

ADOPTIONS SECTION

HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF FAMILY HEALTH SERVICES

Notice of Readoption

Early Intervention System

Readoption with Technical Changes: N.J.A.C. 8:17

Authorized By: Judith M. Persichilli, R.N., B.S.N., M.A., Commissioner of the Department of Health.

Authority: N.J.S.A. 26:1A-36.6 through 36.8, particularly 26:1A-36.8; the Department of Children and Families Act, N.J.S.A. 9:3A-1, et seq.; and 20 U.S.C. § 1435.

Effective Dates: August 5, 2022, Readoption;
September 19, 2022, Technical Changes.

New Expiration Date: August 5, 2029.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 8:17 was scheduled to expire on September 6, 2022. N.J.A.C. 8:17 establishes standards applicable to the New Jersey Early Intervention System (NJEIS). N.J.A.C. 8:17 implements the Individuals with Disabilities Education Act, Pub. L. 101-476 at § 901 (approved October 30, 1990) (IDEA 1990), as reauthorized and amended by the Individuals with Disabilities Education Act Amendments of 1997, Pub. L. 105-17 (approved June 4, 1997) (IDEA 1997), and the Individuals with Disabilities Education Improvement Act of 2004, Pub. L. 108-446 (approved December 3, 2004) (IDEA 2004) (The Department of Health (Department) collectively refers to these laws as “the IDEA”). In 1999, the United States

Department of Education promulgated regulations at 34 CFR Part 303 to implement Part C of the IDEA 1997. 64 Fed. Reg. 12674 (March 12, 1999) (IDEA 1997 regulations of 1999). In 2011, the United States Department of Education promulgated further regulations at 34 CFR Part 303 to implement Part C of the IDEA 2004. 76 Fed. Reg. 60140 (September 28, 2011) (effective October 28, 2011) (2011 Part C regulations). However, existing N.J.A.C. 8:17 incorporates by reference the IDEA and its implementing regulations "as amended and supplemented," so the IDEA 2004 and the 2011 Part C regulations were, and are, part of N.J.A.C. 8:17 and applicable to the NJEIS as of their effective date. See existing definition of "Act" at N.J.A.C. 8:17-1.3.

Pursuant to N.J.S.A. 52:14B-5.1 and N.J.A.C. 1:30-6.4(h), the Department is readopting the chapter with the following technical changes:

Subchapter 1 contains general provisions. At N.J.A.C. 8:17-1.3, Definitions, the Department is updating the addresses and contact information for the following entities: "Academy of Certification of Vision Rehabilitation and Education Professionals," "Clinical Nutrition Certification Board," and "Commission on Dietetic Registration."

Subchapter 2 addresses "child find" activities. At N.J.A.C. 8:17-2.1, Identification of potentially eligible children, at paragraph (c)2, the Department is correcting the reference to the Maternal and Child Health Program to refer instead to the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act and changing the cross-reference from 42 U.S.C. §§ 709 to 42 U.S.C. §§ 701 et seq.; at paragraph (c)3, the Department is correcting the reference to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program from being described as part of Title XIX to indicate that it is part of Title V of the Social Security Act (Medicaid), and

from 42 U.S.C. §§ 701 et seq., to 42 U.S.C. § 705(a)(5)(F); at subparagraph (c)3i, the Department is correcting the reference to 42 U.S.C. § 5106(g) to refer to 42 U.S.C. § 5106g; and at paragraph (c)7, the Department is correcting the statutory citation for the Child Abuse Prevention and Treatment Act (CAPTA), from 42 U.S.C. §§ 1501 et seq., to 42 U.S.C. §§ 5101 et seq.

At N.J.A.C. 8:17-2.1(f), the Department is replacing the forms the subsection incorporates by reference at N.J.A.C. 8:17 Appendices A, B, and C, with updated versions of the forms. Chapter Appendix A contains the family cost participation income verification form. The revised version of the form at N.J.A.C. 8:17 Appendix A reflects an updated layout and deletes certain demographic fields that the Department no longer needs to collect. In addition, the form contains additional descriptors of the rights of participating families. Chapter Appendix B contains the family cost participation payment option form, which has an updated layout and provides additional language that informs families of their right to informed consent regarding the use of Medicaid benefits. Chapter Appendix C contains the family cost participation application for income adjustment form. The form is updated to reflect the correct name and updated logo of the Department.

Subchapter 3 establishes standards for service coordination, regional provider agencies, provider agencies, and practitioners. Subchapter 4 establishes standards for prior notice and parent consent. Subchapter 5 establishes standards for surrogate parents. Subchapter 6 establishes standards for evaluation and assessment. Subchapter 7 establishes eligibility criteria and procedures. Subchapter 8 establishes standards for individualized family service plans. N.J.A.C. 8:17-8.3(h) incorporates by

reference Chapter Appendix D, which contains the individualized family service plan form. The Department is updating the form at N.J.A.C. 8:17 Appendix D to update the layout, correct the program mailing address, and delete certain demographic fields the Department no longer needs to collect. In addition, the form contains an additional reference to the rights of participating families.

Subchapter 9 addresses financial matters. At N.J.A.C. 8:17-9.5, Payer of last resort, subsection (e), the Department is correcting the reference to Title V of the Social Security Act, from 42 U.S.C. §§ 701 through 710 to 42 U.S.C. §§ 701 through 713 to reflect the expanded sections related to maternal and child health.

Subchapter 10 establishes standards for suspension and termination of services. Subchapter 11 establishes standards for transition from the early intervention system. Subchapter 12 establishes standards for the confidentiality of information.

Subchapter 13 establishes standards for procedural safeguards. At N.J.A.C. 8:17-13.2, Dispute resolution options, subsection (b), the Department is correcting the cross-reference from 34 CFR 303.419 to 34 CFR 303.431, and at subsection (c), the Department is correcting the cross-reference from 34 CFR 303.420 through 303.425 to 303.435 through 303.438. N.J.A.C. 8:17-13.2(e) incorporates by reference Chapter 17 Appendix F, which contains the formal dispute resolution request form. The Department is updating the form to reflect the corrected telefacsimile number for the procedural safeguards office of the Department and to reflect the correct name of the Department. At N.J.A.C. 8:17-13.9, Procedural Safeguards Office responsibilities in impartial due process hearing procedure, paragraph (a)6, the Department is correcting the cross-reference from N.J.A.C. 1:1-8.1 to N.J.A.C. 1:1-8.2.

Subchapter 14 establishes standards for a comprehensive system of personnel development. Subchapter 15 establishes personnel standards. At N.J.A.C. 8:17-15.1, Standards to serve as a practitioner within the NJEIS, the Department is correcting the cross-reference at paragraph (e)1 from N.J.S.A. 45:3B-1 through 24 to N.J.S.A. 45:3B-1 through 25, and the cross-reference at paragraph (e)14 from N.J.S.A. 45:14B-1 through 46 to N.J.S.A. 45:24B-1 through 49. At N.J.A.C. 8:17-15.4, Paraprofessionals and assistants, the Department is correcting the cross-reference at paragraph (a)2 from N.J.S.A. 45:9-37 to N.J.S.A. 45:9-37.62, and the cross-reference at paragraph (a)3 to N.J.S.A. 45:1-14 et seq., to N.J.S.A. 45:9-37.11 through 45:37.34f.

Subchapter 16 addresses the central directory and public awareness activities. At N.J.A.C. 8:17-16.1, Central directory, and 16.2, Public awareness, subsections (a) and (d), respectively, the Department is updating a website address.

Subchapter 17 establishes standards for supervision and monitoring of programs. Subchapter 18 establishes standards for data reporting and collection.

While N.J.A.C. 8:17 is generally consistent with the IDEA 2004 and the 2011 Part C regulations governing the states' implementation of early intervention services, the Department is developing rulemaking to revise and reorganize existing N.J.A.C. 8:17 to ensure greater consistency therewith and anticipates filing this rulemaking with the Office of Administrative Law for processing in the ordinary course. However, this rulemaking will not be effective prior to the expiration of existing N.J.A.C. 8:17. The Commissioner of the Department has reviewed N.J.A.C. 8:17 and has determined that, subject to the technical changes described above, and pending the finalization of the rulemaking in development, the existing chapter remains necessary, proper,

reasonable, efficient, understandable, and responsive to the purposes for which it was originally promulgated and should be readopted.

Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1) and N.J.A.C. 1:30-6.4(h), and with the technical corrections described above, N.J.A.C. 8:17 is readopted and shall continue in effect for seven years.

Full text of the adopted technical changes follows (additions indicated in **boldface** thus; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

8:17-1.3 Definitions

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

“Academy for Certification of Vision Rehabilitation and Education Professionals” means the entity by that name for which the contact information is Academy for Certification of Vision Rehabilitation and Education Professionals, [4732 N. Oracle Road, Suite 217] **4380 Suite #200**, Tucson, AZ [85705] **85718**, (520) 887-6816, telefacsimile (520) 887-6826, [www.acvrep.org] www.acvrep.org.

...

“Clinical Nutrition Certification Board” means the entity by that name for which the contact information is Clinical Nutrition Certification Board, [15280 Addison Road, Suite 130, Addison] **400 Chisholm Place, Suite 303, Plano**, TX [75001.] **75075**, (972) 250-2829, telefacsimile (972) 250-0233, www.cncb.org.

“Commission on Dietetic Registration” means the entity by that name for which the contact information is Commission on Dietetic Registration, 120 South Riverside

Plaza, Suite [2000] **2190**, Chicago, IL 60606-6995, (312) 899-0040 extension 5500 or toll-free (800) 877-1600 extension 5500, telefacsimile (312) 899-4772, www.cdrnet.org.

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SUBCHAPTER 2. CHILD FIND

8:17-2.1 Identification of potentially eligible children

(a)-(b) (No change.)

(c) The Department, in consultation with the SICC, shall coordinate the Child Find System under Part C conducted by regional provider agencies and State agencies responsible for administering the various education, health, and social services programs and initiatives relevant to Part C, including, but not limited to, those authorized [under] **pursuant to**:

1. (No change.)
2. The Maternal and Child Health [Program under] **Services Block Grant pursuant to** Title V of the Social Security Act, 42 U.S.C. [§§709] **§§ 701** et seq.;
3. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program [under] **pursuant to** Title [XIX] **V** of the Social Security Act (Medicaid), 42 U.S.C. [§§701 et seq.] **§ 705(a)(5)(F)**;
4. The Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. [§§15001] **§§ 15001** et seq.;
5. The Head Start Act, 42 U.S.C. [§§9801] **§§ 9801** et seq.;
6. The Supplemental Security Income Program [under] **pursuant to** Title XVI of the Social Security Act, 42 U.S.C. [§§1381] **§§ 1381** et seq.; and

7. The Child Abuse Prevention and Treatment Act (CAPTA), 42 U.S.C. [§§1501]

§§ 5101 et seq.

(d) (No change.)

8:17-2.2 Referral process

(a)-(b) (No change.)

(c) Through the Child Find System, the Department shall:

1.-2. (No change.)

3. Coordinate the referral for early intervention services, pursuant to Part C, of each child who is:

i. The subject of a substantiated case of child abuse or neglect as defined in CAPTA pursuant to 42 U.S.C. [§5106(g)] **§ 5106g**, or who has a case in litigation pursuant to N.J.S.A. 9:6-8.8 et seq.;

ii.-iii. (No change.)

4. (No change.)

(d)-(g) (No change.)

SUBCHAPTER 9. FINANCIAL MATTERS

8:17-9.5 Payer of last resort

(a)-(d) (No change.)

(e) The availability of NJEIS funds shall not be construed to permit the State to reduce medical or other assistance available, or to alter eligibility pursuant to Title V of the Social Security Act, 42 U.S.C. [§§701-710] **§§ 7001-713** (relating to maternal and child

health), or Title XIX of the Social Security Act, 42 U.S.C. [§§1396-1396v] **§§ 1396-1396v** (relating to Medicaid for children with disabilities) within the State.

SUBCHAPTER 13. PROCEDURAL SAFEGUARDS

8:17-13.2 Dispute resolution options

(a) (No change.)

(b) The Procedural Safeguards Office shall administer a Statewide mediation system available to ensure voluntary access to a non-adversarial process **that is consistent with 34 CFR 303.431** for the resolution of individual disputes regarding the Early Intervention System to address identification, evaluation and assessment, eligibility determination, placement, and the provision of appropriate early intervention services[, that is consistent with 34 CFR §303.419].

(c) Through referral of cases to the Office of Administrative Law, the Procedural Safeguards Office shall ensure voluntary access to a Statewide impartial due process hearing system **that is consistent with 34 CFR 303.435 through 303.438** for the resolution of individual disputes regarding the provision of early intervention services, including identification, evaluation and assessment, eligibility determination, placement [or], **and** the provision of appropriate early intervention services[, that is consistent with 34 CFR §§303.420 through 303.425].

1. (No change.)

(d) The Procedural Safeguards Office shall administer complaints **consistent with 34 CFR 303.432 through 303.434**, as to deficiencies in the fulfillment, or violations, of the requirements of Part C of IDEA or other pertinent State or Federal early intervention

laws, by public or private agencies that are, or have been, receiving financial funding or payment [therefore] **therefor**, or by other public agencies involved in the State's early intervention system[, that is consistent with 34 CFR §§303.510 through 303.512].

(e) (No change.)

8:17-13.9 Procedural Safeguards Office responsibilities in impartial due process hearing procedure

(a) The Procedural Safeguards Office shall:

1.- 5. (No change.)

6. Within one business day of its receipt of the request, transmit the case in accordance with N.J.A.C. 1:1-[8.1]**8.2** to the Office of Administrative Law pursuant to (b) below;

7.-9. (No change.)

(b)-(d) (No change.)

8:17-13.12 Conduct of hearing

(a) (No change.)

(b) Impartial due process hearings shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and **52:14F-1** et seq., the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, and the Special Rules for Special Education Program, N.J.A.C. 1:6A, except that the following rules shall not apply: N.J.A.C. 1:6A-1.1(b), 4.1, 5.1(a), 12.1, 13.1, 14.2, 14.4, 18.1, and 18.2(b); provided that the term "Procedural Safeguards Office" shall be substituted for "Special Education

Program of the Department of Education" and "Department of Education," and "N.J.A.C. 8:17" shall replace references to "N.J.A.C. 6A:14" in those provisions [of] **at** N.J.A.C. 1:6A, which are incorporated by reference.

(c)-(d) (No change.)

SUBCHAPTER 15. PERSONNEL STANDARDS

8:17-15.1 Standards to serve as a practitioner within the NJEIS

(a)-(d) (No change.)

(e) Early intervention services shall be provided by qualified personnel, including:

1. Audiologists, licensed pursuant to N.J.S.A. 45:3B-1 through [24] **25**;
- 2.-13. (No change.)
14. Psychologists, licensed pursuant to N.J.S.A. 45:14B-1 through [46] **49**;
- 15.-20. (No change.)

8:17-15.4 Paraprofessionals and assistants

(a) Minimum qualifications of various paraprofessionals and assistants are as follows:

1. (No change.)
2. An occupational therapy assistant shall meet the licensure requirements [in] **at** N.J.S.A. 45:9-37.**62**;
3. A physical therapy assistant shall meet the licensure requirements [in] **at** N.J.S.A. [45:1-14 et seq.] **45:9-37.11 through 45:9-37.34f**; and
4. (No change.)

(b) (No change.)

SUBCHAPTER 16. CENTRAL DIRECTORY AND PUBLIC AWARENESS

8:17-16.1 Central directory

(a) The central directory for New Jersey, available on the [Department of Human Services] **Department of Health, Parent Link** website at

[<http://www.state.nj.us/humanservices/dds/publications.html>]

<https://www.state.nj.us/njparentlink/about/eccs.html>.

1.-3. (No change.)

8:17-16.2 Public awareness

(a)-(c) (No change.)

(d) Information on NJEIS can be obtained by contacting the NJEIS, or through the Department's website, [at] available at [<http://www.nj.gov/health/fhs/eis/index.shtml>]

<https://nj.gov/health/fhs/eis/index.shtml>.

(Agency Note: N.J.A.C. 8:17 Appendices A, B, C, D, and F follow without symbolization indicating changes from the existing appendices. Any portions of the appendices that are bolded are intended to be so permanently.)

APPENDIX A

NEW JERSEY DEPARTMENT OF HEALTH
NEW JERSEY EARLY INTERVENTION SYSTEM (NJEIS)

FAMILY COST PARTICIPATION
INCOME DOCUMENTATION

Service Coordinator Name	County	Effective Begin Date
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Parent/Guardian Last Name	Parent/Guardian First Name	Phone Number		
Parent/Guardian Last Name	Parent/Guardian First Name	Phone Number		
Street Address:				
City	State	Zip Code		
Child #	Child's Last Name	Child's First Name	Middle Name	Date of Birth
Child #	Child's Last Name	Child's First Name	Middle Name	Date of Birth

Family Member living with or contributing to household income:

Head of Household Primary	Non-Household Member Financially Responsible	Household Member
Head of Household Secondary	Other FCP- Contrib	Other FCP - Noncontrib

State Tax Year:
Did you have income changes since your last tax return?

Supporting Documentation (W-2)

If a joint return was filed, both parties W2s should be listed below. This information should only be entered once, in the system and not in the individual records if jointly filed.

Company	Date of Documentation	Income	Income Changed
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Comments

Additional Types of Income

Total Annual Household Income:

Taxable Income and Deductions

If a joint tax return was filed this information should only be entered for one record in the system and not in the individual records if jointly filed

Income	
Taxable Interest Income	
Dividends	
Net Profits from Business	
Net Gains from Disposition of Property	
Pensions, Annuities, and IRA Withdrawal	
Partnership or Corporation Self-Employed (Federal 1040 must be submitted to DOH/NJEIS)	
Distributive Share of Partnership Income	
Net Pro Rata Share of S Corporation Income	
Net Gains or Income from Rents, Royalties, Patents and Copyrights	
Net Gambling Winnings	
Alimony and Separate Maintenance Payments Received	
Other (Prizes, Awards, Estates, Trusts, Scholarships, Fellowships & Residential Allowance)	
Unemployment and Workman's Comp., Strike Benefits from Union Funds (Federal 1040 Line 19)	
Social Security Benefits, Public Assistance, Supplemental Security Income (Fed. 1040 Line 20b)	
Deductions to Income	
Alimony & separate maintenance paid out of the household to another household	
NET TAXABLE INCOME AND DEDUCTIONS	

Comments

Child Support Income / Paid to the household from another household			
Child Support Type	Frequency	Date Child Support Agreement	Amount
Total Annual Child Support Income:			
Child Support Expenses / Paid out of the household to another household			
Child Support Type	Frequency	Date Child Support Agreement	Amount
Total Annual Child Support Expenses:			
Comments:			

Family Member living with or contributing to household income:			
Head of Household Primary	Non-Household Member Financially Responsible	Household Member	
Head of Household Secondary	Other FCP - Contrib	Other FCP - Noncontrib	
State Tax Year:			
Did you have income changes since your last tax return?			
Supporting Documentation (W-2)			
If a joint return was filed, both parties W2s should be listed below. This information should only be entered once, in the system and not in the individual records if jointly filed.			
Comments			
Additional Types of Income			
Total Annual Household Income:			
Taxable Income and Deductions			
If a joint tax return was filed this information should only be entered for one record in the system and not in the individual records if jointly filed			
Income			
Taxable Interest Income			
Dividends			
Net Profits from Business			
Net Gains from Disposition of Property			
Pensions, Annuities, and IRA Withdrawal			
Partnership or Corporation Self-Employed (Federal 1040 must be submitted to DOH/NJEIS)			
Distributive Share of Partnership Income			
Net Pro Rata Share of S Corporation Income			
Net Gains or Income from Rents, Royalties, Patents and Copyrights			
Net Gambling Winnings			
Alimony and Separate Maintenance Payments Received			
Other (Prizes, Awards, Estates, Trusts, Scholarships, Fellowships & Residential Allowance)			
Unemployment and Workman's Comp., Strike Benefits from Union Funds (Federal 1040 Line 19)			
Social Security Benefits, Public Assistance, Supplemental Security Income (Fed. 1040 Line 20b)			
Deductions to Income			
Alimony & separate maintenance paid out of the household to another household			
NET TAXABLE INCOME AND DEDUCTIONS			
Comments			

NEW JERSEY DEPARTMENT OF HEALTH
NEW JERSEY EARLY INTERVENTION SYSTEM (NJEIS)

FAMILY COST PARTICIPATION
INCOME DOCUMENTATION

Child Support Income / Paid to the household from another household			
Child Support Type	Frequency	Date Child Support Agreement	Amount
Total Annual Child Support Income:			
Child Support Expenses / Paid out of the household to another household			
Child Support Type	Frequency	Date Child Support Agreement	Amount
Total Annual Child Support Expenses:			
Comments:			
Net Family Income:			

Family Size	Income	Co-Pay	Monthly Max

My signature below verifies that my rights and responsibilities relating to the New Jersey Early Intervention System (NJEIS) and payment of services have been explained to me. I acknowledge receiving a copy of the NJEIS Family Cost Participation Handbook or have agreed to obtain a copy through the Department's website located at: http://nj.gov/health/fhs/eis/documents/payment_cost_policies_2012.pdf. I agree to notify my service coordinator of any changes in the financial information used to determine a family cost participation for early intervention services for my child. I also understand that I should contact my service coordinator if, at any time, I have questions or concerns about family cost participation or the cost of early intervention services. I have the right to file an administrative complaint, request mediation, and/or initiate a due process hearing if disagreements regarding my family's cost participation cannot be resolved at the local level.

I attest under penalties of law that the income reflected on the income tax documents and on the NJEIS income documentation form are accurate and true to the best of my knowledge and that any willful, false, misrepresentation or concealment of material fact regarding my household income may result in: termination from; suspension from; request for reimbursement for any NJEIS services rendered; and/or prosecution under applicable Federal and State laws, or both.

I further attest under penalties of law that I have provided all requested tax documents in my possession to the NJEIS and that I am not willfully, falsely, purposefully concealing, or withholding any income tax documents that have been requested from me to determine my household income and FCP. I fully acknowledge and understand that any said misrepresentation by me may result in: termination from; suspension from; request for reimbursement for any NJEIS services rendered; and/or prosecution under applicable Federal and State laws, or both.

Name Print	Parent/Guardian Signature	Date
Name Print	Parent/Guardian Signature	Date

APPENDIX B

New Jersey Department of Health New Jersey Early Intervention System (NJEIS)

Family Cost Participation Payment Options

Service Coordinator Name	County	Effective Begin Date
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Parent/Guardian Name	Relationship	FCP Role	Street Address	Phone Number
Parent/Guardian Name	Relationship	FCP Role	Street Address	Phone Number

Child ID#	Child Name	Date of Birth
Child ID#	Child Name	Date of Birth

<input type="checkbox"/> New <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Modification - Family Size <input type="checkbox"/> Modification - Income <input type="checkbox"/> Modification - Payment Option NJEIS income determination shall be made after the service coordinator and parent review and complete income verification form(s) for each appropriate household member based on income tax documentation the family has provided. Families will receive a written Family Cost Notice identifying the co-payment responsibility.				
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FAMILY PARTICIPATION OPTIONS

Please check and initial your choice regarding your family's interest in participating in the NJEIS system of payment for early intervention services. I understand that my signature is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost participation and that I must accept or decline early intervention services, subject to cost participation, at the IFSP meeting.

Full Fee I choose not to release or update my financial information, and understand that I will be billed for the actual cost services agreed to and provided in accordance with my Individualized Family Service Plan (IFSP).

Public Expense Services I choose not to release my financial information and understand that I will participate in the IFSP process and receive service coordination, evaluation/assessment, IFSP development/review and procedural safeguards at public expense. I understand that by choosing this option, services subject to a family cost participation will not be available through the NJEIS.

NJEIS Family Cost Participation I am interested in a family cost participation in accordance with the NJEIS Family Cost Participation Handbook. I have chosen to provide income information for my family as documented on the Family Cost Participation Income Verification Form. I understand that:

If a change occurs in my financial position, it is my responsibility to notify my service coordinator to request a review to determine a new family cost participation and that adjustments in family income are not retroactive. Outstanding balances prior to the adjustment will not be affected.

My family's cost participation payments over 60 days past due will result in the suspension of the direct early intervention services subject to family cost participation which does not include the services provided at public expense (service coordination, evaluation/assessment, IFSP review/development and procedural safeguards).

I may request a review of my household income to determine if I qualify for an adjustment based on extraordinary expenses by submitting an "Application for Income Adjustment" to the DOH-NJEIS.

If there is a household member that is self-employed, I may be subject to an interim family cost participation determination to initiate early intervention direct services. However, upon review by the DOH-NJEIS of the self-employed family member(s)' income documentation, including his/her/their most current tax return, my family cost participation is subject to change.

Prior to using my child's Medicaid benefits to pay for these services, NJEIS is providing me written notification that:

1. My parental consent must be obtained before the NJEIS discloses, for billing purposes, my child's personally identifiable information to the State public agency responsible for the administration of the state's public benefits or insurance program (e.g., Medicaid);
2. If I had not consented to the use of Medicaid reimbursement as a part of my application for Medicaid benefits, DOH-NJEIS would still make available those Part C services on the IFSP for which I have provided consent;
3. I have the right to withdraw my consent to disclosure of personally-identifiable information to the State public agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) at any time; and
4. There are no costs with participating in the NJ Medicaid program (such as co-payments or deductibles, or the required use of private insurance as the primary insurance).

My signature below verifies that my rights and responsibilities relating to the New Jersey Early Intervention System (NJEIS) and payment of services have been explained to me. I acknowledge receiving a copy of the NJEIS Family Cost Participation Handbook or have agreed to obtain a copy through the Department's website located at: http://nj.gov/health/njeis/documents/payment_cost_policies_2012.pdf.

I agree to notify my service coordinator of any changes in the financial information used to determine a family cost participation for early intervention services for my child. I also understand that I should contact my service coordinator if, at any time, I have questions or concerns about family cost participation or the cost of early intervention services. I have the right to file an administrative complaint, request mediation, and/or initiate a due process hearing if disagreements regarding my family's cost participation cannot be resolved at the local level.

Name Print	Parent/Guardian Signature	Date
Name Print	Parent/Guardian Signature	Date

FHS-27
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APPENDIX C

**New Jersey Department of Health
New Jersey Early Intervention System (NJEIS)
P.O. Box 364
Trenton, NJ 08625-0364**

FAMILY COST PARTICIPATION APPLICATION FOR INCOME ADJUSTMENT

Instruction: Mail completed application form to the address listed above.

Name of Applicant			Child's Last Name	Child's First Name	MI
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address			Birthdate	Child ID Number	
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
City	State	Zip Code	Service Coordinator's Name		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
			Amount	Description of Enclosed Documentation	
EIS Determined Household Income			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Allowable Unreimbursed Extraordinary Expenses				<input style="width: 100%;" type="text"/>	
Medical			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Insurance Deductible/Co-Payments/EI Services			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Child Care			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Accommodation			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Other			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Total Allowable Extraordinary Expenses			<input style="width: 100%;" type="text"/>		

The information above is accurate to the best of my knowledge.

Signature of Parent	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

FOR STATE USE ONLY	
This application and enclosed documentation were reviewed and:	
<input type="checkbox"/> Approved as Submitted.	
<input type="checkbox"/> Not Approved – Reason(s) not approved:	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Approved with changes - Changes:	<input style="width: 100%;" type="text"/>
If approved, revised EIS Household Income:	<input style="width: 100%;" type="text"/>
State Representative Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
If you disagree with the decision, you may request an administrative review of this decision by writing, within 30 days, to the EIS Financial Officer at the address listed above.	

APPENDIX D

New Jersey Department of Health
 New Jersey Early Intervention System
 P.O. Box 364
 Trenton, NJ 08625-0364

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
Child ID		Gender		Referral Date
Type of IFSP				
Service Coordinator Name	County	Telephone #		Email Address
Parent's Last Name		Parent's First Name		
Street Address		City	State	Zip Code
Telephone Number	Email Address	School District		
Parent's Last Name		Parent's First Name		
Street Address		City	State	Zip Code
Telephone Number	Email Address	School District		
Primary Language Spoken in the Home				
Other Languages Spoken in the Home			<input type="checkbox"/> Interpreter Needed <input type="checkbox"/> Written Translation Needed	
The Mission of the New Jersey Early Intervention System (NJEIS) is to provide quality early support and services to enhance the capacity of families to meet the developmental and health related needs of children birth to age three who have delays and/or disabilities.				

Information About Child's Status

BDI-2 Evaluation Information			
Developmental Domain	Domain Score (100 is Average)	Z Score (0.0 is Average)	Raw Score (RS)
Adaptive			
Social/Emotional			
Communication			
Gross Motor			
Fine Motor			
Cognitive			

Vision Status

Hearing Status

Health and Medical Status

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Family's Concerns, Priorities, and Resources

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
Service Coordinator Name		IFSP Start Date		Family Information Meeting Date
Routine Challenge	Family Concerns Identified as a Priority	Effective Strategies / Resources Used by the Family Caregiver to Address the Priority	Change the Family Would Like to See Related to Routine	Means to Address the Priority

Measurable Child Outcome

<p>A Child Measurable/Functional Outcome must identify the skill or behavior we want a child to demonstrate; during routines in their day; and include how it will be known when the child has successfully developed the skill or behavior.</p>	Date:
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Measurable Family Outcome

OTHER NON-REQUIRED SERVICES

Other Non-Required Services - Receiving	
Identify below any medical and other services that the child or family is receiving through other sources, but that are neither required nor funded under NJEIS.	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Other Non-Required Services - Needed	
Identify below any medical and other services that the child or family needs through other sources, but that are neither required nor funded under NJEIS.	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
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Early Intervention Services

Early Intervention Service			
Other Supports:			
Duration: Projected (MM/DD/YYYY)	Method	Intensity	Payment Arrangements
Start Date:			
End Date:			
Length of service time:		Frequency (#sessions):	
Location - Inclusive Natural Environment		Location - Not a Natural Environment	
<input type="checkbox"/> Decline Service: I choose to decline this service as described above from NJEIS and acknowledge agreement as a team member that it is identified as a needed service. I understand that I am: (1) refusing this service as described above for reason(s) chosen below; (2) able to contact my service coordinator should I change my mind; and (3) not jeopardizing any other NJEIS early intervention services by declining this service as described above.			
<input type="checkbox"/> Discontinue Service: I choose to discontinue this current service from the NJEIS for the reason(s) listed below effective on REASONS:			

Parent Signature

Date

Additional Information:

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
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Transition Planning

County	Service Coordinator's Name
<p>Transition Steps from Part C Early Intervention Services: The IFSP must include the steps to be taken to support smooth transition of your child from early intervention to preschool services under Part B of IDEA and/or other appropriate services. Transition Steps/Discussion occur at the IFSP Meeting (When the child is at least 25 months of age) The steps include:</p>	
<p>I. How would your family like to discuss and receive training/information regarding future options and other matters related to your child's transition?</p> <p>Attend a transition workshop offered by the Early Intervention System. Meet with the service coordinator or a designee to review the NJEIS Transition Handbook. Telephone contact to discuss the NJEIS Transition Handbook with a service coordinator, service coordinate associate or Family Support Coordinator. Receive the NJEIS Transition Handbook through the mail. Obtain the NJEIS Transition Handbook through the Internet. Other - Refer to paper</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>
<p>II. What are the potential options you would like to consider/explore for when your child turns age three? (check all that may apply)</p> <p>Private/Community Preschool Program Part B Preschool Special Education Head Start School District Early Childhood Program Community Programs (YMCA, Library) County SCHS Case Management Child Care Program Private Therapy (OT, PT, ST) Other Specify - Refer to paper</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>
<p>III. Opt-Out Discussion - LEA Notification/Referral</p> <p>Yes - No evaluation (Parent declined Opt-out) Yes - Evaluation needed (Parent declined Opt-out) No - Parent declines (Parent Chose Opt-Out & signed NJEIS Form-015) Other - Parent has 10 days to return this form to the service coordinator</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

IV. Transition Planning Conference (TPC): A meeting to discuss any services your child may receive from your local school district under Part B of IDEA and/or other appropriate services that your child may receive after exiting the NJEIS.	
A. With your approval, a TPC will be convened at least 90 days before your child's third birthday with the NJEIS service coordinator and EIP practitioners, your family and the local school district and/or providers of other appropriate services for your child. Agree to TPC <input type="checkbox"/> Declined TPC	
B. The following have been approved by you to invite as a TPC participant: <input type="checkbox"/> School District <input type="checkbox"/> Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Preschool Program <input type="checkbox"/> EIP Practitioners Other - Refer to paper	
C. Your informed written consent is required to send or share your family and child's early intervention information (recent evaluation, assessments and IFSP) to ensure continuity of services to the local school district or designated community program.	Date Discussed Person Responsible Discussed with Parents
V. Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of your child and family.	
A. What are your priorities and concerns related to transition for your child and family?	Date Discussed Person Responsible Comments/Discussion
B. List below early intervention outcomes, strategies, activities or services that are needed to prepare and help your child and family to adjust to and function in a new program/setting. Things to think about include but not limited to: (a) visiting a new program,(b) meeting with program staff prior to the child's first day, (c) teaching your child about activities and routines that they may encounter in a new setting (peer interaction, circle time, snacks, table top activities, playground) and (d) discussing transportation arrangements (need for an aide, specialized transport, help getting on and off the bus/van).	Date Discussed Person Responsible Comments/Discussion The IFSP Team identified no changes to the IFSP outcomes, strategies, activities or services were needed or requested by the family.

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
(Parental Opt-Out of Part B Notification/Referral)**

Child's Last Name	Child's First Name	DOB	Child ID
Service Coordinator Name		Telephone #	Fax #
Parental Opt-Out of Part B Notification/Referral was discussed and provided to the parent of the child listed above on:			
<p>NJEIS is required by Part C of the federal Individuals with Disabilities Education Act (IDEA) to notify the New Jersey Department of Education, Office of Special Education (NJ-OSE) and your local school district of your child's potential eligibility for special education preschool services at age three. This notification serves as a referral to Part B of IDEA and must occur not fewer than 90 calendar days or longer than 9 months before your child's third birthday.</p>			
<p>The notification must provide the following personally identifiable information:</p> <ul style="list-style-type: none"> • Child's Name; • Child's Date of Birth; • Parent(s) Name; and • Parent contact information 			
<p>New Jersey offers parents the opportunity to "opt out" of this notification. By signing this document you are requesting that the NJEIS not send any information to NJ-OSE or your local school district. If this "NJEIS Parental Opt-Out of Notification/Referral" form is not signed and received by your NJEIS Service Coordinator within ten (10) calendar days of the date listed above, your limited contact information will be sent to the NJ-OSE and your local school district.</p>			
<p>If you sign this form to "opt-out" of notification and referral, and subsequently want to explore the possibility of special education and related services for your child, your service coordinator can assist you in making a referral to your local school district.</p>			
Parent's Name (print)			
Parent Signature confirming decision to "opt-out" of notification/referral to NJ-OSE and the local school district.			Date

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
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IFSP TEAM/PARENTAL CONSENT

Team Activity:						
Activity Date:						
Participation Codes A = Attended & authorized for billing by the location of the activity T = Telephone conference call authorized for billing at service provider location R = Submitted written report/recommendations-Not authorized for billing V = Video conference authorized for billing at service provider location P = Participated in meeting-Not authorized for billing					Location of Team Meeting	
IFSP Team Contributors: IFSP Meetings must include the parent(s), other family members as requested by the parent, an advocate or person outside the family if requested by the parent, the service coordinator, person(s) directly involved in conducting evaluations and assessments, and persons who will be providing services to the child or family.						
Participant	Role	Specialty	Agency	Signature	Code	Time In/Out

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
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Parent Consent for the provision of early intervention services in accordance with:

Individualized Family Service Plan (IFSP) Start Date: _____ **End Date:** _____

I have received information about family rights in early intervention, both verbally and in writing. I give consent for my child/family to receive services listed in this IFSP except where specifically declined on individual services pages. "Consent" means that I have been fully informed of all information about the activity(s) for which consent is sought in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(s).

I understand that:

- (1) this written consent is voluntary and may be revoked in writing at any time;
- (2) I may decline or discontinue a service or services without jeopardizing any other NJEIS service(s) my child and family receives;
- (3) services may be subject to family cost participation under the NJEIS System of payments for services;
- (4) NJEIS approved personnel involved in developing and implementing this IFSP will share information, both verbally and in writing, only to the extent that it relates to the implementation of the IFSP.

Parent Signature

Date

**New Jersey Department of Health
 EARLY INTERVENTION PROCEDURAL SAFEGUARDS OFFICE
 P. O. Box 364
 Trenton, NJ 08625-0364
 Telephone (Toll Free): 877-258-6585
 Fax: 609-292-0296**

FORMAL DISPUTE RESOLUTION REQUEST

Name of Individual/Organization Filing Complaint		Date	
Address			
City		State	Zip Code
Child's Name (if applicable)		Child's Date of Birth (if applicable)	
Telephone Number(s)	Fax Number(s)	Email Address (optional)	
<p>This form documents the option selected that initiates the appropriate process to resolve any formal dispute. Please provide the information requested on this form, sign, date, and return it to the Procedural Safeguards Office at the address listed above. Parents may request assistance in completing this form by contacting their Service Coordination Unit, Regional Early Intervention Collaborative, and/or the Procedural Safeguards Office. The New Jersey Early Intervention System (NJEIS) Family Rights document and a brief description of options for formal dispute resolution can be found at: http://nj.gov/health/fhs/eis/procsafeguards.shtml.</p>			
FORMAL DISPUTE RESOLUTION OPTION(S)			
<input type="checkbox"/> Mediation Only			
<input type="checkbox"/> Due Process Hearing (request must be within one year of the date of the alleged action) <input type="checkbox"/> Check here if you initially want to attempt to resolve the dispute through Mediation.			
<input type="checkbox"/> Administrative Complaint (request must be within one year of the date of the alleged action) <input type="checkbox"/> Check here if you want to attempt to resolve the dispute through Mediation.			
<input type="checkbox"/> Check here if you plan to have representation by counsel. The lead agency is not liable for any attorney fees incurred.			

NAME OF PROVIDER / ORGANIZATION DISPUTE FILED AGAINST		
Name		
Address		
City	State	Zip Code
Telephone Number(s)	Email Address (optional)	
Other Parties to Dispute (if applicable)		
STATEMENT OF DISAGREEMENT		
<p>Please provide a written description of the area(s) of disagreement under the Part C New Jersey Early Intervention System including concerns relating to the identification, evaluation and assessment, eligibility determination, placement of the child, and the provision of appropriate early intervention services to the child and/or family. Be as specific as possible.</p>		

FACTS SUPPORTING STATEMENT OF DISAGREEMENT

Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (such as, IFSPs, written correspondence, evaluations/assessments) that may verify your concerns. Be as specific as possible.

SOLUTION(S) TO AREA(S) OF CONCERN

Please provide a proposed resolution(s) which would address your area(s) of concern. You may submit additional information either orally or in writing about your concerns. Be as specific as possible.

***I understand that the party filing the complaint must forward a copy of the complaint to the public agency or the provider/organization at the same time the complaint is filed with the Procedural Safeguards Office.

Signature

Date