

North Carolina Infant-Toddler Program Procedures

Reference: Procedural Safeguards Policy

Infant-Toddler Program Records

Introduction

Infant-Toddler Program (ITP) record means any personally identifiable information (see definition below) in electronic, typed, printed, or handwritten form about a child or the child's family which is generated by Early Intervention (EI) providers, and which pertains to referral and eligibility determination, evaluation, assessment, development of an Individualized Family Service Plan (IFSP), the delivery of early intervention services, and the transition and exit of the child. Records include information typically retained in a client record. Records may also include, but are not limited to: files, reports, test protocols (raw data), studies, letters, minutes of meetings, memoranda, summaries, handwritten or other notes, charts, graphs, data sheets, financial eligibility information, billing and reimbursement information, and information stored on microfilm or microfiche or in computer-readable form. Personal notes made by service providers, kept in the sole possession of the maker, used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the records are not considered part of the Infant-Toddler Program record.

Because the Infant-Toddler Program is a multi-provider program, all relevant and covered information may be contained in the records of several providers. The Children's Developmental Services Agency (CDSA) is responsible for collecting all essential information related to a child's referral to and enrollment in the Infant-Toddler Program regardless of its origination in order to:

- document that the child's and family's entitlements under the Infant-Toddler Program were guaranteed;
- supply information for monitoring North Carolina's implementation of Part C of the Individuals with Disabilities Education Act;
- track and evaluate the outcomes of early intervention services; and
- provide the Children's Developmental Services Agency and other service providers with an organized collection of information to guide service planning and delivery.

Information collected and stored on behalf of the Infant-Toddler Program must be organized in a systematic fashion, secured, and controlled by the Children's Developmental Services Agency. It is required that all of the collected information on children referred and enrolled in the program be filed in a central Infant-Toddler Program record, unless prohibited by privacy and security requirements. For example, financial and billing information is to be organized and maintained by the Children's Developmental Services Agency business office.

In order to provide consistency in record keeping and ensure confidentiality, security, and privacy of personally identifiable information of referred, enrolled, and exited infants and toddlers with a disability, a Record Management Guide is available for reference.

Due to the numerous topics covered in this procedural document, a table of contents is provided here:

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1. **Definitions**

Early Intervention Records: All records regarding a child that are required to be collected, maintained, or used under Part C and its regulations.

Infant-Toddler Record: Any personally identifiable information in electronic, typed, printed, or handwritten form about a child or the child’s family which is generated by Early Intervention (EI) providers, and which pertains to referral and eligibility determination, evaluation, assessment, development of an Individualized Family Service Plan (IFSP), the delivery of early intervention services, and the transition and exit of the child.

Personally Identifiable Information: As defined by federal regulations, personally identifiable means information that contains the name of the child, the child’s parent, or other family member; the address of the child; a personal identifier, such as the child’s social security number or student number; or a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

Sole Possession Notes: Personal notes made by service providers, kept in the sole possession of the maker, used only as a personal memory aid, which are not accessible or revealed to any other person except a temporary substitute for the maker of the records.

2. **General Records Requirements**

- A. All EI service providers must follow Infant-Toddler Program safeguards related to confidentiality, privacy, and security of information. *(For additional information, see Policy on Procedural Safeguards and Confidentiality Procedures.)*
- B. All EI service providers must follow Infant-Toddler Program requirements related to parental access and amendment of records. *(For additional information, see Procedural Safeguards Policy and Parental Access and Amendment to Records Procedures.)*
- C. All EI service providers must comply with Infant-Toddler Program requirements outlined in this procedural document related to a child’s early intervention records and may have additional requirements from their host agency.

- D. Children’s Developmental Services Agencies and enrolled Infant-Toddler Program Early Intervention (EI) service providers must maintain information related to the provision of services for each child and family served under the auspices of the Infant-Toddler Program. Information maintained by enrolled Infant-Toddler Program service providers must be available for review by the Children’s Developmental Services Agency and the Early Section in the Division of Child and Family Well-Being at regularly scheduled intervals and on an as needed basis. Service providers must follow procedures developed by the Children’s Developmental Services Agency for submitting required information to the Children’s Developmental Services Agency in a timely fashion.
- E. The Children’s Developmental Services Agency must ensure that all needed documentation from an enrolled Infant-Toddler Program service provider is provided to the Children’s Developmental Services Agency when services are no longer provided by that service provider. This termination of services might be due to mutual consent of the parent and service provider, the child moving away or transitioning out of the Infant-Toddler Program, or a service provider’s decision to no longer participate as an enrolled Infant-Toddler Program service provider.
- F. The North Carolina Infant-Toddler Program required forms (available at <http://www.becarly.nc.gov>) must be used by all Children’s Developmental Services Agencies and enrolled Infant-Toddler Program service providers without alteration unless allowed (e.g., some forms allow the Children’s Developmental Services Agency to personalize the form with the Agency’s name and contact information). When completed, forms must be submitted according to established timelines to the Children’s Developmental Services Agency for filing in the child’s Infant-Toddler Program record. While it is preferred that the original be submitted to the Children’s Developmental Services Agency, copies are acceptable, particularly when the original is most appropriately given to the parent or the original should remain with the creator of the documentation (e.g., progress notes written by an enrolled Infant-Toddler Program service provider).
- G. In addition to collecting and maintaining required Infant-Toddler Program forms, the following must also be collected and maintained as part of the child’s Infant-Toddler Program record. Copyrighted material is not to be copied.
- All written correspondence related to the child and family,
 - All evaluation and assessment reports, including test materials, protocols and raw data,
 - Medical records and other important information from other service providers, and
 - Documentation related to compliance with procedural safeguards and timeline requirements.

Service providers, who are not staff of the Children’s Developmental Services Agency, must provide copies or original documents if copyrighted of any of the above that are relevant to the child’s enrollment in the Infant-Toddler Program to the Children’s Developmental Services Agency at the time the information is generated.

- H. If a family moves to a new Children’s Developmental Services Agency catchment area, the original records, including financial and electronic records, are kept at the sending Children’s

Developmental Services Agency. A copy of all records (financial and services) is sent to the new CDSA. Written parental authorization is not required to release the information to the new Children's Developmental Services Agency. The information should be sent by a secure means and not be given to the parent to deliver. (*For additional information refer to the Record Transfers Procedures.*)

3. North Carolina Infant-Toddler Program Required Forms

The North Carolina Infant-Toddler Program requires the use of certain forms by all Children's Developmental Services Agencies and by all enrolled Infant-Toddler Program service providers. Some of the forms will not be used by everyone engaged in providing services as they are to be completed by the Children's Developmental Services Agency or the assigned Infant-Toddler Program Service Coordinator in fulfilling their designated responsibilities. In addition, some child specific forms will not be applicable to all children and their families. These forms may be obtained at <http://www.becarly.nc.gov/index.php/staff/forms>, the Children's Developmental Services Agency, or the Infant-Toddler Program, Division of Child and Family Well-Being, 1916 Mail Service Center, Raleigh, NC, 27699-1916. Telephone: (919) 707-5520.

4. Procedures

A. Quantitative Record Documentation Requirements

- i. Documentation must be complete and legible.
- ii. All handwritten entries in the child's record must be made in black, permanent ink, never in pencil.
- iii. Entries may be typed, or computer generated with an original dated signature.
- iv. All entries in the child's record must be entered and filed in chronological, sequential order, most recent on top, by section.
- v. Each page in the child's record must contain specific child identifying information to ensure that it is filed in the appropriate record. The child's full name (first name, middle initial, and last name) and date of birth must be included on every page. Information received from other agencies or providers must have the child's full name on each page, or at least on the first page of any stapled group of pages.
- vi. Mistakes must be corrected by striking a single line through the error, entering the correction, initialing and dating the correction. For example:

Male, NLR 7-3-04

“Jason is a two and one half year old ~~female~~, living at home with both parents.”

Erasure, blotting out, correction fluid, and correction tapes are not allowed. The original entry must remain visible and readable in the record.

- vii. The following requirements regarding symbols and abbreviations must be followed by the Children's Developmental Services Agencies and all enrolled Infant-Toddler Program providers.
 - In general, symbols and abbreviations are not to be used in clinical reports. Symbols and abbreviations are primarily for use in service or treatment notes. When a symbol or abbreviation is used in a service or treatment note, the entry must

be clear enough for an insurance company to understand the exact service that has been provided in order to avoid problems with reimbursement.

- Only symbols and abbreviations from the *North Carolina Infant-Toddler Program Approved Symbol and Abbreviation List* may be used in all official Infant-Toddler Program records, including test protocols. This approved list may be obtained from the Children’s Developmental Services Agency.
- An addendum to the approved list may be developed to include local abbreviations by the CDSA, as needed. Abbreviations listed in *Webster’s New Collegiate Dictionary* may be used without having to be listed in the addendum. The addendum must be approved by the Children’s Developmental Services Agency and maintained at the Children’s Developmental Services Agency and at the enrolled Infant-Toddler Program service provider’s location and made easily accessible to all persons who enter information in client records.
- Abbreviations for tests and diagnoses that are not included in the approved list or addendum may be used provided the title or name to be abbreviated is first spelled out and followed by the abbreviation in parenthesis, for example, “The Mullen Scales of Early Learning (MSEL) was administered” or “The child was on continuous positive air pressure (CPAP) for five days”. A new entry, such as another progress note, would require again spelling out the title or name to be abbreviated along with the designated abbreviation.
- Medical abbreviations included in the approved list may be used in service notes, if needed, but are primarily included for service providers to use when interpreting reports sent to them from outside sources.

viii. All entries in the child’s record must be dated and properly signed by the person delivering the service. The date entered next to the service provider’s signature is always the date the entry was signed by the service provider, which is not necessarily the date that the service was provided. The signature and date must always be handwritten by the service provider at the time of signature. Signature stamps may not be used. For a signature to be complete, legal, and valid for purposes of billing, it must:

- Be an original, legal signature of the individual making the entry. The legal signature is the signature that a person uses on any other legal document, such as a social security card, other forms of legal identity, and professional licenses. Generally, it is the first name, middle initial, and last name, or, in the case of an individual who goes by his/her middle name, first initial, middle name, and last name, and
- Contain the credentials of the individual making the entry. The credentials used are those that support the fact that the person making the entry possesses the appropriate skills to do whatever he has documented. Professional credentials define the scope of practice of an individual and the types and kinds of care that the individual is legally authorized to provide. In addition, credentials signify that an

individual was appropriately trained to perform a specific task. Professional credentials must be used for all clinical staff.

Johnny P. Doe, M.A., LPA

10/03/14

Staff Psychologist

Date

Jane S. Doe, ITFS

10/03/14

EI Service Coordinator

Date

Also, acceptable is the typed entry of credentials:

Mary M. Doe

10/03/14

ITFS, EI Service Coordinator

Date

A list of names, signatures, professional credentials, and job titles of all persons who enter information in children's records must be maintained by the Children's Developmental Services Agency.

B. Qualitative Record Documentation Requirements

i. General Guidelines

All encounters with or on behalf of a child and family, billable and non-reimbursable, must be documented in the child's record. Examples of documentation are evaluation and assessment reports, service notes, IFSP, and notes to record. Children's Developmental Services Agency staff and enrolled Infant-Toddler Program service providers must assure that all documentation requirements are met, regardless of the funding or reimbursement source.

Procedure and diagnostic codes reported for reimbursement or entered on billing statements must be supported by the documentation found in the child's record for each entry. There must always be clear and distinct documentation in the record for each service billed, and the completed encounter forms or billing tickets must be traceable to a supporting service note, evaluation, or report. Documentation must also support the intensity of evaluations or intervention, the complexity of decision making, and the appropriateness of the service provided.

For all specialized therapy services, a Children's Developmental Services Agency approved assessment must demonstrate the child's need for services, supported by an Individualized Family Service Plan. In addition, some funding sources may require a service order by a physician, physician's assistant, or nurse practitioner, prior to the initiation of the service. Providers of specialized therapies must comply with the

outpatient specialized therapies and prior approval policies established by public or private insurance companies.

ii. Sensitive Information

Information given, collected, or recorded about an individual should be for a specific reason and that reason must guide decisions concerning relevance. The information recorded about a family should be necessary to provide services for the child and family. Professionals must use good judgment regarding relevance or sensitivity when determining what should be documented, realizing that any documented information has the potential to be reviewed and released.

If a professional concludes that certain information must be documented for possible legal or other reasons, the professional should enter this information in a progress note rather than including the information in other documents, which may be released to others in order for services to be provided. In regard to documenting information related to child abuse or neglect issues, professionals must pay careful attention to factual information when documenting, excluding speculation and opinion.

It is required that service providers use objective language and avoid the use of subjective opinion or statements when entering documentation about a child or his family. In order to protect the privacy of others related to the child, service providers should be careful to use only the child's name when documenting in the child's record. It is recommended that references to others be made by their relationship to the child rather than by their name.

iii. Documentation of Eligibility Determination , Evaluations and Assessments

- All evaluations and assessments performed by the Children's Developmental Services Agency and enrolled Infant-Toddler Program service providers must demonstrate full compliance with the ***North Carolina Infant-Toddler Program Policy and Procedures***. (For additional information, see *Evaluation, Eligibility Determination and Eligibility Categories Procedures, Family-Directed Assessment Procedures, Child Assessment Procedures, and IFSP Procedures*.)
- The process for determining if a child is eligible for the ITP is documented in Section III of the IFSP. An ineligible child's eligibility determination evaluation is documented on the form, ***Eligibility Evaluation for North Carolina Infant-Toddler Program***. This form is also used for a child who is eligible, but the parent chooses not to enroll the child in the ITP.
- All evaluations and assessments should clearly document the child's condition, developmental and medical history, identified health risk factors, functioning level, and diagnosis including past and current diagnoses, all of which form the basis for determining the need for services that are to be subsequently provided.
- Reports must be free of technical jargon, easy to understand, and sensitive to the family. If it is necessary to include discipline-specific terminology, these expressions must be explained.

- The eligibility determination is also documented on the form, *NC ITP Eligibility Determination Documentation*, and signed by the CDSA staff making the determination.

iv. Family-Directed Assessment

The Family-Directed Assessment is documented in Section II of the IFSP. *(For additional information, see the Family-Directed Assessment Procedures and IFSP Procedures.)*

v. Child Assessment

Assessment of the child’s functioning begins with the initial contact with the family during discussion of the everyday routines and activities of the child and family and typically includes observations. The description of the child’s abilities is documented in Section III of the IFSP. *(For additional information, see the Child Assessment Procedures and IFSP Procedures.)*

vi. Individualized Family Service Plan (IFSP)

The Individualized Family Service Plan (IFSP) is the instrument specified by the Infant-Toddler Program for implementing services for eligible infants and toddlers and their families. It is both a process and a written document. The process involves a collaborative planning effort and partnership between the family and the professionals offering services and supports to the child and family. The written plan provides documentation of desired outcomes, services, strategies to meet outcomes, and the results of intervention efforts. *(For additional information, see the Procedures Guidance on IFSP and Service Planning and Delivery.)*

vii. Service Notes

Documentation for intervention and service coordination must be supported by written, measurable outcomes in the child’s Individualized Family Service Plan, following recommended practice. Progress and response to interventions must be written in measurable terms and refer to specific written outcomes in the service plan. Any issues surrounding the child’s lack of response to intervention, including the parent’s lack of participation, should be documented in the client record. Each service note should include the following, with the items in bold being mandatory:

- **Date of service or contact.**
- **Place of service.**
- **All parties, including family members and other caregivers, involved in the service.**
- **Diagnostic code that supports the service provided.**
- **The amount of time spent providing the service.** HIS automatically converts the minutes to the units – based on the type of CPT code.
- The child’s status using objective terms to describe progress or regression noted, focusing on child function or changes in function.

- **Specific interventions and methods utilized, referencing all outcomes that were the focus of the service or intervention and specifically listed on the Individualized Family Service Plan.**
- **The effectiveness of the interventions used, measurable progress noted, and the child’s and family’s or caregiver’s response to those interventions and recommendations.**
- Any adjustments needed to intervention strategies and activities.
- Follow-up recommendations, as appropriate.

viii. Record Closure

When a child exits the Infant-Toddler Program, the Service Coordinator must update and close the child’s record to the Infant-Toddler Program. An “exit” note should describe the reasons for the child leaving the Infant-Toddler Program, and these reasons should match with what is entered into the Infant-Toddler Program’s electronic data system as the reason for program exit. The Service Coordinator must update the child’s Individualized Family Service Plan, indicating the status of outcomes at the time of the child’s exit, and update any information in the child’s record. All child and family rights related to program exit must be followed. These include, but are not limited to, Prior Written Notice, Native Language/Mode of Communication, and Surrogate Parent.

C. Adoptions

Any report or other information released after an adoption becomes final must be edited by the originator to exclude the name, address, or other information that could reasonably be expected to lead directly to the identity of an adoptee at birth or an adoptee’s parent at birth or other members of the adoptee’s biological family.

In order to protect the birth identity of a child and the identity of the birth family, all records and all indices of records on file with the court, a service provider, or the state must be retained permanently and sealed when an adoption becomes final.

The following procedure must be followed by all Infant-Toddler Program service providers when an adoption occurs:

- i. It is the responsibility of the Early Intervention Service Coordinator (EISC) to notify the Medical Records staff at his/her CDSA, about the pending adoption of a child, as soon as the EISC learns of it. It is the responsibility of the CDSA to notify all relevant service providers of a child’s adoption, remind them of record requirements related to adoptions, and provide assistance to the service providers in meeting these requirements, as needed.
- ii. The child’s existing Infant-Toddler Program paper record must be closed. All information that is in the existing record at the time of adoption stays in the closed record and remains in the child’s pre-adoptive name.
- iii. A copy of the “Decree of Adoption” signed by the Judge must be obtained by the EI Service Coordinator and filed in the original record so that there is legal documentation that the adoption has been finalized. The date and decree # must be completed on the decree. The final progress note in the existing record must state that the adoption has

been finalized, a copy of the adoption decree has been placed in the record, and that the record is being closed. The closed record should be archived immediately.

- iv. An entirely new and separate Infant-Toddler Program record must be opened in the child's adoptive name.
 - a. This includes creation of a new ITP record folder and assignment of a new record number, if the CDSA assigns record numbers.
 - b. The child's most recent evaluations, his current Individualized Family Service Plan, and any other information critical to providing services to the child (e.g., progress notes, the original North Carolina Infant-Toddler Program Data form, service orders) may be transferred to the new record. However, the child's pre-adoptive name and any other information that could possibly lead to the identity of the biological parents must be blacked out. This includes the names of foster parents. The child's adoptive name must be written above the blacked-out name with the person making this change initialing and dating the change just like other correction in a record. A new IFSP may be written using the child's adoptive name and adopted parents' name.
 - c. Section 6 of the child's new record should read "Medical Records Unknown". No medical information with the child's pre-adoptive name should be moved to this section from the old record. All medical records on the child prior to his/her adoption shall stay in the pre-adoption record.
 - d. Once the new record is created, the pre-adoption record should be archived.
 - e. A new ***North Carolina Infant-Toddler Program Referral Form*** must be completed in the child's new name, but the original dates of referral and eligibility determination must be used.
 - f. A new record must be entered in the *Health Information System (HIS)* with the child's adoptive name. See #10 below.
 - g. The initial record should be closed with the exit reason as "other" and change the local ID number to "XXXXX."
 - h. A new North Carolina Infant-Toddler Program Financial Data Collection Form and Financial Consent Form must be completed based on the adoptive family's financial information.
 - i. All documentation from the point in time at which the service provider has legal proof that the adoption has been finalized must be in the child's new name only.
 - j. It is not necessary to state in the new record that the child has been adopted; however, this may be included as appropriate (e.g., a report may state that medical history is unknown because the child was adopted)
- v. The service provider must establish some internal mechanism for cross-referencing the two records that exist on a child so that information from the old record may be retrieved at a later date, if necessary. This cross-referencing must be placed on the log of assigned

record numbers that is kept by the service provider or in some other internal listing of clients, but never in the child's new record.

- vi. Child Outcomes: When a child receives an entry rating under one name and the child is adopted while in the program, please follow these steps:
 - a. If the CNDS number does not change, then the COSF data will be linked with the CNDS number regardless of the name change. No change in COSF data entry required.
 - b. If the name changes AND the CNDS number changes, then the CDSA must delete the initial COSF data from the pre-adopted name and re-enter the initial COSF data under the adopted name.
 - c. If the child has been referred numerous times and you are unsure what to do with the child's COSF data, please contact the Program Evaluation Team at the Early Intervention Section state office.

D. Retention and Disposition of Records

Infant-Toddler Program records, including financial and automated information, must be maintained for a minimum of twelve years following the child's third birthday. Certain personally identifiable information must be kept with no time limit (see below). Records must be retained at the CDSA for two years after the child becomes ineligible for the ITP (i.e., following the child's third birthday) and then transferred to the State Records Center for an additional ten years. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time. Parents are informed when personally identifiable information collected, maintained, or used under the Infant-Toddler Program is no longer needed to provide services to the child. *(For additional information regarding destruction of personally identifiable information, see Procedural Safeguards Policy and Record Retention and Disposition Procedures.)*

A permanent record of a child's name, address, and telephone number, services provided, dates served, and status at the time of closure, which includes referrals to other service providers is maintained without time limitation.