North Carolina Infant-Toddler Program
Procedural Guidance

Reference: Procedural Safeguards Policy

Infant-Toddler Program Records

Introduction

North Carolina Infant-Toddler Program (NC 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 CDSA 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 CDSA. It is required that all 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 CDSA business office.

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

1. Definitions

Early Intervention Records: All records regarding a child that are required to be collected, maintained, orused 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 the Procedural Safeguards Policy and the Procedural Guidance for Confidentiality.)*

B. All EI service providers must follow Infant-Toddler Program requirements related to parentalaccess and amendment of records. *(For additional information, see the Procedural Safeguards Policy and the Procedural Guidance for Parental Access to Records.)*

C. All EI service providers must comply with Infant-Toddler Program requirements outlined in this procedural guidance 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 CDSA and the Early Intervention Section within the Division of Child and Family Well-Being at regularly scheduled intervals andon an as needed basis. Service providers must follow procedures developed by the CDSA for submitting required information to the CDSA in a timely fashion.

E. The EI Service Provider must maintain NC ITP records in accordance with the NC ITP's Procedures for Record Retention. *(For additional information, see the Record Retention and Disposition Procedural Guidance).*

F. In addition to collecting and maintaining required Infant-Toddler Program forms, the followingmust 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 timelinerequirements

Service providers who are not staff of the CDSA must provide copies or original documents, if copyrighted, of any of the above that are relevant to thechild's enrollment in the Infant-Toddler Program to the CDSA at the time the information is generated.

If a family moves to a new CDSA catchment area, the original records, including financial and electronic records, are kept at the sending CDSA. 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 CDSA. The information should be sent by a secure means and not be given to the parent to deliver. *(For additional information refer to the Procedural Guidance for Record Transfers between CDSAs for Enrolled Children and the Addendum to Record Transfers between CDSA for Enrolled Children.)*

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. Forms must be used without alteration unless allowed and approved by the EI Section Management Team (e.g., some forms allow the CDSA to personalize the form with the Agency's name and contact information). When completed forms must be submitted according to established timelines to the CDSA for filing in the child's Infant-Toddler Program record. While it is preferred that the original be submitted to the CDSA, 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).

Some forms will not be used by everyone engaged in providing services as they are to be completed by the CDSA 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 https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-staff/forms-publications.

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, neverin 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, sequentialorder, 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, middleinitial, 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 entrymust remain visible and readable in the record.

vii. The following requirements regarding symbols, abbreviations, and acronyms must be followed by the Children's Developmental Services Agencies and all enrolled Infant-Toddler Programproviders.

- In general, symbols, abbreviations, and acronyms are not to be used in clinical reports. Symbols, abbreviations, and acronyms are primarily for use in service or treatment notes. When a symbol, abbreviation, or acronym is used in a service or treatment note, the entry mustbe 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 ProgramApproved Symbols, Abbreviations, and Acronyms List*** may be used in all official Infant-Toddler Program records, including test protocols. This approved list may be obtained at https://ncdhhs.gov/itp-beearly.

- Abbreviations that are not included in the approved list may be used provided the title or name to be abbreviated is first spelledout and followed by the abbreviation in parentheses, 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 alwaysthe date the entry was signed by the service provider, which is not necessarily the date that the service was provided. The signature and date can either be handwritten by the service provider at the time of signature or an NC ITP approved electronic record signature may be used (i.e., DocuSign, approved electronic data system). 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 asocial 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 has been documented. Professional credentials define the scope of practice of an individual and the types and kinds of care that theindividual 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 informationin children's records must be maintained by the CDSA.

B. Qualitative Record Documentation Requirements

i. General Guidelines

All encounters with or on behalf of a child and family, whether billable and non-reimbursable,must be documented in the child's record. Examples of documentation are evaluationand assessment reports, service notes, IFSP, and notes to record. CDSA 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 any completed encounter forms or billing tickets must be traceable to asupporting 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 CDSA approved assessment must demonstrate the child's need for services and relate to an outcome on the Individualized Family Service Plan. In addition, some funding sources may require aservice 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 hasthe 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 that may be released to others in order for services to be provided. In regard to documenting information relatedto child abuse or neglect issues, professionals must pay careful attention to factual information when documenting, excluding speculation and opinion. (*For additional information, see the Mandatory Reporting Policy*.)

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 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 CDSA and enrolled Infant-Toddler Program service providers must demonstrate fullcompliance with the Infant-Toddler Program policies and procedures. per the *(For additional information, see the Eligibility Categories Policy, the Procedural Guidance for Evaluation, Eligibility Determination and Eligibility Categories, and Family-Directed Assessment, Child Assessment, and IFSP.)*
- The process for determining if a child is eligible for the NC ITP is documented in SectionIII 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 NC 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 Procedural Guidance for Family-Directed Assessment andIFSP.)*

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 inSection III of the IFSP. *(For additional information, see the Procedural Guidance for Child Assessment and IFSP.)*

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 resultsof intervention efforts. *(For additional information, see the Procedural Guidance for IFSP and Service Planning and Delivery.)*

vii. Service Notes

Documentation for intervention and service coordination must be supported by 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 outcomes in the service plan. Any issuessurrounding 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 werethe 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; and
- 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 Infant-Toddler Program record. 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 rightsrelated 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

The CDSAs and EI Service Providers must maintain NC ITP records in accordance with the NC ITP's Procedures for Adoptions. *(For additional information, see the Procedural Guidance for Adoptions and the Record Retention and Disposition Procedural Guidance.)*

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's third birthday and then transferred to the State Records Center for an additional ten years. Recordsmust 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 the Record Retention and Disposition Procedures.)*

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