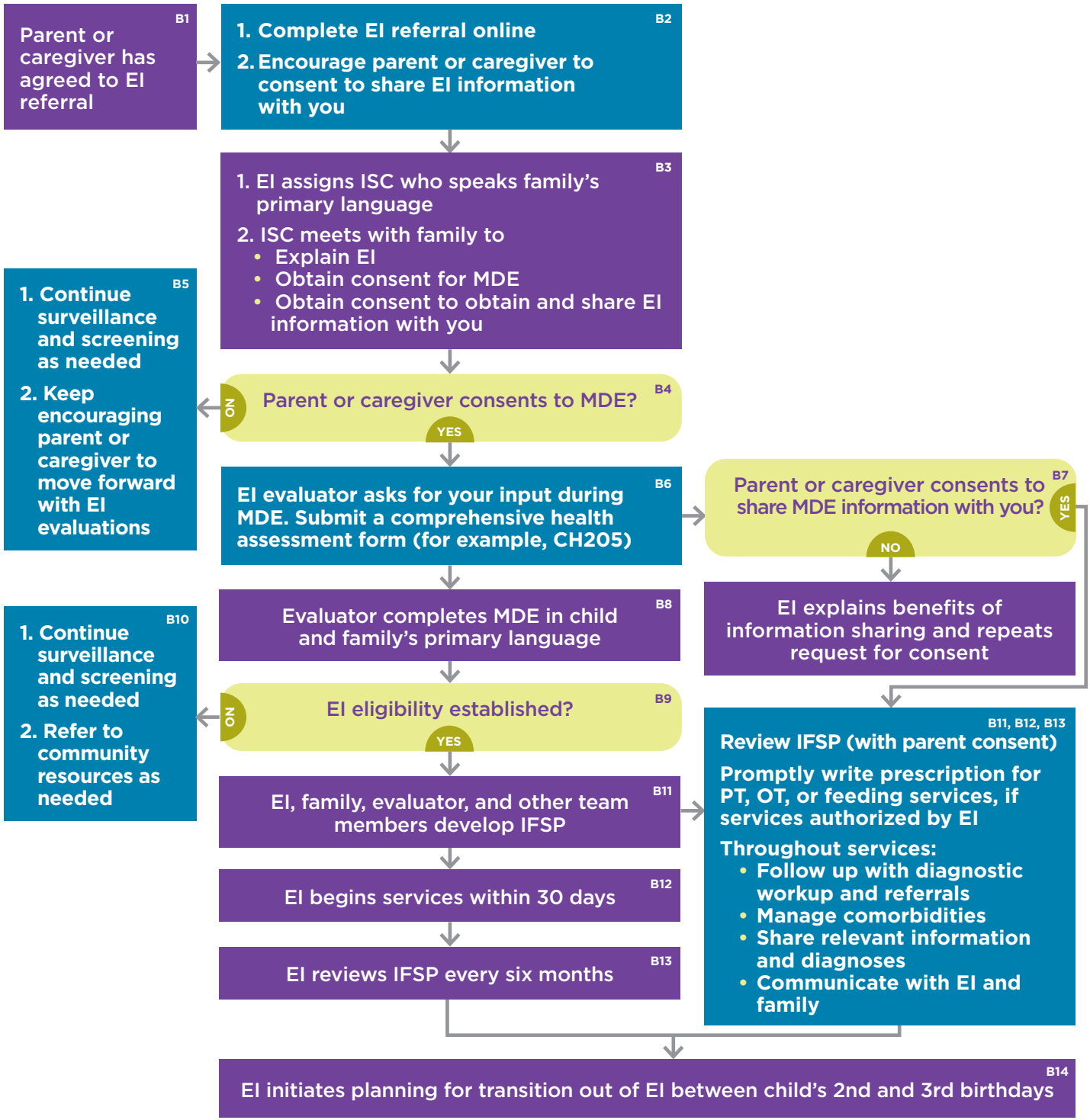
**EI**: Early Intervention

**ISC**: Initial service coordinator

**IFSP**: Individualized family service plan

**MDE**: Multidisciplinary evaluation

**PCP**: Primary care provider


B1
Parent or caregiver has agreed to EI referral
B2
1. Complete EI referral online
2. Encourage parent or caregiver to consent to share EI information with you
B3
1. EI assigns ISC who speaks family's primary language
2. ISC meets with family to
• Explain EI
• Obtain consent for MDE
• Obtain consent to obtain and share EI information with you
B4
Parent or caregiver consents to MDE?
NO
YES
B5
1. Continue surveillance and screening as needed
2. Keep encouraging parent or caregiver to move forward with EI evaluations
B6
EI evaluator asks for your input during MDE. Submit a comprehensive health assessment form (for example, CH205)
B7
Parent or caregiver consents to share MDE information with you?
YES
NO
EI explains benefits of information sharing and repeats request for consent
B8
Evaluator completes MDE in child and family's primary language
B9
EI eligibility established?
NO
YES
B10
1. Continue surveillance and screening as needed
2. Refer to community resources as needed
B11
EI, family, evaluator, and other team members develop IFSP
B12
EI begins services within 30 days
B13
EI reviews IFSP every six months
B11, B12, B13
Review IFSP (with parent consent)
Promptly write prescription for PT, OT, or feeding services, if services authorized by EI
Throughout services:
• Follow up with diagnostic workup and referrals
• Manage comorbidities
• Share relevant information and diagnoses
• Communicate with EI and family
B14
EI initiates planning for transition out of EI between child's 2nd and 3rd birthdays

# Acronyms and Definitions

New York City's Early Intervention Program (EIP) uses special terminology. Common acronyms and other titles include:

**ASD:** Autism Spectrum Disorder

**Auto-eligible condition:** Diagnosed condition that makes a child automatically eligible for the EIP due to a high probability of developmental delay (for example, Down syndrome, extremely low birth weight, or cerebral palsy)

**Committee on Preschool Special Education (CPSE) and Committee on Special Education (CSE):** Programs within the New York City Department of Education that oversee special education services for children with delays or disabilities ages 3 to 5 (CPSE) and older than 5 (CSE)

**Developmental Monitoring (NYC) and Child Find (other counties):** An EIP unit that monitors children who are referred because they are at risk of developmental delays. The unit works with families to screen children for delays and refers children to the EIP if screening indicates that an evaluation is needed.

**EIOD:** Early Intervention Official Designee. EIODs are EIP employees who conduct IFSPs (defined below) and authorize services.

**EIP:** New York City's Early Intervention Program

**IEP:** Individualized Education Program. This is a special education plan for a New York City public school student with learning disabilities or other chronic medical or developmental disorders.

**IFSP:** Individualized Family Service Plan. This plan is developed collaboratively in a meeting with the family, EIOD, evaluator, interventionist, and others. It contains all the details about the child's developmental goals and which Early Intervention services he or she will need, and is personalized for each child and family.

**ISC:** Initial Service Coordinator. This individual is assigned by the EIP to work with the family after a child is referred to the EIP. The ISC explains the EIP and helps the family through the evaluation process.

**MDE:** Multidisciplinary evaluation. This evaluation establishes a child's eligibility for the EIP. At least two different professionals evaluate the child's current developmental functioning in five domains: physical, cognitive, communication, social-emotional, and adaptive.

**"Medical Home":** The medical providers who regularly care for the child during routine checkups or when the child is sick. (Note: This manual is intended for the primary clinician treating the child. The "medical home" is a key participant in the EI process and will frequently be consulted throughout the process.)

**OSC:** Ongoing Service Coordinator. This individual helps the family access EI services after the IFSP has been approved.

**OT:** Occupational Therapy. One of the services provided through the EIP.

**PT:** Physical Therapy. One of the services provided through the EIP.

**SI:** Special Instruction or Education. One of the services provided through the EIP.

**ST:** Speech Therapy. One of the services provided through the EIP.

**Screening:** The use of a standardized tool to identify and define a recognized risk and the need for further assessment.

**Surveillance:** The informal process of monitoring children for developmental problems.



# Algorithm A:

## Your Role **Before** Referral to Early Intervention

Algorithm A shows your involvement in the steps leading to Early Intervention (EI) referral. Please consult it as you review these steps.

Your role is **bolded blue**.
A yellow box indicates a decision point.

**A1 and A2**

### Previsit

**Collect and review available patient information.**

Review all available patient information, including hearing screenings and reports from other providers or individuals involved in the child's care or home and family life (for example, the Administration for Children's Services or Nurse-Family Partnership). Before the child's scheduled visit, check for indications that they have an auto-eligible condition or a positive screen that warrants an EI referral.

**Resources:**

- Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening [1]
- Bright Futures [2]
- Early Hearing Detection and Intervention (EHDI) [3]
- Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions With High Probability of Developmental Delay [4]

## A3 At the visit, perform developmental surveillance or administer a standardized screen.

- Ask the parent or caregiver if there are any concerns about the child's learning, behavior, or development.
- Observe the child for age-inappropriate behaviors, lack of developmentally appropriate skills, or other indications of developmental delay.
- Document the process and findings.
- If the visit is a 9-, 18-, or 24/30-month visit, or if surveillance indicates risk, administer standard screen, as per AAP recommendations.
- If the visit is an 18- or 24-month visit, administer autism spectrum disorder (ASD)-specific tools, as per AAP recommendations.

If the 30-month visit is not reimbursable by third-party insurance, a developmental screening should be performed at 24 months of age.

**Resources:**

- Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening [1]
- Bright Futures [2]

## A4 Decide if screening tools are positive, if clinical or parental concerns are present, or if the child has an auto-eligible condition.

- If yes, proceed to A5, and discuss with the parent or caregiver.
- If no, continue health supervision and surveillance.

**Resources:**

- Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions With High Probability of Developmental Delay [4]

A5

## Reinforce family strengths. Review parent or caregiver concerns, identified delays, and auto-eligible conditions. Discuss EI referral.

- Emphasize the parent or caregiver's effort, skills, and dedication. Make note of the child's individual skills with the parent or caregiver, such as smiling, eye contact, sharing toys or food, showing affection, and others.
- If the parent or caregiver's or your concerns or the results of targeted screening suggest that an EI referral is needed, discuss this with the child's parent or caregiver.
- If a child is diagnosed with an auto-eligible condition, the child is eligible for the EI program based on one or more specific medical conditions. If this is the case, discuss an EI referral with the parent or caregiver.

**Resources:**

- NYC Early Intervention Program Policy and Procedure Manual [5]
- Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions With High Probability of Developmental Delay [4]

A6

## Parent or caregiver decides whether to accept referral to EI.

**The EIP is a voluntary program.** The EIP evaluation process cannot be initiated without the consent of the parent or legal guardian.

- If parent or caregiver agrees to referral, proceed to A8.
- If parent or caregiver does not agree to referral, proceed to A7.

A7

## Parent refuses referral:

### Provide anticipatory guidance in medical home, give follow-up information on EI, document parent or caregiver objections, and continue to engage parent or caregiver in accepting referral.

The parent or caregiver may choose not to proceed with an EI referral. EI is a voluntary program. In this case:

- Explore the parent or caregiver's concerns and reluctance.

- Continue to provide developmental surveillance, anticipatory guidance, and referrals to community services if needed.
- Because the child can be referred to EIP at any point, give the parent or caregiver information about how to refer to the EIP should they later decide to proceed.
- Follow up with the parent or caregiver within two months.

**Resources:**

- Reissued Early Intervention Memorandum 94-3: Referral Procedures [6]

**A8**

**Parent agrees to referral:**

**Reinforce reasons for EI referral with the parent or caregiver, perform diagnostic workup as indicated in the medical home, and communicate results of any workup to the parent or caregiver.**

- Refer child to other pediatric specialists as needed. (These might include audiology or ENT for a child with language delay, pediatric neurology for a child with low muscle tone or delayed motor skills, GI for feeding issues, genetics for possible syndrome identification, ophthalmology for vision impairment, audiology for hearing impairments, or developmental pediatrics.)
- Tell parents about the results of any additional medical workup.
- **Either the parent or you can make the referral to the EIP.**
- **Proceed to Algorithm B.**

**Resources:**

- Comprehensive Evaluation of the Child With Intellectual Disability or Global Developmental Delays [7]
- Motor Delays: Early Identification and Evaluation [8]



# Algorithm B:

## Your Role **After** Referral to Early Intervention

Referral is not the end of your role in Early Intervention. You will be asked for information and input at key stages of the process, and your participation is critical.

Your role is **bolded blue**.
The Early Intervention Program's role is **bolded purple**.
A yellow box indicates a decision point.

**B1 and B2**

**After the parent or caregiver agrees to EI referral:**

**Complete the EI referral using the public referral portal or your institution's Epic EHR. Encourage the parent or caregiver to consent to share information with you.**

- You can make the referral, or someone else can make it. An EI referral can be made by anyone involved with the child, including a parent or relative, primary care provider, social worker, day care worker, and others.
- The referral portal requests a "diagnosis," but the concern prompting the referral, such as "speech delay," is sufficient.
- If the child has an auto-eligible condition (for example, Down syndrome, extremely low birth weight, or cerebral palsy), identify the diagnosed condition on the as part of the referral.

- At the time of referral, encourage the parent or caregiver to consent to share EI information with you, including contact information for the child's Initial Service Coordinator (who will be assigned by the EIP).
- The EIP has 45 calendar days from the date of referral to evaluate a child, and, if the child is found eligible, to convene an Individualized Family Service Plan (IFSP) meeting.

**Resources**

- NYC Early Intervention Program Online Referral Portal [9]

**B3** **EI assigns an Initial Service Coordinator (ISC) who speaks the family's primary language. The ISC meets with the family to explain EI and obtain parental consents.**

- After receiving the referral, the EI Referral Unit assigns an ISC.
- The ISC contacts the parent or caregiver, explains the EI program and family rights, obtains all needed consents, and gathers insurance information.
- The ISC talks to the family about their concerns, priorities, and resources. The ISC also helps the family choose the agency to conduct the multidisciplinary evaluation to find out whether the child is eligible for services. The agency may offer a screening.

**B4** **The parent or caregiver decides whether to consent to the EI screening or multidisciplinary evaluation (MDE).**

The MDE is conducted in the child's primary language and only if the parent or caregiver consents. It determines whether the child is eligible for EI services.

- If the parent or caregiver does not consent, proceed to B5.
- If the parent or caregiver does consent, proceed to B6.

**B5** **Parent or caregiver refuses the screening or MDE:**

**Continue health supervision, including surveillance and screening. Encourage the parent or caregiver to move ahead with EI evaluations.**

- Perform developmental surveillance or screening at every primary care visit.

**B6** **Parent or caregiver agrees to the MDE:**

**The EI evaluator will ask you for medical information about the child.**

- If you have not already done so, it is important to give the evaluator a completed health assessment form (such as the CH205 form).

**Resources**

- CH205: Child and Adolescent Health Examination Form [10]

**B7** **The parent or caregiver will also decide whether to consent to share information from the MDE with you.**

- The EIP cannot legally share information without parental consent, under the federal Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) and New York State Public Health Law (Article 25, Title II-A, § 2549 (8) (a)).
  - Whether or not the parent or caregiver consents to share information with you, the EIP process continues.
  - If the parent or caregiver refuses consent, the EIP will repeat the request and explain the benefits of your involvement in the process. Still, the final choice belongs to the parent or caregiver.

**B8** **EI evaluators complete MDE in child's primary language.**

The MDE includes:

- A health assessment, including vision and hearing screening. **As indicated in B6 and B7, you should complete a form (such as the CH205 form), which captures all the necessary information.**

  A review of any records that may be helpful (with parent or caregiver permission).

- An assessment of the child's strengths and needs in each area of development (physical, cognitive, communication, social-emotional, and adaptive development) along with specific evaluations of the areas of concern.

- An interview with the parent or caregiver about their child and concerns.

B9

## EI eligibility is determined by the EI team performing the MDE.

- The MDE team also assesses the child's and family's strengths and needs and how Early Intervention services can help.
- The MDE should be completed within 30 calendar days of a child's referral to the EIP.
- A child with an auto-eligible condition will still need a multidisciplinary evaluation to help plan for services.
- If the child has a delay in development — and no diagnosed condition — the MDE will determine if the child is eligible for the EIP. The child's developmental levels will be measured according to the "definition of developmental delay" set by New York State. It is possible for a child to have a developmental delay and not be eligible for EIP.

***How the MDE Is Used to Decide Eligibility***

Developmental delay means that a child has not attained developmental milestones expected for the child's age (adjusted for prematurity) in one or more of the following functional areas: cognitive, physical (including vision and hearing), communication, social-emotional, and adaptive development. For the purposes of the EIP, a developmental delay is one that has been determined by qualified personnel using a combination of informed clinical opinion, appropriate diagnostic procedures, and standardized instruments. In order to be eligible for the EIP, the evaluation must find:

- A 12-month delay in one functional area
- A 33% delay in one functional area or a 25% delay in each of two (or more) areas, or
- If standardized instruments were used, a score of at least 2.0 standard deviations below the mean in one functional area or a score of at least 1.5 standard deviations below the mean in each of two (or more) functional areas

- If the child is not eligible for EI, proceed to B10.
- If the child is eligible for EI, proceed to B11.

**B10**

## Child is not eligible for EI:

### Continue health supervision, including surveillance and screening. Refer the child to community resources as needed.

- If a child is not found eligible for the EIP, they do not meet criteria for eligibility according to the New York State definition of developmental delay. It should not be assumed that a finding of ineligibility means that the child has no developmental delays. A child may meet criteria at a later date.
- If the child has mild delays and does not meet the EI eligibility criteria, continue to monitor and refer the child to community services if indicated.
- As an alternative to EI, you or the family can explore other options for obtaining services, such as through the child's commercial insurance or Medicaid or by paying out of pocket. Children not found eligible for the EIP can also be referred to the EIP Developmental Monitoring Unit in NYC for periodic administration of the Ages and Stages Questionnaire or to EIP Child Find Units in other counties.
- The parent or caregiver may disagree with the eligibility determination and pursue due process rights to which they are entitled by the EIP.

**Resources**

- Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status [4]

**B11**

## Child is eligible for EI:

### EI evaluators and the family meet to develop the child's Individualized Family Service Plan (IFSP).

The IFSP is the written plan for the support and services the child and their family will receive from the EIP. It is developed in a meeting with at least one parent or caregiver, the child's ISC, a representative of the agency that completed the MDE, and the EIOD (who represents the EI program).

The IFSP will:

- Include the outcomes for the child and family — what the parent or caregiver and family hope to gain from EI services.
- Outline the EI services the child and family will receive to help them reach their outcomes.

- Describe who will provide services and where, when, and how often.
- Identify how the services will help the parent or caregiver and the family reach those outcomes.

At this step, the parent selects and the EIP assigns an ongoing service coordinator (OSC) to work with the child and family for the duration of EI services.

B12

## The EIP will begin services within 30 days.

EI services are provided by state-approved service coordinators and interventionists, who may work independently or as employees or subcontractors of an EI agency. Both independent providers and agencies must have a contract with the New York State Department of Health.

Service providers and ongoing service coordinators have different responsibilities:

**Service Provider Responsibilities:**

- Deliver services as authorized in the IFSP. Examples of service types include:
  - Assistive technology devices and related services
  - Audiology
  - Family training, counseling, home visits, and parent or caregiver support groups
  - Medical services for diagnostic or evaluation purposes
  - Nursing services
  - Nutrition services
  - Occupational therapy
  - Physical therapy
  - Psychological services
  - Service coordination
  - Social work services

- Special instruction
- Speech-language pathology
- Vision services
- Transportation and related costs

- Complete session notes to support billing
- Complete progress notes every six months
- Work with the Ongoing Service Coordinator (OSC) and EIP on IFSP amendments (changes in service plan, service provider, and others).

**Ongoing Service Coordination Responsibilities:**

- Ensure that all services begin within two weeks of IFSP
- Locate service providers
- Contact the family at least monthly to ensure all services are provided as authorized

**B13** **The EIP will review the child's IFSP every six months.**

- At each IFSP review, the IFSP team (including parents or caregivers, service providers, OSC, and EIOD) decides whether to continue, add, or modify outcomes, strategies, or services.
- Parents or caregivers may request an earlier review if they are concerned about progress with the current IFSP.
- **Keep communicating with the parent or caregiver and the OSC about the child's progress.**

B11, B12, B13

**Parent or caregiver has agreed to share information with you:**

**Review the IFSP and accompanying material, such as physical therapy (PT) or occupational therapy (OT) reports. Promptly complete prescriptions for the child to receive PT, OT, and speech and feeding services, if those services are authorized. Follow up with diagnostic workup and referrals, manage medical comorbidities, and share relevant information and diagnoses.**

- The EIP cannot provide PT and OT services until you provide a written order or prescription. Read the IFSP to understand the goals that have been established for the child and the services that the child will receive. You should also seek contact information for the child's OSC.
- The EIP is not primarily a diagnostic entity and does not make recommendations for the medical workup of developmental disabilities. A child may need referrals to other pediatric specialists. These might include audiology or ENT for a child with language delay, pediatric neurology for a child with low muscle tone or delayed motor skills, GI for feeding issues, genetics for possible syndrome identification, ophthalmology or audiology for vision or hearing impairments, or developmental pediatrics. Make referrals as needed.
- Communicate with the parent or caregiver and the child's OSC throughout.

**Resources**

- Evaluation of the Child With Intellectual Disability and Global Developmental Delays [7]
- Motor Delays: Early Identification and Evaluation [8]

B14

**The EIP will initiate planning for transition out of EI between the child's 2nd and 3rd birthdays.**

- Transition is the process of connecting children to the resources they will need when they leave the EIP.
- Many children are assessed for eligibility for the Department of Education's Committee on Preschool Special Education (CPSE) for children aged 3 to 5 years.
- Children may also be connected to community resources and programs.

The ongoing service coordination agencies working with the EIP will do the following:

- Ensure that any child leaving the EIP has a transition plan
- Explain transition options to parents or caregivers
- Discuss a referral to CPSE with the parent or caregiver at least four months prior to the child's 3rd birthday
- Assist with referral for evaluation by CPSE, if the parent or caregiver wishes to have the child evaluated

  If the child is found eligible for CPSE, participate in the CPSE individualized education plan (IEP) meeting (if invited by the parent or caregiver)

**Resources**

- NYC Preschool Special Education Process [11]

**Resources for Parents**

- HealthyChildren.org [12]
- The Early Intervention Program: A Parent's Guide [13]

For more, visit nyc.gov/health/earlyint.

## Algorithms were developed through a collaboration between the Bureau of Early Intervention, part of the New York City Health Department's Division of Family and Child Health, and Maimonides Medical Center.*


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* All collaborators' credentials are accurate as of the time of original publication.

## Resources


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New York City

# Early Intervention Program

**The Earlier, The Better**



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