

DEPARTMENT OF HEALTH AND SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

7 AAC 23. PROGRAMS FOR CHILDREN WITH DISABILITIES. INFANT LEARNING PROGRAM



PUBLIC REVIEW DRAFT

October 25, 2013

COMMENT PERIOD ENDS: December 20, 2013

**Please see public notice for details about how to
comment on these proposed changes.**

Notes to reader:

1. Except as discussed in note 2, proposed new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line states that a new section, subsection, paragraph, subparagraph, or clause is being added, or that an existing section, subsection, etc. is being repealed and readopted (replaced), the new (or replaced) text is not bolded or underlined.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is proposed to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”

Title 7. Health and Social Services.

7 AAC 23.010 – 7 AAC 23.100 are repealed:

7 AAC 23.010. Scope of chapter. Repealed [EXCEPT WHERE OTHERWISE SPECIFIED, GRANTS AWARDED UNDER 7 AAC 23.010 - 7 AAC 23.100 ARE SUBJECT TO THE PROVISIONS OF 7 AAC 78]. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; repealed ___/___/2014, Register _____)

7 AAC 23.020. Purpose. Repealed [SUBJECT TO LEGISLATIVE APPROPRIATION AND THE PROVISIONS OF AS 47.20, THE DEPARTMENT WILL AWARD GRANTS FOR IMPLEMENTATION OF AN INFANT LEARNING PROGRAM TO ELIGIBLE APPLICANTS IN ALASKA WHO DOCUMENT THE NEED FOR SUCH A PROGRAM IN A GRANT APPLICATION SUBMITTED IN ACCORDANCE WITH THE PROVISIONS OF 7 AAC 23.010 - 7 AAC 23.100 AND 7 AAC 78. THE PURPOSE OF A GRANT IS TO PROVIDE MONEY FOR SERVICES TO PRESERVE AND ENHANCE THE DEVELOPMENTAL POTENTIAL OF PARTICIPANTS. THE PROGRAM WILL INTEGRATE THE MEDICAL, NURSING, AND SOCIAL SERVICES, WHICH ARE CRUCIAL IN THE FIRST THREE YEARS OF AN EXCEPTIONAL CHILD'S LIFE, WITH THE SPECIAL EDUCATION ACTIVITY]. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; repealed ___/___/2014, Register _____)

7 AAC 23.030. Eligible applicants. Repealed [NONPROFIT ORGANIZATIONS, INCLUDING ORGANIZED PARENTAL GROUPS, REGIONAL RESOURCE CENTERS, AND LOCAL EDUCATION AGENCIES SUCH AS SCHOOL DISTRICTS OR REGIONAL EDUCATIONAL ATTENDANCE AREAS, MAY APPLY FOR A GRANT UNDER

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7 AAC 23.010 - 7 AAC 23.100]. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; repealed ___/___/2014, Register _____)

7 AAC 23.040. Submission of materials. [A GRANT APPLICATION MUST CONTAIN

- (1) A DETAILED BUDGET AND BUDGET NARRATIVE;
- (2) THE CURRENT SALARY SCHEDULE OF THE SCHOOL DISTRICT OR REGIONAL EDUCATIONAL ATTENDANCE AREA WHICH IS CLOSEST TO THE AREA THE APPLICANT IS PROPOSING TO SERVE;
- (3) THE RESUME AND CREDENTIALS, AS SOON AS THEY ARE AVAILABLE, OF THE TEACHERS THAT THE APPLICANT HIRES OR INTENDS TO HIRE;
- (4) THE APPLICANT'S PERSONNEL POLICY FOR VACATION AND HOLIDAYS; AND
- (5) ALL INFORMATION THAT WILL ENABLE REVIEW OF THE APPLICATION IN ACCORDANCE WITH CRITERIA SPECIFIED IN 7 AAC 78.100]. (Eff. 10/15/82, Register 84; repealed ___/___/2014, Register _____)

7 AAC 23.050. Criteria for review. Repealed [IN REVIEWING AN APPLICATION, THE DEPARTMENT WILL CONSIDER, IN ADDITION TO THE CRITERIA ESTABLISHED IN 7 AAC 78.100

- (1) THE PROXIMITY OF THE APPLICANT TO THE POPULATION TO BE SERVED; AND
- (2) THE ABILITY OF THE APPLICANT, AFTER RECEIPT OF THE GRANT, TO HIRE AND PAY AN INFANT LEARNING PROGRAM TEACHER WHO IS QUALIFIED UNDER 7 AAC 23.090(a)]. (Eff. 10/15/82, Register 84; repealed ___/___/2014, Register _____)

7 AAC 23.060. Costs. Repealed [(a) THE PROVISIONS OF 7 AAC 78.160 DO NOT APPLY TO GRANTS AWARDED UNDER 7 AAC 23.010 - 7 AAC 23.100.

(b) A GRANTEE MAY USE MONEY RECEIVED FROM A GRANT TO PAY THE FOLLOWING COSTS:

- (1) SALARIES AND BENEFITS OF INFANT LEARNING PROGRAM TEACHERS AT A LEVEL NOT TO EXCEED ANNUAL SALARIES OF SPECIAL EDUCATION TEACHERS WITH COMPARABLE CREDENTIALS AND EXPERIENCE WHO WORK FOR THE SCHOOL DISTRICT OR REGIONAL EDUCATIONAL ATTENDANCE AREA WHICH IS CLOSEST TO THE AREA THE GRANTEE IS SERVING, AND ALLOWING
 - (A) CREDIT FOR TEACHING EXPERIENCE NOT TO EXCEED FIVE

YEARS IN A FIELD OF EARLY CHILDHOOD OR PRESCHOOL ACTIVITY; AND

(B) AT THE DISCRETION OF THE GRANTEE AND WITH THE CONCURRENCE OF THE DEPARTMENT, AN INCENTIVE INCREMENT NOT TO EXCEED 20 PERCENT OF THE SALARY AS CALCULATED IN THIS SECTION FOR A TEACHER WITH THREE OR MORE YEARS OF SERVICE IN AN INFANT LEARNING PROGRAM IN ALASKA;

(2) SALARIES AND BENEFITS FOR CLERICAL STAFF IF THE GRANTEE CLEARLY DOCUMENTS THAT EMPLOYMENT OF THE STAFF WILL RESULT IN SERVICE TO INCREASED NUMBERS OF PARTICIPANTS;

(3) TRAVEL EXPENSES INCURRED BY TEACHERS WHILE PROVIDING SERVICE TO POTENTIAL OR ENROLLED PARTICIPANTS, NOT TO EXCEED AMOUNTS ALLOWED BY THE STATE GENERAL GOVERNMENT CONTRACT WHICH IS IN EFFECT AT THE TIME THE GRANT IS AWARDED TO THE GRANTEE;

(4) SUPPLIES, COMMUNICATION, EQUIPMENT AND OTHER COSTS WHICH ARE DIRECTLY RELATED TO SERVING PARTICIPANTS;

(5) ADVERTISING AND PUBLIC AWARENESS ACTIVITIES;

(6) TRAINING SERVICES FOR PERSONS OTHER THAN EMPLOYEES IF THE GRANTEE DOCUMENTS THAT THE SERVICES ARE NECESSARY TO ACCOMPLISH THE PROGRAM'S OBJECTIVES;

(7) CONSULTANT SERVICES WHICH ARE DIRECTLY RELATED TO SERVING PARTICIPANTS AND THEIR FAMILIES, SUBJECT TO PRIOR APPROVAL BY THE SECTION OF FAMILY HEALTH;

(8) RELOCATION COSTS ASSOCIATED WITH RECRUITMENT OF A NEW EMPLOYEE IF THE RELOCATION IS FOR THE BENEFIT OF A PROGRAM UNDER 7 AAC 23.010 - 7 AAC 23.100 AND IF THE GRANTEE HAS ESTABLISHED WRITTEN POLICIES WHICH

(A) STATE THE CIRCUMSTANCES UNDER WHICH THE GRANTEE WILL PAY FOR THE RELOCATION COSTS;

(B) STATE THE MAXIMUM AMOUNT THE GRANTEE WILL PAY;

AND

(C) REQUIRE THE EMPLOYEE TO REIMBURSE THE GRANTEE FOR THE RELOCATION COSTS IF THE EMPLOYEE RESIGNS FOR REASONS WITHIN THE EMPLOYEE'S CONTROL LESS THAN 12 MONTHS AFTER THE RELOCATION; AND

(9) ADMINISTRATIVE COSTS, IF INCURRED AFTER THE START OF THE FISCAL YEAR FOR WHICH THE AMOUNT IS AWARDED, NOT TO EXCEED 25 PERCENT OF THE TOTAL AMOUNT AWARDED; ALLOWABLE ADMINISTRATIVE COSTS INCLUDE

(A) SALARIES AND BENEFITS FOR ADMINISTRATIVE PERSONNEL;

(B) OFFICE RENT AND UTILITIES;

- (C) ACCOUNTING, BOOKKEEPING, AND AUDITING SERVICES;
- (D) LIABILITY AND MALPRACTICE INSURANCE PREMIUMS;
- (E) OFFICE SUPPLIES, EQUIPMENT, AND EQUIPMENT REPAIRS;

AND

- (F) INDIRECT COSTS].

(Eff. 10/15/82, Register 84; am 6/28/85, Register 94; am 10/15/94, Register 132; repealed ___/___/2014, Register _____)

7 AAC 23.070. Program coordinator. Repealed [THE DEPARTMENT'S INFANT-LEARNING PROGRAM COORDINATOR WILL

(1) ASSIST GRANTEEES IN COMPLYING WITH REGULATIONS AND THE TERMS OF A GRANT IN AREAS SUCH AS MAXIMIZING PARENTAL INVOLVEMENT, PROVIDING INDIVIDUALIZED EDUCATION, AND USE OF APPROVED METHODS OF INSTRUCTION;

(2) ASSIST GRANTEEES IN EVALUATING THE EFFECTIVENESS AND EFFICIENCY OF THEIR SERVICES;

(3) PROMOTE COMMUNICATION AND COOPERATION AMONG GRANTEEES IN SHARING RESOURCES AND TECHNIQUES AND IN CONTINUITY OF SERVICE FOR A PARTICIPANT WHO MOVES FROM AN AREA SERVED BY ONE GRANTEE TO AN AREA SERVED BY ANOTHER GRANTEE;

(4) PROMOTE COOPERATION AMONG PARENTS, TEACHERS, AND OTHER PROFESSIONALS INVOLVED IN MEETING THE NEEDS OF AN INFANT OR CHILD WITH MULTIPLE DISABILITIES; AND

(5) PLAN AND CONDUCT IN-SERVICE EDUCATION FOR INFANT LEARNING PROGRAM TEACHERS SO THAT PROFESSIONAL KNOWLEDGE AND TECHNIQUES ARE CURRENT AND RELEVANT FOR THE POPULATION SERVED].

(Eff. 10/15/82, Register 84; repealed ___/___/2014, Register _____)

7 AAC 23.080. Eligible children. Repealed [(a) EXCEPT AS PROVIDED IN (d) OF THIS SECTION CHILDREN MUST BE UNDER THREE YEARS OF AGE TO BE ELIGIBLE FOR THE PROGRAM. THE FOLLOWING ORDER OF PRIORITY MUST BE USED TO SELECT PARTICIPANTS FOR ENROLLMENT AND CONTINUED PARTICIPATION IN AN INFANT LEARNING PROGRAM:

(1) CHILDREN WHO HAVE A SEVERE OR PROFOUND DEVELOPMENTAL DELAY IN THEIR MOTOR OR MENTAL DEVELOPMENT OR WHO HAVE SEVERE SENSORY IMPAIRMENT SUCH AS BLINDNESS OR DEAFNESS;

(2) CHILDREN WHO HAVE A MILD OR MODERATE DEVELOPMENTAL DELAY IN THEIR MOTOR OR MENTAL DEVELOPMENT OR WHO HAVE A MILD SENSORY IMPAIRMENT; AND

(3) CHILDREN WHO HAVE A SUBSTANTIAL LIKELIHOOD OF MANIFESTING DEVELOPMENTAL DELAY LATER IN LIFE.

(b) BEFORE ENROLLMENT, A CHILD MUST BE GIVEN A COMPREHENSIVE ASSESSMENT WHICH MEASURES THE FOLLOWING DEVELOPMENTAL AREAS: COGNITIVE/ADAPTIVE, COMMUNICATION, GROSS MOTOR, FINE MOTOR, SELF-HELP/INDEPENDENCE, AND SOCIAL/EMOTIONAL.

(c) WHEN A CHILD IS FOUND TO BE IN NEED OF SERVICE IN A GEOGRAPHIC AREA SERVED BY A GRANTEE, THE GRANTEE SHALL DETERMINE THE CHILD'S PRIORITY CLASSIFICATION UNDER (a) OF THIS SECTION, AFTER CONSULTATION WITH THE CHILD'S HEALTH CARE PROVIDERS. IF THE CHILD'S PRIORITY CLASSIFICATION IS (a)(1), THE GRANTEE SHALL OFFER THE INFANT LEARNING PROGRAM TO THE CHILD WITHOUT DELAY.

(d) IF A CHILD WAS ENROLLED IN A GRANTEE'S PROGRAM BEFORE THE CHILD'S THIRD BIRTHDAY AND HAS BEEN REFERRED TO A LOCAL EDUCATION AGENCY FOR SPECIAL EDUCATION SERVICES, THE GRANTEE'S INFANT LEARNING PROGRAM MAY CONTINUE TO SERVE THE CHILD FOR A PERIOD OF TIME NOT EXCEEDING SIX MONTHS BEYOND THE CHILD'S THIRD BIRTHDAY, IF NECESSARY, TO PROVIDE CONTINUITY OF SERVICE DURING THE TIME THE LOCAL EDUCATION AGENCY IS INITIATING ITS INDIVIDUALIZED EDUCATION PROGRAM]. (Eff. 10/15/82, Register 84; repealed ___/___/2014, Register _____)

7 AAC 23.090. Program standards. Repealed [(a) MINIMUM QUALIFICATIONS FOR A TEACHER IN A PROGRAM UNDER 7 AAC 23.010 - 7 AAC 23.100 ARE

(1) A BACHELOR'S DEGREE IN SPECIAL EDUCATION, EARLY CHILDHOOD EDUCATION, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, OR SPEECH AND LANGUAGE THERAPY; AND

(2) ONE YEAR OF EXPERIENCE WORKING IN A FIELD OF EARLY CHILDHOOD OR PRESCHOOL ACTIVITY.

(b) IF A GRANTEE IS UNABLE TO HIRE A TEACHER THAT FULFILLS THE CRITERIA IN (a) OF THIS SECTION, THE GRANTEE MAY REQUEST A WAIVER FROM THE SECTION OF FAMILY HEALTH. WITH THE REQUEST, THE GRANTEE MUST DOCUMENT ITS INABILITY TO HIRE A TEACHER THAT MEETS THE CRITERIA IN (a) OF THIS SECTION AND SUBMIT THE MATERIALS REQUIRED BY 7 AAC 23.040(3).

(c) A PROGRAM UNDER 7 AAC 23.010 - 7 AAC 23.100 MUST OFFER HOME-BASED SERVICE. HOWEVER, FOR A PARTICIPANT WHO SPENDS A SIGNIFICANT AMOUNT OF TIME IN DAY CARE, THE TEACHER'S ACTIVITY MUST BE APPORTIONED ACCORDINGLY BETWEEN THE DAY CARE CENTER AND THE HOME.

(d) A PROGRAM UNDER 7 AAC 23.010 - 7 AAC 23.100 MUST

(1) REPEALED 10/15/94;

(2) OPERATE ON A YEAR-ROUND BASIS, WITH ALLOWANCE FOR THE ANNUAL LEAVE AND HOLIDAY POLICY OF THE GRANTEE AND FOR PARTICIPATING FAMILIES' ABSENCE FROM THE COMMUNITY; THE DEPARTMENT WILL, IN ITS DISCRETION, HOWEVER, AUTHORIZE A PROGRAM TO OPERATE FOR 11 MONTHS WHEN FUNDING IS INADEQUATE TO SUPPORT YEAR-ROUND OPERATION;

(3) BE INDIVIDUALIZED TO BE APPROPRIATE FOR THE EDUCATION OF EACH PARTICIPANT, AND INCLUDE

(A) A STATEMENT OF THE PARTICIPANT'S PRESENT LEVEL OF PERFORMANCE;

(B) GOALS FOR A SIX-MONTH PERIOD;

(C) SHORT-TERM OBJECTIVES;

(D) THE DATE OF PROGRAM INITIATION AND ESTIMATED DURATION OF SERVICE; AND

(E) METHODS FOR EVALUATING THE PARTICIPANT'S PROGRESS AND SCHEDULING MULTIDISCIPLINARY REEVALUATIONS AS NEEDED.

(e) THE GRANTEE SHALL PREPARE IN WRITING THE INDIVIDUALIZED EDUCATION PROGRAM DESCRIBED IN (d)(3) OF THIS SECTION WITHIN 45 DAYS OF A PARTICIPANT'S ENROLLMENT AND MAINTAIN A WRITTEN RECORD OF THAT PROGRAM. THE PRIMARY CAREGIVER SHALL PARTICIPATE IN DEVELOPING THE INDIVIDUALIZED EDUCATION PROGRAM.

(f) WITH PARENTAL PERMISSION, A GRANTEE SHALL ARRANGE A MULTIDISCIPLINARY EVALUATION OF A PARTICIPANT WITHIN ONE YEAR OF ENROLLMENT, UNLESS SUCH AN EVALUATION WAS MADE BEFORE THE PARTICIPANT'S ENROLLMENT.

(g) A GRANTEE MUST MAINTAIN RECORDS ON PARTICIPANTS IN A CONFIDENTIAL MANNER]. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; am 8/29/86, Register 99; am 1/14/87, Register 101; am 10/15/94, Register 132; repealed ___/___/2014, Register _____)

7 AAC 23.100. Evaluation of programs. Repealed [THE DEPARTMENT WILL USE THE FOLLOWING CRITERIA TO EVALUATE GRANTEES:

(1) ADEQUACY OF EFFORTS TO IDENTIFY CHILDREN IN NEED OF SERVICES UNDER 7 AAC 23.010 - 7 AAC 23.100, AS INDICATED BY THE NUMBERS OF CHILDREN REFERRED, SCREENED, AND ENROLLED, IN RELATION TO THE POPULATION OF CHILDREN UNDER AGE THREE IN THE AREA SERVED BY GRANTEE;

(2) ADEQUACY OF PROBLEM DEFINITION AND ASSESSMENT OF THE STATUS OF EACH PARTICIPANT IN THE PROGRAM;

(3) APPROPRIATENESS AND TIMELINESS OF THE INDIVIDUALIZED EDUCATION PROGRAM FOR THE PARTICIPANT'S DISABILITY;
(4) ADEQUACY OF THE WRITTEN PLAN FOR EACH HOME VISIT;
(5) EXTENT OF PARENTAL INVOLVEMENT;
(6) COORDINATION WITH OTHER COMMUNITY RESOURCES, INCLUDING MEDICAL, SOCIAL WORK, AND MENTAL HEALTH; AND
(6) ACCOMPLISHMENT OF THE GRANTEE'S GOALS AND OBJECTIVES]. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; repealed ___/___/2014, Register _____)

7 AAC 23 is amended by adding new sections to read:

Article 3. Early Intervention/Infant Learning Program.

[GENERAL PROVISIONS].

Section

- 300. Purpose
- 305. Administration
- 310. Payment for ILP services
- 320. Early intervention personnel requirements
- 330. Child find
- 335. Service coordination
- 340. Evaluation
- 345. Eligibility
- 350. Assessment
- 360. Individualized family service plan (IFSP)
- 370. Service delivery
- 380. Transition
- 390. Procedural safeguards
- 400. Procedural safeguards related to records
- 410. Administration of records
- 420. Confidentiality of records and all other personally identifiable information
- 430. Dispute resolution process
- 440. Complaints
- 450. Abuse, neglect, and exploitation
- 900. Definitions

7 AAC 23.300. Purpose. Subject to legislative appropriation and the provisions of AS 47.20, the department will award grants for implementation of an infant learning program to eligible applicants in this state that document the need for such a program in a grant application submitted in accordance with the provisions of 7 AAC 23.305 - 7 AAC 23.900. The purpose of a grant is to provide money for services to preserve and enhance the developmental potential of participants. The program will integrate the medical, nursing, and social services, which are crucial in the first three years of an exceptional child's life, with the special education activity. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.070 AS 47.20.080

7 AAC 23.305. Administration. An agency, organization, or individual that provides early intervention services to eligible children and families shall do so in accordance with 7 AAC 23.305 – 7 AAC 23.900 and does so under the supervisory authority of the lead agency for Part C of IDEA and the department. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.070 AS 47.20.080

7 AAC 23.310. Payment for ILP services. (a) The following services shall be available at no cost to families:

- (1) child find activities;
- (2) evaluation and assessment;
- (3) service coordination;
- (4) administrative and coordinative activities related to the development, review and evaluation of IFSPs; and
- (5) implementation of procedural safeguards and the other components of the statewide system of early intervention.

(b) The following functions and services are subject to a system of payments for which copayments, deductibles, or fees shall be charged to families:

- (1) assistive technology service and device;
- (2) audiology services;
- (3) family education, counseling, and home visits;
- (4) health services;
- (5) medical services;
- (6) nursing services;
- (7) nutrition services;
- (8) occupational therapy;
- (9) physical therapy;
- (10) psychological services;
- (11) social work services;
- (12) special instruction;

- (13) speech and language therapy;
- (14) transportation and related cost of travel;
- (15) vision services; and
- (16) other services as appropriate.

(c) Parents shall not be required to sign up for or enroll in public insurance, as a condition of receiving Part C early intervention services. Parental consent must be obtained prior to use of these benefits or insurance if that child or parent is not already enrolled.

(d) With parental consent, service providers may bill public benefits or insurance and private insurance for early intervention services such as medical, audiology, occupational therapy, physical therapy, or speech and language services.

(e) Parents are responsible for paying private insurance premiums.

(f) Family fees, copayments and deductibles may be adjusted based upon a sliding fee scale as outlined in the Alaska Early Intervention/Early Learning Program Payment Agreement Form. Parents may request, in writing, a waiver to not pay adjusted fees, copayments, or deductibles due to financial hardship.

(g) Inability to pay is defined as the family's inability to contribute any payment for services as determined by family size and annual income. Family annual income is determined by counting all family income before deductions for the prior calendar year, whether earned or unearned from any source, including the fair market value of in kind payments, but excluding the Alaska Permanent Fund Dividend or non-taxable payments made under the Alaska Native Claims Settlement Act.

(h) Ability to pay is defined as the amount the family is able to contribute toward the full cost of early intervention services, as determined by family size and family monthly income.

(i) The inability of a parent to pay for services will not result in a delay or denial of any Part C services. For parents who have been determined unable to pay and who do not provide consent to use private insurance, the lack of consent may not be used to delay or deny Part C services.

(j) If a parent or family meets the definition of inability to pay, all Part C services must be provided at no cost.

(k) Parents shall not be charged more than the actual cost of the Part C service, factoring in amounts received from other sources for payment for that service.

(l) Families with public benefits or insurance or private insurance will not be charged disproportionately more than families that do not have such coverage.

(m) A participating agency shall provide at no cost to the parent, a copy of each evaluation, assessment of the child, family assessment, and the IFSP as soon as possible after each IFSP meeting. (Eff. ____/____/2014, Register _____)

Authority: AS 18.05.040 AS 44.29.022 AS 47.20.070
AS 44.29.020 AS 47.20.060 AS 47.20.080

7 AAC 23.320. Early intervention personnel requirements. (a) Early intervention services shall be delivered by personnel in (c) of this section.

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(b) Qualified personnel may delegate and perform tasks within the specific scope of the person's discipline, certification and licensure. The legal and ethical responsibilities of personnel within the person's discipline may not be delegated and remain the shared responsibility of the employing agency and the supervisor.

(c) Qualified personnel include individuals from the following disciplines that meet this state's entry-level requirements:

- (1) audiology;
- (2) early childhood special education;
- (3) family therapy and counseling;
- (4) nursing, including LPN, RN, midwife, health aide;
- (5) occupational therapy including certified occupational therapy assistant

(COTA);

- (6) orientation and mobility training;
- (7) pediatric or other medical specialty, including MD, ANP, CNP, PA;
- (8) physical therapy and physical therapy assistant;
- (9) psychology;
- (10) social work;
- (11) special education, including teachers of children with hearing impairments, vision impairments or language disorders;
- (12) speech and language pathology, including certified speech language pathology assistant;
- (13) language disorders;
- (14) vision training;
- (15) registered dietician;
- (16) other related fields as determined by the ILP including nutrition, family studies, early childhood development and education.

(d) In accordance with federal IDEA law P.L. 108-446 SEC 635(9), an individual is considered a highly qualified early intervention provider within this state's early intervention system when the individual holds a valid Infant Learning Program certificate issued by the department or the department's designee, in addition to a valid license or certification as required for the individual's specific discipline. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.070 AS 47.20.110

7 AAC 23.330. Child find. (a) Early intervention providers shall collaborate with the primary referral source and the department and other state, federal and tribal government agencies in a coordinated Child Find effort to locate and identify all children residing in the state that may be eligible for early intervention to avoid duplication of effort.

(b) ILP ensures that all infants and toddlers with disabilities in the state who are eligible for early intervention services under Part C are identified, located, and evaluated including:

- (1) American Indian or Alaska Native infants and toddlers with disabilities

residing on a reservation in the state including coordination with tribes and tribal organizations;

(2) infants and toddlers with disabilities who are homeless, in foster care, and wards of the state; and

(3) infants and toddlers who are the subjects of a substantiated case of child abuse or neglect or identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

(c) Early intervention providers shall collaborate with the department and shall inform primary referral sources, especially hospitals and physicians, public health facilities, child care programs, social service agencies, and other health care providers, of the responsibilities related to child identification and referral under Part C of IDEA.

(d) Early intervention providers in collaboration with the department shall inform parents, medical personnel, local education agencies and the general public of the availability and benefits of early intervention services. This collaboration shall include an ongoing public awareness campaign that is sensitive to issues related to accessibility, culture, language, and modes of communication.

(e) All children from birth to three years of age shall be referred to regional ILP services within 7 days of being identified. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.290
 AS 47.20.070 AS 47.20.090

7 AAC 23.335. Service coordination. (a) The early intervention services (EIS) program will assign a family service coordinator that will assist the family with intake, evaluation, eligibility determination, planning, and facilitation of the initial IFSP.

(b) The family service coordinator shall contact the family and arrange a meeting to:

- (1) inform the family about early intervention services and the IFSP process;
- (2) explain the family's rights and procedural safeguards;
- (3) provide information about evaluation options; and
- (4) with parental consent, arrange the evaluation.

(c) The family service coordinator shall ensure that within 45 days of signed parental consent, a child shall receive a comprehensive evaluation and assessment; an IFSP shall be developed for those families of children found to be eligible.

(d) Service coordination shall begin at referral and shall be available to families of all eligible children, regardless of whether the family consents to other early intervention services.

(e) The family service coordinator is responsible for coordinating all services across agency lines and serving as the single point of contact for carrying out service coordination responsibilities.

(f) Service coordination is an active, ongoing process that involves assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of early intervention services and coordinating the other services identified in the IFSP that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(g) 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;

(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. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.110
AS 47.20.070 AS 47.20.090 AS 47.20.290

7 AAC 23.340. Evaluation. (a) A child, birth to three years, that resides in this state and that is referred for early intervention services and whose parent has given prior written consent, shall receive an evaluation to inform eligibility determination. The evaluation shall be timely, non-discriminatory, comprehensive, multidisciplinary, and shall include information provided by the parent.

(b) If parental consent is not given, the family service coordinator shall make reasonable efforts to ensure that the parent

(1) is fully aware of the nature of the evaluation or the services that would be available; and

(2) understands that the child will not be able to receive the evaluation or services unless consent is given.

(c) If the child has a recent and complete evaluation, the results may be used, in lieu of conducting an additional evaluation, to determine eligibility.

(d) Each evaluation shall include the use of multiple and appropriate procedures and activities to determine a child's developmental level and eligibility to receive early intervention services. Instruments used in an evaluation shall be reliable, valid, used only for their intended

purposes, and administered in the child's native language or other mode of communication unless it is clearly not feasible to do so and are administered by qualified personnel.

(e) Informed clinical opinion shall be used to establish a child's eligibility when a child's eligibility is not determined using a standardized method. The determination of developmental status of the child in each of the developmental areas must be established through a multidisciplinary evaluation process that meets the criteria contained in (c) of this section.

(f) A comprehensive evaluation, conducted by a multidisciplinary team consisting of at least two professionals representing different disciplines and caregivers, is carried out to inform eligibility determination. The evaluation shall include

- (1) information provided by the child's parent or primary caregiver;
- (2) a review of the child's records related to current health status and medical

history;

- (3) an assessment of the child's strengths and needs; and
- (4) a determination of the developmental status of the child in the following

developmental areas:

- (A) physical and motor development, including vision and hearing;
- (B) cognitive development;
- (C) communication development;
- (D) social or emotional development; and
- (E) adaptive development.

(g) An evaluation report shall be generated that summarizes the findings of the multidisciplinary evaluation team. The report must include an identification of the child's level of functioning in each of the following developmental areas: physical, vision, hearing, communication, cognitive, social emotional and adaptive development based on objective criteria, and may include informed clinical opinion.

(h) Parents shall receive a copy of the evaluation report at no cost to the family and shall have the results and recommendations of the evaluation report explained to them by a member of the evaluation team or the family service coordinator. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
AS 47.20.070 AS 47.20.090

7 AAC 23.345. Eligibility. (a) The parents, the early intervention providers that participated in completing the multidisciplinary evaluation and the family services coordinator comprise the IFSP team for the purposes of eligibility determination.

(b) Eligible children are those children that reside in the state, are from birth to three years of age and possess a developmental delay or are at high risk to develop a developmental delay, have an established condition, or qualify for early intervention services under informed clinical opinion. Documentation shall be maintained in the child's file of the child's eligibility under one of the reasons for delay in this subsection.

(c) The families of children that are not eligible for early intervention services must be notified in writing of the eligibility team decision and shall receive information on, and if requested, referral to appropriate community resources. Families shall be informed about how to request re-evaluation at a later time if the family suspects that delay or risk for delay increases. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
 AS 47.20.070 AS 47.20.090

7 AAC 23.350. Assessment. (a) Each eligible child shall receive an initial and ongoing assessment to determine the child’s strengths and needs and to recommend to the multidisciplinary team services and supports to address IFSP outcomes. Assessments may include a variety of methods and procedures including family report and professional observation. Assessment instruments or tools used shall be valid, reliable and used only for the instruments intended purpose. Assessment activities shall be conducted by qualified personnel trained or licensed to do so.

(b) In addition to the assessment in (a) of this section, each family shall be offered a voluntary assessment of the resources, priorities, and concerns of the family. The family assessment shall be performed only with parental permission and be family-centered. The process for gathering this information may use formal instruments including questionnaires and checklists and informal methods including conversations and observations. The IFSP should reflect those resources, priorities and concerns the family has identified.

(Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
 AS 47.20.070 AS 47.20.090

7 AAC 23.360. Individualized family service plan (IFSP). (a) A written individualized family service plan shall be developed and implemented for each child and family determined eligible for early intervention services. The IFSP must be developed by a multidisciplinary team, which includes the parent.

(b) Development of the IFSP shall

(1) take place in a setting and at a time that is convenient to the family;

(2) be conducted in the native language of the family, or other mode of communication used by the family.

(c) The initial IFSP and annual IFSP review shall include the parents and the family service coordinator and may also include:

(1) other family members, as requested by the parents;

(2) an advocate or person outside of the family, as requested by the parents;

(3) a person or persons directly involved in conducting evaluations and assessments;

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(4) personnel that will be providing services to the child and family.

(d) If a person is unable to attend a meeting, the family service coordinator shall make arrangements for the person's participation through other means, including

(1) participating by telephone;

(2) sharing a report; or

(3) verbally conveying information for the person.

(e) The initial IFSP shall be developed within forty-five days of parent consent to evaluate.

(f) Families shall receive prior written notice of the IFSP meeting.

(g) The family service coordinator shall assist the parent in preparing for the IFSP meeting.

(h) The IFSP shall include:

(1) identifying information for the child including

(A) the child's name;

(B) address;

(C) the parent; and

(D) the child's birth date;

(2) the date of the IFSP development and participants in the meeting;

(3) the projected dates for the initiation of each early intervention service

citation;

(4) anticipated date of six-month and annual reviews;

(5) the child's present level of development in all areas;

(6) with the concurrence of the family, a statement of the family's concerns, priorities and resources that relate to enhancing the child's development;

(7) the desired measurable results or outcomes expected to be achieved for or by the child and family including timelines;

(8) a statement of specific early intervention services required including the start and end dates, frequency, intensity, duration and method of delivery;

(9) the identification of the family service coordinator for the child and family that will be responsible for the implementation of the plan, including transition steps and services, and coordination with other agencies and persons;

(10) documentation that the contents of the IFSP was fully explained to the parents and informed written consent was obtained prior to the provision of early intervention services described in the IFSP;

(11) specific information concerning payment sources including public and private insurance, all state and federal resources including early intervention funds;

(12) identified steps to be implemented at least 90 days and not fewer than nine months before the child is expected to no longer receive early intervention services to ensure a smooth and effective transition from early intervention services to other services.

(i) If the parent does not provide consent with respect to a particular early intervention service, then only the early intervention services for which consent is obtained shall be provided.

(j) Location of early intervention services shall be provided to the maximum extent appropriate in a natural environment. When IFSP outcomes may not be achieved satisfactorily for the child in the natural environment, the team's determination of the alternative setting shall be documented along with a justification for providing services outside the natural environment.

(k) An interim IFSP shall be developed and implemented when an eligible child and family has an immediate need for early intervention services before the completion of the initial evaluation.

(l) The interim IFSP shall include the name of the family service coordinator, the needed early intervention services, the frequency, intensity, location and methods of delivery, and parental signature indicating consent.

(m) The use of an interim IFSP does not waive or constitute an extension of the evaluation requirements and timelines.

(n) Each IFSP must include the name of the family service coordinator assigned by the EIS program to be responsible for implementing the IFSP.

(o) The family service coordinator shall be responsible for

- (1) explaining to families about early intervention and procedural safeguards;
- (2) gathering information from the family regarding the family's concerns, priorities, and resources;
- (3) coordinating the evaluation and assessment activities;
- (4) facilitating the determination of the child's eligibility;
- (5) connecting the family to resources and supports;
- (6) helping families plan and prepare for the IFSP meeting;
- (7) organizing and facilitating IFSP meetings;
- (8) arranging for and coordinating all services listed on the IFSP;
- (9) monitoring the delivery of the services listed on the IFSP;
- (10) facilitating periodic reviews of the IFSP; and
- (11) ensuring that a transition plan is developed at the appropriate time.

(p) Service coordination shall be available to families upon referral to the ILP program. Service coordination shall be listed on the IFSP for all families of eligible children. Families may direct the level of support and assistance needed from the family service coordinator.

(q) A review of the IFSP shall occur at a minimum every six months and shall include a determination of progress toward outcomes and the need for modification of outcomes or services.

(r) The parents, family service coordinator, and others as appropriate, shall participate in the reviews of the IFSP. A review may occur at any time at the request of the parents or early intervention provider.

(s) At least annually, the family service coordinator shall convene the IFSP team and conduct a meeting to review the IFSP and revise the IFSP provisions as appropriate. Results of current assessments and other input from professionals and parents shall be used in determining what services shall be provided in order to meet the outcomes decided upon for the child and family.

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(t) At any time, any member of the IFSP team, including the family, may convene a meeting to consider revision of the IFSP. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
 AS 47.20.070 AS 47.20.090

7 AAC 23.370. Service delivery. (a) Early intervention services shall be:

- (1) directed toward achieving measurable outcomes that a family chooses for the child and family;
- (2) identified in collaboration with the parents and other team members through the IFSP process;
- (3) delivered in the most appropriate natural environment for the child and family in the context of the family's day to day life activities;
- (4) designed to meet the developmental needs of the eligible child and the family's needs related to enhancing the child's development; and
- (5) delivered through evidence-based or peer reviewed methods to the extent possible.

(b) When an early intervention service cannot be achieved satisfactorily for the eligible child in a natural environment, the child's record shall contain justification for services provided in another setting or manner.

(c) Early intervention services shall be provided by qualified personnel in accordance with the IFSP. Early intervention services include

- (1) assistive technology services;
- (2) audiology services;
- (3) family training, counseling and home visits;
- (4) health services;
- (5) medical services;
- (6) nutrition services;
- (7) occupational therapy services;
- (8) physical therapy services;
- (9) psychology services;
- (10) service coordination;
- (11) social work services;
- (12) special instruction;
- (13) speech and language pathology services;
- (14) transportation services;
- (15) vision services;
- (16) other services approved by the department.

(d) All services delivered to an eligible child shall be documented in the child's record and reported to the ILP. The family service coordinator shall review and monitor delivery of services on a periodic basis to ensure delivery in accordance with the IFSP.

(e) Parents that have concerns regarding the provision of early intervention services to the child and family may file a complaint under 7 AAC 23.430. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
 AS 47.20.070 AS 47.20.090

7 AAC 23.380. Transition to preschool and other programs. (a) Transition planning shall begin at least 90 days and not more than nine months before the child’s third birthday to allow the parents to exercise the parent’s procedural rights under 7 AAC 23.390.

(b) Steps or plan of action shall be identified and included in the IFSP that support the child and family and ensure a smooth and effective transition to preschool or other appropriate services. The plan will include steps for the toddler with disabilities and the toddler’s family to exit from the program and any transitional services needed by that toddler and the family.

(b) Unless a parent opts out of sharing personally identifiable information, notification will be provided to the State Education Agency and the LEA that a child who has received services under Part C of IDEA is potentially eligible for Part B and will shortly reach age three.

(c) With approval of the parents, a transition conference shall be convened no fewer than 90 days before transition and not more than nine months before the child is expected to no longer receive services under this section. If the child is eligible for preschool services including special education and related services offered through the local education agency, invitation to this conference shall include the parents, relevant early intervention service providers, the local education agency representatives, and relevant service providers. The transition conference participants will review the program options for the toddler for the period from the toddlers third birthday through the remainder of the school year. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.080 AS 47.20.100
 AS 47.20.070 AS 47.20.090

7 AAC 23.390. Procedural safeguards. (a) Procedural safeguards are the requirements set forth by IDEA and implemented by the department that specify family’s rights and protections relating to the provision of early intervention services and the process for resolving individual complaints related to services for a child and family.

(b) The family service coordinator shall provide ongoing information and assistance to families regarding the family’s procedural safeguards throughout the period of the child’s eligibility for services. The family service coordinator shall explain dispute resolution options available to families and early intervention providers.

(c) Surrogate parents shall be assigned when no person can be identified that is presently acting in the role of parent. A surrogate parent may represent a child in all matters related to the

- (1) evaluation and assessment of the child;
- (2) development and implementation of the IFSP;

- (3) ongoing provision of early intervention services; and
- (4) other rights established under Part C of IDEA.

(d) Prior written notice shall be given to the parent of a child at least five calendar days before an early intervention provider proposes or refuses to initiate or change identification, evaluation, or provision of appropriate services. Written prior notice shall include information about the action undertaken by the early intervention provider, the reasons, and the procedural safeguards available to parents.

(e) The notice must be written in language understandable to the general public and provided in the native language or usual mode of communication of the parent, unless it is clearly not feasible to do so. If a parent's language is not a written language, documentation of the procedures used to provide prior notice shall be included in the child's record.

(f) Consent shall be obtained by the early intervention provider, which is informed written authorization, from the parent before

- (1) administering screening procedures used to determine whether a child is suspected of having a disability;
- (2) conducting all evaluations and assessments of a child; and
- (3) initiating the provision of early intervention services;
- (4) public benefits or insurance or private insurance is accessed; and
- (5) disclosure of personally identifiable information.

(g) A parent shall be fully informed in their native language or other mode of communication, of all information relevant to the activity for which consent is sought.

(h) A parent shall

- (1) be informed that the granting of consent is voluntary on the part of the parent and may be revoked at any time;
- (2) indicate that they understand and agree in writing to the activity for which consent is sought; the consent document shall describe that activity and list any records that shall be released and to whom.

(i) A parent has the right to accept or decline specific early intervention services without jeopardizing the parent's right to obtain other early intervention services.

(j) Covered services for which the parent gives written consent shall be provided. If written consent is not given, the early intervention provider shall document reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands the child will not be able to receive the evaluation and assessment or services unless written consent is given.

(k) No child or family shall be denied access to early intervention services on the basis of race, creed, color, sexual orientation, religion, gender, ancestry, national origin, or ability to pay for services. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.110
AS 47.20.070 AS 47.20.100 AS 47.20.290
AS 47.20.080

7 AAC 23.400. Procedural safeguards related to records. (a) Early intervention providers shall maintain for each eligible child an early intervention record of the information, both written and electronic, that the provider possesses regarding the eligible child or family.

(b) Early intervention providers shall not disclose to any one other than the parent, records that did not originate with the provider. However, a provider may give the parent a complete copy of everything contained in the child's records, regardless of the source.

(c) Parental consent shall be obtained before personally identifiable information is disclosed to anyone other than an official of the lead agency or other participating agency collecting or using information under the Individuals with Disabilities Education Act (IDEA), or as authorized to do so under the Family Educational Rights and Privacy Act (FERPA).

(d) Early intervention providers shall, upon request, provide a parent with a list of the types and location of records collected, maintained, or used by the agency, including

- (1) screening;
- (2) evaluation;
- (3) assessment;
- (4) eligibility determinations, or the development and implementation of

IFSPs;

- (5) individual complaints dealing with children or families; and
- (6) any other area involving records about children or families.

(e) An early intervention provider shall permit a parent to inspect and review a child's early intervention record. A parent of eligible children shall be provided the opportunity to examine and obtain one copy of such records at no expense within 10 calendar days after the request has been made.

(f) The right to examine such records includes the right to a response from the early intervention provider to reasonable requests for explanations and interpretations of the records and the right of the parent to have a representative that the parent chooses, examine the records.

(g) Early intervention providers shall keep documentation of parties obtaining access to records collected, maintained, or used unless such access is by the parent or authorized employees of the agency. The documentation must include the name of the party accessing the record, the date the record was accessed, and the purpose for which the party is authorized to use the record.

(h) A parent that believes that information in the records is inaccurate, misleading or violates the privacy or other rights of the child or family, may request that the early intervention provider amend or delete the information.

(i) When a parent requests that information in a record be amended, the early intervention provider shall decide whether to amend the information in accordance with the request within 21 days after the request is made.

(j) If the early intervention provider refuses to amend the information as requested, the provider must inform the parent of the refusal, the reason for the refusal and advise the parent of the right to a hearing.

(k) An early intervention provider shall, on request, provide an opportunity for a hearing to challenge information in the records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the eligible child and family.

(l) The hearing shall be held within 30 days after the written request is received by the early intervention provider from the parent of the eligible child.

(m) A parent of an eligible child shall be given written notice of the date, place, and time, at least 15 days before the hearing.

(n) The hearing may be conducted by any individual, including an official of the early intervention provider that does not have a direct interest in the outcome of the hearing.

(o) An early intervention provider shall give the parent of the eligible child a full and fair opportunity to present evidence relevant to the issues raised. A parent may, at their own expense be assisted or be represented by individuals of the parent's own choice, including an attorney.

(p) The early intervention provider shall issue a decision in writing to the parent within five working days after the conclusion of the hearing.

(q) The decision of the early intervention provider shall be based solely on evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision.

(r) If the hearing determines that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or family, the early intervention provider shall amend the information in question accordingly and inform the parent in writing.

(s) If the hearing determines that the information in question is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the early intervention provider shall inform the parent of the right to place in the records a corrective statement commenting on the information or setting forth the parent's disagreement with the decision of the provider.

(t) This corrective statement shall be maintained along with the contested record for as long as the contested portion is maintained in the record by the early intervention provider. If the record or information about which the parent has a complaint is ever disclosed to any party, the parent's statement must also be disclosed to that party. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.290
AS 47.20.070

7 AAC 23.410. Administration of records. (a) Information and documents in active individual child and family records shall be organized in a systematic fashion and controlled from a central location. A designated staff member shall be responsible for the control of confidential records and for the implementation of policies and procedures pertaining to confidential information. Access to personally identifiable information is limited to professional staff providing direct service to the child and family, other staff that are administratively authorized, and department ILP staff. A working case file may be maintained to assist with the

routine provision of services, and must be reviewed only by authorized individuals, including the family. Working files must be secured against access by unauthorized persons and must contain only that personally identifiable information needed to provide services.

(b) Early intervention providers shall train all persons collecting or using personally identifiable information under 34 CFR 303.401 – 303.417, with the modifications specified in 34 CFR Part 99, and the Family Educational Rights and Privacy Act for safeguarding records. Qualified early intervention programs shall protect the confidentiality of all information at collection, storage, disclosure, and destruction stages.

(c) Early intervention providers shall maintain, for public inspection, a current listing of the names and positions of those employees within the agency that have access to personally identifiable information.

(d) An early intervention provider shall inform parents when personally identifiable information collected, maintained, or used in the early intervention program is no longer needed to provide early intervention services to the child and family. The parent shall notify the department in writing to have the information destroyed or transferred to the parent.

(e) An early intervention provider may maintain a permanent record of a child’s name, address, phone number, attendance record, programs attended, services received, and the year the child and family exited the program.

(f) Records shall be maintained at least 20 years following the child’s exit from the early intervention services. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.290
AS 47.20.070

7 AAC 23.420. Confidentiality of records and all other personally identifiable information. (a) Early intervention agencies shall ensure that steps are taken to protect the confidentiality of personally identifiable information at collection, storage, disclosure and destruction stages.

(b) Early intervention records and information shall be treated in accordance with the confidentiality requirements of Part C of IDEA, 34 CFR Section 303.401 - 303.417 and with the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA), 34 CFR Part 99, FERPA, as modified by IDEA. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.290
AS 47.20.070

7 AAC 23.430. Dispute resolution process. (a) A parent may choose an informal option, including early mediation, to resolve a dispute, however, the use of any informal option shall not delay or interfere with parental rights to file a request for a formal due process hearing, nor shall it interfere with the timelines established under IDEA regarding procedural safeguards.

(b) The family service coordinator shall inform the family about all options for resolving disputes. The family shall be made aware of how to contact the department to file a formal complaint or due process hearing or to raise a concern regarding the provision of early intervention services to the child and family.

(c) A parent may request an impartial due process hearing if the parent has a dispute regarding the identification, evaluation or placement of their infant or toddler, or the provisions of early intervention services to the child and family.

(d) An impartial hearing officer shall be assigned to the due process hearing. The hearing officer shall not be an employee of any agency or entity involved in the provision of early intervention or have a personal or professional interest that would conflict with the hearing officer's objectivity in implementing the process. The hearing officer must have knowledge of the provisions of Part C of IDEA and the needs of, and early intervention services available for, infants and toddlers with disabilities and their families.

(e) The due process hearing shall be carried out at a time and place that is agreed to by the parent.

(f) The due process hearing shall be conducted and completed and a written decision shall be mailed to each party no later than 30 days after the receipt of a parent's formal complaint. A hearing officer may grant specific extensions of the time limit at the request of either party.

(g) A parent has the right in a due process hearing proceeding to:

(1) be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for eligible children or others at the parent's discretion;

(2) present evidence and confront, cross examine, and compel the attendance of witnesses;

(3) prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;

(4) obtain a written or electronic verbatim transcription of the proceeding; and

(5) receive a written copy of the findings of fact and decisions at no cost.

(h) The hearing officer shall perform the following duties:

(1) listen to the presentation of relevant viewpoints about the due process hearing complaint;

(2) examine all information relevant to the issues;

(3) seek to reach a timely resolution of the issue; and

(4) provide a record of the proceedings, include a written decision.

(i) During the dispute resolution process the child shall continue to receive the early intervention services currently being provided, unless the parent revokes consent or the early intervention provider and the parent agree otherwise. If the complaint involves an application for initial services, the child must receive those services that are not in dispute.

(j) A party aggrieved by the findings and decision of the hearing officer has the right to bring a civil action in court.

(k) Within five working days of receiving a written formal complaint from a parent, the parent shall be offered mediation as a method to resolve the dispute. Mediation shall proceed with agreement of all parties involved.

(l) The parent shall be informed that participation in the mediation process is voluntary and shall not be used to deny or delay a parental right to a timely due process hearing.

(m) Mediation shall be offered as an option to the parties early in a dispute before the parent has filed a formal complaint. (Eff. _____/_____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.290
 AS 47.20.070 AS 47.20.110

7 AAC 23.440. Complaints. (a) An individual, including a parent or an organization, may submit a complaint to the department alleging that an early intervention provider or other public agency has violated a federal or state law, regulation or rule that applies to the early intervention system.

(b) The complaint shall be submitted in writing to the department of the ILP and shall include

(1) a statement regarding the law or regulation that is alleged to have been violated;

(2) the facts on which the complaint is based;

(3) the signature of the person submitting the claim and the date the complaint was signed; and

(4) if alleging violations with respect to a specific child: the name and address of the residence of the child, the name of the EIS provider serving the child, a description of the nature of the problem of the child, including facts relating to the problem, and a proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.

(c) The alleged violation must have occurred not more than one year before the date that the complaint is received by the ILP.

(d) Within 60 calendar days after a complaint is received, the department shall:

(1) conduct an independent on-site investigation if the lead agency determines that an investigation is necessary;

(2) give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;

(3) provide the lead agency, public agency, or provider with an opportunity to respond to the complaint including, at a minimum: at the discretion of the lead agency, a proposal to resolve the complaint; and an opportunity for a parent who has filed a complaint and the lead agency, public agency or EIS provider to voluntarily engage in mediation;

(4) review all relevant information and make an independent determination as to whether any relevant law or regulation has been violated; and

(5) issue a written decision to the complainant and involved parties that

addresses each allegation and details the findings of fact and conclusions and the reason for the complaint investigator's final decision; the complaint investigator's decision may include recommendations that include technical assistance activities, negotiations and corrective actions to achieve compliance as well as timelines for completion.

(e) An extension of the 60 day timeline will be granted if exceptional circumstances exist with respect to a particular complaint or if the parent and the lead agency, public agency or EIS provider involved agree to extend the time to engage in mediation.

(f) If the complaint received is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, the complaint investigator shall set aside any part of the complaint that is being addressed in a due process hearing until the conclusion of that hearing. Any issue in the complaint that is not part of the due process hearing must be resolved within the 60-day timeline. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.090 AS 47.20.290
 AS 47.20.070 AS 47.20.110

7 AAC 23.450. Abuse, Neglect, and Exploitation. (a) An ILP provider shall report instances of abuse, neglect, and exploitation under AS 47.10, AS 47.24, or AS 47.62 to the department.

(b) A parent's decision to decline early intervention services does not constitute abuse, neglect or exploitation. (Eff. ____/____/2014, Register _____)

Authority: AS 47.20.060 AS 47.20.070 AS 47.20.290

7 AAC 23 is changed by adding a new article heading:

Article 4. General Provisions.

(Publisher please place the new article heading before existing section 7 AAC 23.900.)

7 AAC 23.900 is repealed and readopted to read:

7 AAC 23.900. Definitions. In this chapter, unless the context requires otherwise,

- (1) "acute" means having a rapid onset, a short course, and pronounced symptoms;
- (2) "adaptive development" means the development of self-help skills, such as eating, dressing, and toileting;
- (3) "assessment" means the ongoing procedures used by qualified personnel throughout the period of a child's eligibility to identify
 - (A) the child's unique strengths and needs;
 - (B) current health status and medical history;
 - (C) the resources, priorities, and concerns of the family; and

(D) services to address family priorities, concerns, and the child's developmental needs;

(4) "case-responsible physician" means a physician that provides a substantial, direct service to a child with a disability, and does not include a physician that merely consults or evaluates the child;

(5) "child identification" or "child find" means this state's activities and procedures to locate, identify, and refer children from birth to 21 years of age with or at risk of having a developmental delay or developmental disability; children, birth to three years that may be in need of early intervention services, may be referred, with parental permission, to the Infant Learning Program; children three through 21 years of age that may be in need of special education shall be referred to the local education agency; the responsibility for child find is shared by the Infant Learning Program in the department and the Department of Education and Early Development;

(6) "cognitive development" means the progressive and orderly changes in a child's thinking processes affecting perception, memory, judgment, and reasoning;

(7) "communication development" means

(A) the progressive and orderly acquisition of communication skills during pre-verbal and verbal phases of development;

(B) receptive and expressive language, including spoken, non-spoken, sign language and assistive or augmentative communication devices as a means of expression;

(C) speech production, speech sound production, and perception;

(D) oral-motor development, speech sound production, and eating and swallowing processes;

(E) hearing communication development including development of auditory awareness;

(8) "confidentiality" means protection of the family's right to privacy of all personally identifiable information, in accordance with all applicable federal and state laws;

(9) "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; the parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes the activity and lists the early intervention records, if applicable, that will be released and to whom they will be released; and the parent understands that granting consent is voluntary on the part of the parent and may be revoked at any time; if a parent revokes consent, that revocation is not retroactive; the parent understands that consent may be revoked at any time and is not retroactive;

(10) "days" means calendar days, unless otherwise indicated;

(11) "department" means the Department of Health and Social Services;

(12) "developmental delay" means a 50 percent delay or equivalent standard deviations below the norm in one or more of the following areas of childhood development:

cognitive, communication, physical or motor, including vision and hearing, social or emotional, and adaptive; the extent of the child’s delay must be documented; a determination of developmental delay shall not be based upon behavior related to cultural or language differences;

(13) "director" means the director of the division of public health within the department;

(14) “dispute resolution” means the array of formal and informal options available to parents and providers for resolving disputes related to early intervention services and the system responsible for the delivery of those services;

(15) “due process hearing” means a forum in which all parties present their viewpoint and evidence in front of a trained, impartial hearing officer in order to resolve an official dispute;

(16) “duration” means the length of calendar time that services included in the IFSP will be delivered;

(17) “early intervention provider” means an individual certified to provide early intervention services; a developmental specialist works directly with a child, family and other personnel to implement the IFSP; the role and scope of responsibility of the developmental specialist with the family and the team shall be dictated by the individual’s level of certification as defined in ILP personnel policy;

(18) “early intervention record” means the early intervention records maintained by the early intervention provider and are defined as educational records in accordance with the Family Educational Rights and Privacy Act (FERPA); early intervention records include files, documents, and other material that contain information directly related to a child, and are maintained by the early intervention provider; early intervention records do not include records of instructional, supervisory, and administrative personnel, which are in the sole possession of the maker and which are not accessible or revealed to any other person except to substitute staff;

(19) “early intervention services (EIS)” means any or all of the following services specified in the IFSP that are provided under public supervision; selected in collaboration with the parents; designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development, including physical, cognitive, communication, social or emotional, and adaptive; provided by qualified personnel; to the maximum extent appropriate are provided in natural environments; and provided in conformity with an IFSP;

(A) “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability; the term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization such as mapping, maintenance, or replacement of that device;

(B) “assistive technology services” means services which directly assist in the selection, acquisition, or use of assistive technology devices for eligible children; this includes the evaluation of the child’s needs, including a functional evaluation in the

child's natural environment; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for eligible children; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing developmental therapy, education and rehabilitation plans and programs; training or technical assistance for an eligible child and the child's family; and training or technical assistance for professionals or other individuals that are substantially involved in the child's major life functions;

(C) "audiological services" means services that address the following:

- (i) identification of auditory impairment in a child using at risk criteria and appropriate audiology screening techniques;
- (ii) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) provision of auditory training, aural rehabilitation, speech reading;
- (v) provision of services for the prevention of hearing loss; and
- (vi) 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;

(D) "family training, counseling and home visits" means services provided, as appropriate, by qualified social workers, psychologists, and other qualified personnel to assist the family of a child eligible under 7 AAC 23, in understanding the special needs of the child and enhancing the child's development;

(E) "health services" means those health related services that enable an eligible child to benefit from the provision of other early intervention service during the time that the child is receiving the other early intervention services; these services include clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and 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; health services do not include surgery or purely medical services; devices necessary to control or treat a medical condition; or medical health services, including immunizations and regular "well-baby" care that are routinely recommended for all children;

(F) "medical services" means, for diagnostic or evaluation purposes, those services provided by a licensed physician to determine a child's developmental status and other information related to the need for early intervention services;

(G) “nursing services” mean 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; the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and the administration of medications, treatments, and regimens prescribed by a licensed physician;

(H) “nutrition services” means conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables, feeding skills and feeding problems, and food habits and food preferences; developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings of those assessments; and making referrals to appropriate community resources to carry out nutrition goals;

(I) “occupational therapy services” means those services that address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development; services are designed to improve the child’s functional ability to perform tasks in a home, school, and community setting; services include identification, assessment, and intervention; 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 prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability;

(J) “physical therapy services” means services that promote sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation; includes screening, evaluation, and assessment of children to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems;

(K) “psychological services” means services delivered as specified in the IFSP that include

- (i) administering psychological and developmental tests and other assessment procedures;
- (ii) interpreting assessment results;
- (iii) obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- (iv) planning and management of a program of psychological

services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs;

(L) “service coordination” means the same as “case management” in accordance with AS 47.20.100(1) and 47.20.290(2)(A), and means services and activities as designated in the IFSP and performed by a family service coordinator to assist and enable the families of children from birth through age three years of age to access and receive early intervention services and rights, including the required procedural safeguards; the responsibilities of services coordination include:

(i) explaining to families about early intervention and procedural safeguards;

(ii) gathering information from the family regarding their concerns, priorities and resources;

(iii) coordinating the evaluation and assessment activities;

(iv) facilitating the determination of the child’s eligibility;

(v) connecting the family to resources and supports, helping families plan and prepare for their IFSP meeting, organizing and facilitating IFSP meetings, arranging for and coordinating all services listed on the IFSP, monitoring the delivery of the services listed on the IFSP, facilitating periodic reviews of the IFSP, and ensuring that a transition plan is developed at the appropriate time;

(M) “sign language and cued language services” include teaching sign language, cued language, and auditory and oral language, providing oral transliteration services such as amplification, and providing sign and cued language interpretation;

(N) “social work services” means those activities as designated in the IFSP that include

(i) making home visits to evaluate a child’s living conditions and patterns of parent-child interaction;

(ii) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services;

(iii) preparing a social or emotional developmental assessment of the child within the family context; making home visits to evaluate patterns of parent-child interaction and the child’s living conditions;

(iv) providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; and

(v) working with those problems in a child’s and family’s living situation that affect the child’s maximum utilization of early intervention service;

(O) “special instruction” means the design of learning environments and activities that promote the infant’s or toddler’s acquisition of skills in a variety of

developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability; providing families with information, skills, and support related to enhancing the skill development of the child; and working with the infant or toddler with a disability to enhance the child's development;

(P) "speech and language pathology services" means those services as designated in the IFSP including

(i) identification of children with communicative or oral-motor disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oral-motor disorder and delays in development of communication skills; and

(iii) provision of services for the habilitation, rehabilitation, or prevention of communicative or oral-motor disorders and delays in development of communication skills;

(Q) "transportation services" means the cost of travel and other related costs as designated in the IFSP that are necessary to enable an eligible child and family to receive early intervention services or providing other means of transporting the child and family;

(R) "vision services" means services delineated in the IFSP that address visual functioning and ability of the child to most fully participate in family and community activities, including

(i) evaluation and assessment of visual functioning including the diagnosis and appraisal of specific visual disorders, delays and abilities;

(ii) referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorder; and

(iii) communication skills training, orientation and mobility training, visual training, independent living skills training, and additional training necessary to activate visual motor abilities;

(20) "eligible children" means children birth up to three years of age that reside in the state and meet the criteria for "developmental delay" or "established condition";

(21) "EPSDT" means the early periodic screening, diagnosis and treatment program of Medicaid; EPSDT is administered by the department and offered to all eligible children by health care providers in this state;

(22) "established condition" means a diagnosed physical, mental, or neurobiological condition that has a high probability of resulting in developmental delay; a delay in development may or may not be exhibited at the time of diagnosis; to be eligible for services under the definition of established condition, the determination of the presence of an established condition shall be diagnosed by a physician; the determination of developmental status of the

child in each of the developmental areas must be established through an interdisciplinary evaluation process that meets the requirements in 7 AAC 23.340;

(23) “evaluation” means the process through which a child’s eligibility for early intervention services is determined; evaluation includes

(A) a review of pertinent records related to the child’s current health status and medical history;

(B) a determination of strengths, needs, quality of performance, and level of functioning of the child in each developmental area including cognitive, communication, physical or motor, vision and hearing, social or emotional, adaptive; and

(C) an explanation of how the status in each of the developmental areas affects the child’s overall functioning;

(24) “evidence-based” means early intervention services based on peer reviewed research, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity and method of delivery;

(25) "exhaustion" of alternate resources means a good faith effort to secure the benefit of those resources, including applying for the resources if one appears to be eligible for them and

(A) accepting all benefits for which one is qualified; or

(B) having one's application for the resources denied, and filing any appeals for which one has reasonable grounds;

(26) “family” means a basic unit of society typically composed of adults and children having as its nucleus one or more primary nurturing caregivers cooperating in the care and rearing of children; primary nurturing caregivers may include parents, guardians, siblings, extended family members, and others defined by the family;

(27) “family assessment” means a voluntary family-centered information gathering process that may use formal instruments including conversations and observations to determine and record a family’s concerns, priorities and resources;

(28) “fiscal year” means July 1 of any given year through June 30 of the subsequent year;

(29) “free and appropriate public education (FAPE)” means special education and related services that are provided at public expense under public supervision and direction and without charge to parents;

(30) “frequency” means the number of times that a service is provided or an event occurs within a specified period;

(31) "good cause" for failure to cooperate in verifying a child's eligibility for the program for children with disabilities means that cooperation is reasonably certain to result in severe physical or emotional harm to the child or the child's parent because the child was conceived through rape or incest, or because of circumstances with similar potential for harm;

(32) “Head Start or Early Head Start” means a comprehensive child development program for children of low income families established under the Head Start Act, as amended (42 U.S.C. 9801 et seq.);

(33) “IFSP team” means the persons responsible for determining eligibility, developing, and reviewing the IFSP; the team shall include the parents, family service coordinator, persons directly involved in conducting evaluations and assessments, persons that will be providing services to the child or family, and other persons, including family members, as requested by the family;

(34) “ILP” means the early intervention infant learning program in the department operating under Part C of the IDEA program in this state;

(35) “Individuals with Disabilities Education Act (IDEA)” means the federal law that contains requirements for serving eligible children; Part C of IDEA refers to the section of the law entitled *The Early Intervention Program for Infants and Toddlers with Disabilities* and Part B of IDEA refers to the section of the law called *Assistance to States for the Education of Children with Disabilities* in 20 U.S.C. 1400 et seq.;

(36) “Individualized Family Service Plan (IFSP)” means the written plan for providing early intervention services to an eligible child and the child’s family; the plan is developed jointly with the family and appropriate qualified personnel involved; the plan is developed around family identified outcomes and includes strategies to enhance the family’s capacity to meet the developmental needs of the eligible child;

(37) “IFSP Process” means the collaborative effort of professionals from various disciplines, including at least one professional with knowledge of the child’s disability or major area of developmental concern that works in collaboration with the family to evaluate, plan and deliver services; the IFSP Process includes interpretation of data obtained from the evaluation process and development of recommendations for intervention;

(38) “informed clinical opinion” means the statement from a team of qualified professionals based on experience, training, and structured interaction with an infant or toddler, concerning the child’s developmental and health status; the team shall organize and evaluate information including impressions regarding the child’s skills, abilities, weaknesses, developmental processes, emotional and temperamental patterns, as well as more traditional testing information; informed clinical opinion may be used as an independent basis to establish eligibility; in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility;

(39) “interagency agreement” means a document signed by authorized representatives of at least two agencies outlining mutually agreed upon responsibilities to perform certain duties under specified conditions; governmental interagency agreements include joint powers’ agreements, memoranda of understanding, and memoranda of agreement;

(40) “interim IFSP” means an IFSP that is developed only under extraordinary circumstances for a child and family within forty-five days of parental consent for evaluation; before eligibility is determined, the interim IFSP may be used to facilitate the provision of services to a child and family with obvious immediate needs; use of an interim IFSP does not extend the forty five day timeline for enrollment;

(41) “intra-agency agreement” means a document signed by authorized

representation of at least two units within an agency outlining mutually agreed upon responsibilities to perform certain duties under specified conditions;

(42) “lead agency” means the unit in the department that provides child protection services that has been designated as the lead agency for early intervention services under IDEA; the lead agency has the responsibility and authority to assure the department meets the requirements of IDEA;

(43) “local education agency (LEA)” means the local public school district;

(44) “location” means the places in which early intervention services are delivered; services will be delivered in locations that meet the criteria for natural environments under this section;

(45) “mediation” means a process in which an impartial and neutral third party, will help parties to voluntarily reach an acceptable settlement on issues in dispute; a parent may choose to use mediation to resolve a formal complaint concerning the provision of any aspect of early intervention services; mediation may also be used to resolve disputes and differences between parties prior to the parent’s filing of a formal complaint; mediation is not applicable in cases of a criminal nature including abuse, neglect or exploitation;

(46) “Medicaid” means the federal medical assistance program under Title XIX of the Social Security Act; the EPSDT program is part of Medicaid; this program provides reimbursement for some services delivered by early intervention providers to Medicaid-eligible children;

(47) “method” means the way in which a specific early intervention service is delivered including group and individual services;

(48) “multidisciplinary evaluation” or “multidisciplinary reevaluation” means an evaluation or reevaluation undertaken by an infant learning program teacher and two or more of the following child-development oriented disciplines: pediatrics and other medical specialties appropriate to the child’s disability, psychology, physical therapy, speech pathology, audiology, nursing, occupational therapy, and special education;

(49) “multidisciplinary team” means the involvement of the parent and two or more individuals from separate disciplines or professions or one individual that is qualified in more than one discipline or profession;

(50) “native language” means the primary language or mode of communication normally used by the family or child receiving services;

(51) “natural environments” means places that are natural or normal for children of the same age that have no apparent developmental delay; early intervention services are provided in natural environments in a manner or method that promotes the use of naturally occurring opportunities in community settings that include home, community, play groups, and child care and supports the integration of skills and knowledge into the family’s typical daily routine and lifestyle;

(52) “other early intervention services” means early intervention services, as

described in IDEA Part C that are not otherwise explicitly listed or defined under early intervention services, but which the child or family need in order to achieve outcomes as listed on the IFSP;

(53) “other services” means services that the child and family needs or is receiving through other sources that are neither required nor funded under Part C of the Act and are included in the child’s IFSP;

(54) “outcomes” means a written statement of changes that the family desires to achieve for their child and themselves as a result of early intervention services; outcomes shall be documented in the IFSP;

(55) “parent” means the natural or adoptive parents of a child, a guardian, a person acting in the place of a parent, including a grandparent or stepparent with whom the child lives, a person that is legally responsible for the child’s welfare, or a surrogate parent that has been assigned in accordance with 7 AAC 23.390; a foster parent may act as a parent under this program so long as the foster parent has an ongoing, long-term parental relationship with the child, is willing to make the decisions required of parents under IDEA, and has no interest that would conflict with the interests of the child;

(56) "participant" means a child that receives services from a grantee under a program described in 7 AAC 23.090;

(57) “personally identifiable” means

(A) the child’s name;

(B) the name of the child’s parent or other family members;

(C) the address of the child or child’s family;

(D) a personal identifier, including the child’s social security number, child number, or biometric record;

(E) other indirect identifiers, including the child’s date of birth, place of birth, and mother’s maiden name;

(F) other information that, alone or in combination, is linked or linkable to a specific child that would allow a reasonable person in the school community, that does not have personal knowledge of the relevant circumstances, to identify the child with reasonable certainty; or

(G) information requested by a person that the educational agency or institution reasonably believes knows the identity of the child to whom the education record relates;

(58) “physical and motor development” means the progressive and orderly changes to a child’s vision, hearing, gross and fine motor development, quality of movement, and health status;

(59) “primary referral source” means parents, physicians, hospitals, including prenatal and postnatal care facilities, child care programs, local education agencies, public health care providers, children’s medical services, social services agencies, Early Head Start, and other qualified individuals or agencies which have identified a child as needing evaluation or early intervention services;

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(60) “procedural safeguards” means the requirements set forth by IDEA, as amended, which specify families’ rights and protections of early intervention services and the process for resolving individual complaints related to services for a child and family;

(61) "program for children with disabilities" means the program described in 7 AAC 23.110 - 7 AAC 23.220;

(62) “qualified personnel” means individuals employed or contracted by an ILP provider agency to provide early intervention services that

(A) meet the licensing requirements in AS 08, if applicable, for the individual’s specific discipline; and

(B) hold a valid Infant Learning Program certificate issued by the department or the department’s designee;

(63) “referral” means the recommendation that a family seek assistance through the early intervention system in evaluation, assessment, IFSP development, and needed support services;

(64) “school year” means the period of time between the fall and spring dates established by each public school district that mark the first and last days of school for any given year for children ages three through 21 years;

(65) “service delivery” means the provision of specific early intervention services by qualified personnel in accordance with the IFSP; service delivery includes participation in the periodic review and modifications of the IFSP, documentation of all services delivered, monitoring of progress toward the intended outcomes; and access to the dispute resolution process;

(66) “social or emotional development” means the progressive and orderly changes to a child’s affective state and ability to interact with people;

(67) “transition plan” means a component of the IFSP that addresses the process of a family and eligible child of moving from early intervention services to special education services under Part B of IDEA; the transition plan defines the roles, responsibilities, activities and timelines for ensuring a smooth and effective transition. (Eff. 10/15/82, Register 84; am 6/28/85, Register 94; am _____/_____/2014, Register _____)

Authority: AS 18.05.010 AS 18.05.030 AS 18.05.040