

North Dakota Interagency Coordinating Council (NDICC) Standard Operating Procedures

North Dakota Department of Health and Human
Services

Last revised: April 10, 2025

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INTRODUCTION

The following are operating procedures for the North Dakota Interagency Coordinating Council (NDICC) of the Department of Health and Human Services. The NDICC is authorized by the Individuals with Disabilities Education Act (IDEA) to advise and assist the Lead Agency (North Dakota Department of Health and Human Services) in their effort to implement a statewide system for the delivery of appropriate services to at-risk infants/toddlers with disabilities (ages birth through 5) and their families.

I. NORTH DAKOTA'S PART C LEAD AGENCY

North Dakota's Part C Lead Agency is a program of the Department of Health and Human Services, and operates Early Intervention/Infant Programs. It is responsible for meeting early childhood program monitoring, funding, interagency coordination, and other general supervision requirements under Part C of the Individuals with Disabilities Education Act (IDEA).

II. NAME OF THE COUNCIL

North Dakota Interagency Coordinating Council for Early Intervention Services, hereinafter referred to as NDICC.

III. AUTHORITY (34. CFR.303.600) AND IDEA REGULATIONS

The NDICC exists by authority of the Individuals with Disabilities Improvement Act of 2004 (Pub.L. 101-476) 20 U.S.C. Secs. 1400 et. Seq.

Relevant Regulations:

- Establishment: CFR 303.600
- Membership: CFR 303.601
- Meetings: CFR 303.602
- Use of Funds: CFR 303.603
- Duties of ICC: CFR 303.604
- Authorized Activities: 303.605

IV. PURPOSE AND GOAL OF THE NDICC

To advise and assist the Lead Agency (North Dakota Department of Health and Human Services) in their effort to implement a statewide system for the delivery of appropriate services to at-risk infants/toddlers with disabilities (ages birth through 5) and their families.

The goal of the NDICC is to foster and strengthen interagency collaboration and coordination between participating State agencies, public, and private early intervention service providers, and families by increasing opportunities for interagency collaboration and coordination, networking, information sharing, and public input. The successful implementation of early intervention depends on a strong commitment of the NDICC members and Lead Agency staff.

V. DUTIES AND ANNUAL REPORT (34. CFR.303.604)

To advise and assist the Lead Agency in their efforts to:

- Develop and implement policies that constitute the statewide system.
- Achieve the full participation, coordination, and cooperation of all appropriate public agencies in the State.
- Effectively implement the statewide system by establishing a process that includes
 - seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and
 - taking steps to ensure that any policy problems identified under this section are resolved.
- Facilitate transition of toddlers with disabilities to services and school age programs provided under Part C of the Act, to the extent those services are appropriate.
- Identify sources of fiscal and other support for services for early intervention programs, assign financial responsibility of the appropriate agencies, and to promote interagency agreements.
- Prepare applications and amendments.
- Identify, explore, or evaluate, and report on priority topics necessary to the development of the statewide delivery system.
- The NDICC must prepare and submit an annual report to the Governor and to OSEP on the status of early intervention service programs for infants and toddlers with disabilities and their families under Part C of the Act operated within the State. Each annual report must contain the information required by OSEP for the year for which the report is made (20 U.S.C. 1441(e)(1)).

VI. NOMINATION & APPOINTMENT OF MEMBERS

Nomination of Council members can come from members of the NDICC, Lead Agency, and other partners across the State. The NDICC includes members appointed by the Governor, including a representative from the Bureau of Indian Affairs, or where there is no BIA operated or funded school, from the Indian Health Service or the tribe/tribal council.

Membership Terms

The term of office shall be for three years, except those made to fill an unexpired term. Appointments shall be staggered terms of office to assure that new appointments do not exceed one-third of the membership. Members can be reappointed for consecutive terms. Council members will be asked if they would like to continue their term. The Lead Agency will review and approve the reappointments and then the Lead Agency list will be forwarded to the Governor's office.

VII. COUNCIL MEMBERSHIP(34.CFR.303.601)

Listed in this section are the membership requirements for the North Dakota Interagency Coordinating Council under the Individuals with Disabilities Education Act (IDEA). The list includes each membership category and a short description of each category. The NDICC must consist of members appointed by the Governor, or any other official authorized under State law to make such appointments, be representative of the State population and be composed of individuals involved in, or concerned with, the education of children with disabilities.

Composition of the Council

The NDICC shall be composed of at least 24 members:

1. Parents of Infants and Toddlers with Disabilities

Description:

Parents are a critical group of partners on the Interagency Coordinating Council. At least 30 percent of the NDICC should be made up of parents of infants and toddlers with disabilities who are at risk. Included in this category are parents, including minority parents, of infants and toddlers with disabilities aged 12 or younger at time of appointment, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 years or younger.

Parents on the NDICC are representing all parents with infants and toddlers who are IDEA eligible in the State and should reach out to as many other parents as possible between meetings to get their opinions on critical matters relating to early intervention services. A parent member may not be an employee of a public or private agency involved in providing early intervention services.

Parent members bring personal experiences of parenting a child with a disability or who is at risk. Parents remind the Council of its responsibility to infants, toddlers and families. Parents provide input and advice to the Council and actively participate in the development of recommendations. They provide the link back to the larger group of parents and families/caregivers through their personal activities with community programs, physicians, and organizations.

Principles of Family/Professional collaboration include:

1. Promoting a relationship in which family members and professionals work together to ensure the best services for children and families
2. Recognizing and respecting the knowledge, skills and experience those families and professionals bring to the relationship
3. Acknowledging that the development of trust is an integral part of a collaborative relationship
4. Facilitating open communication so that families and professionals feel free to express themselves
5. Creating an atmosphere in which the cultural traditions, values and diversity of families are acknowledged and honored
6. Recognizing that negotiation is essential in a collaborative relationship
7. Bringing to the relationship the mutual commitment of families, professionals, and communities to meet the needs of children with special needs and their families.

2. Employee of a Public or Private Provider of Early Intervention

At least 20 percent of the members shall be an employee of a public or private provider of early intervention.

Description:

This group of NDICC members are involved in serving infants and toddlers with disabilities or at risk. They have first-hand practical experience and knowledge and can report and provide advice regarding challenges and unmet needs of these children. They can also report on best practices and model programs and services.

3. Representative of Institutions of Higher Education (IHE) that Prepare Special Education and Related Services Personnel

Description:

The person appointed to this position brings to the Council the current status of provider training programs; they can report on the number of candidates that are currently enrolled in training programs. The IHE should have knowledge and experience regarding research-based practices.

4. Representative from State Agencies Involved in the Provision or Payment for Early Intervention Services

At least one member shall be from each State agency involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.

Description:

Members who are involved in the payment of services brings the perspective of financing early childhood services and making sure the payments and other fiscal issues are in line with the Individuals with Disabilities Education Act (IDEA) and North Dakota fiscal policies and procedures. This member can provide information on what items or services can be purchased with funds appropriated for Part C and Section 619 expenditures.

5. State Education Agency Staff Responsible for Preschool Services

At least one member shall be from the Department of Public Instruction responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.

Description:

This NDICC member has knowledge and experience at the Department of Public Instruction regarding serving the toddlers (3-5 year olds who qualify under IDEA) This person is sometimes referred to as the Section 619 Coordinator. It is not unusual for the Coordinator to also be a member of the State Advisory Council under Part B of IDEA. They can be a bridge of communication between the NDICC and Advisory Council under Part B of IDEA.

6. State Governance of Insurance Agency Representative

At least one member shall be from the agency responsible for the State governance of insurance, especially in the areas of health insurance.

Description:

The provision of health insurance is very important since there are times when insurance might fund services for certain infants/ toddlers who qualify. The health insurance NDICC member has unique experience and knowledge of insurance requirements and what services, or equipment might qualify for insurance benefits.

7. Head Start or Early Head Start Agency Representative

At least one member shall be a representative from a Head Start or Early Head Start agency or program in the State.

Description:

Head Start and Early Head Start are services provided for some infants and toddlers eligible under IDEA. This member can provide advice and assistance when issues come up at NDICC meetings that might relate to the Head Start programs and services. This member can educate the NDICC regarding Head Start and Early Head Start.

8. State Agency Over Childcare Representative

At least one representative from a State agency responsible for child care.

Description:

This member is from the State agency responsible for childcare services. They are the childcare expert on the NDICC that can provide guidance about childcare services and how those services can benefit infants and toddlers with disabilities or are at risk.

9. State Legislature Representative

At least one member shall be from the State legislature.

Description:

The State Legislature representatives are on the “front lines” regarding new legislation about programs and services for infants and toddlers with disabilities or at risk. They receive input from the other NDICC members regarding pending legislation or legislation that is needed to improve programs and services for infants and toddlers. This member can become the “voice” of the NDICC regarding legislation and policy development.

10. State Agency Over Medicaid Program Representative

At least one member shall be from the agency responsible for the State Medicaid program.

Description:

Medicaid provides medical benefits to low-income individuals and families. Although the federal government establishes general rules for Medicaid, specific requirements are established by each State. Medicaid is another service that might fund services for infants and toddlers who might be eligible for funding under Medicaid. This NDICC member is critical when service options are being discussed and

brings the expertise when Medicaid might be an option. They can provide updated information when Medicaid requirements are changed.

11. Office of Coordination of Education of Homeless Children and Youth Representative

At least one member shall be a representative designated by the Office of Coordination of Education of Homeless Children and Youth.

Description:

Many infants and toddlers with disabilities under IDEA are also experiencing homelessness. It is important to have the voice of those addressing homelessness in the State be represented on the NDICC. Child Find is an important mechanism to locate these children to make sure they are receiving appropriate services. This representative keeps the NDICC informed of infants and toddlers in the State experiencing homelessness.

12. State Child Welfare Agency Representative

At least one member shall be a representative from the State Child Welfare agency responsible for Foster Care.

Description:

Many children with disabilities are in the foster care system. This representative can advise and point out any unmet needs infants/toddlers in foster care might be experiencing.

13. Children's Mental Health Agency Representative

At least one member shall be from the Department of Public Instruction responsible for children's mental health.

Description:

Mental health issues have increased in importance since the COVID pandemic and because of other challenges in our society. This member is typically from a State agency that is responsible for children's mental health. It is their responsibility to keep the NDICC updated on current programs, services and funding options for infants and toddlers who might require mental health intervention. Because of their experience and knowledge, they can provide advice and assistance for the NDICC and Lead Agency regarding mental health issues.

14. Bureau of Indian Education (BIE)

At least one member from the Bureau of Indian Education.

Description:

North Dakota has many BIE Schools and early intervention programs. This member brings the unique perspective of serving Indian infants and toddlers with disabilities and who are "at risk" and keep the NDICC of challenged and unmet needs of these programs.

NDICC Member Expectations

Council members are expected to:

- Regularly attend and actively participate in Council and committee meetings.
- Provide written and oral comment on the development of a statewide system of early childhood services.
- Ask questions of presenters and State agencies to better understand the information and to formulate recommendations to improve services for young children.
- Review documents, regulations, and applications for funding, and provide comments regarding those documents, regulations, and applications for funding.
- Gather trend information related to early care and education services, and services to young children with disabilities and their families.
- Advise the Council based on facts, data, and input from partners.

Compensation for Members

Members of the NDICC will be compensated at the State rate for travel and per diem expenses for attending meetings. In addition, parent members shall, upon request, receive reimbursement for child care expenses. NDICC members who are unemployed or forfeit wages to attend an NDICC meeting will be eligible to receive an honorarium. The honorarium rate will be \$120 for full day meetings, and \$60 for half day meetings. All compensation will follow State and federal regulations.

VIII. NDICC LEADERSHIP

This Executive Committee shall be comprised of the following:

- Past Chairperson
- Chairperson
- Future Chairperson
- Parent Co-Chairperson
- Part B Liaison

One of the five members must be a parent of an infant or toddler with a disability or is at risk. One member must be a representative of the IDEA Part C State agency. This Executive Committee must be established following each election of new officers. This Executive Committee must provide a report on any action to the full membership at the next regularly scheduled meeting.

The membership of the NDICC will annually elect a Chairperson and Parent Co-chairperson from amongst the membership with terms commencing October 1st of each year. The Lead Agency will facilitate the nominating process by requesting volunteers and/or soliciting nominations for both positions. The Lead Agency will then notify membership of all interested candidates. Election of the Chairperson and Parent Co-chairperson will be determined by a simple majority vote. The Chairperson and Co-chairperson may not serve more than two consecutive years in the same position.

A member of the NDICC who is a representative of the Part C Lead Agency shall not serve as the Chairperson of the NDICC.

Chairperson and Parent Co-chairperson responsibilities include, but are not limited to:

- Coordinate agenda for NDICC meetings with Lead Agency
- Facilitate NDICC meetings
- Liaison with the National Early Childhood Technical Assistance System
- Liaison between NDICC, Lead Agency, and other interagency partners including, but not limited to, Departments of Health and Public Instruction
- Represent NDICC in official capacity at meetings, on conference calls, and as list serve contact:
- Signature authority for NDICC

IX. COUNCIL MEETING PROCEDURES (34 CFR.303.602)

Meeting and Quorum Requirements

A quorum shall consist of a simple majority of the currently appointed membership of the NDICC. The NDICC shall meet at least quarterly in person or through technology that is accessible for individuals with disabilities. Additional meetings may be scheduled at other times and places as deemed by the Chairperson.

Meeting Notification

The meeting should be publicly announced, open and accessible to the general public. Meeting notices will be submitted to daily newspapers and posted on the North Dakota Early Intervention website at least two weeks in advance.

Members will be notified a month in advance of the meeting and will include a copy of the agenda.

Meeting Participation

Special accommodations will be provided to facilitate participation at the NDICC meetings, both for NDICC members and participants, when requested. The NDICC may use funds under this part to pay for those services.

There will be no substitutions for NDICC members at meetings for purposes of voting. Other individuals are able to attend the meeting to provide (with the Council's approval) or gather information.

In the event that the Chairperson and Parent Co-chairperson are unable to attend a meeting, the Chairperson will appoint another member to the role of Chairperson for that meeting.

Any duly appointed member who misses 2 consecutive meetings may be contacted by the Chairperson to ascertain continued interest in NDICC membership.

Parliamentary Procedures

Standard Operating Procedures may be amended by a simple majority vote of the members present. Proposed changes to the standard operation procedures must be submitted in writing to the membership a minimum of thirty (30) days prior to the vote.

Matters may be introduced for consideration by any member, by the Chairperson, or by designated staff. Motions shall require seconding.

At the discretion of the Chairperson, rules of precedence of motions and other parliamentary procedures not specified herein shall be governed by Robert's Rules of Order.

Under special circumstances, the Chairperson may authorize a special vote by mail or conference call.

X. CONFLICT OF INTEREST

No member of the NDICC shall cast a vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State Law.

XI. SUBCOMMITTEES

The Chairperson may establish subcommittees as determined necessary to carry out tasks as designated by the NDICC. Each subcommittee must be chaired by an NDICC member.

Subcommittees are responsible to the NDICC which may accept or reject recommendations for submission to the lead agencies.

Current subcommittees for the NDICC are as follows:

- Executive subcommittee
- Operating Procedures Subcommittee
- Membership Subcommittee
- Parent Survey Subcommittee
- Ad Hoc Subcommittee

Ad Hoc Subcommittees

The Ad Hoc (when necessary or needed) Subcommittee will meet to discuss issues that arise during ICC board meetings. This committee will collaborate together on issues, and disband once the issue has been addressed.

XII. AMENDMENTS TO OPERATING PROCEDURES

Changes to Operating Procedures can occur when the Lead Agency of NDICC deems it necessary to improve the operation of the NDICC. The proposed changes need to be sent to NDICC members 15 days before the next meeting and be approved by three quarters of the membership attending the meeting.

Revisions:

August 1998
February 1999
July 1999
December 2007
March 2012
April 2025

APPENDIX

North Dakota Part C General Supervision



North Dakota Part C General Supervision

Local Program: North Dakota has eight regions of service delivery for Early Intervention. There is one service coordinator (SC), or Developmental Disability Program Management (DDPM) unit, within each of those regions; however, there can be multiple Early Intervention Service (EIS) or Infant Development providers within a region. Also, there are some Infant Development providers that have programs in multiple regions. Monitoring reports and findings are issued to both the Infant Development program and the applicable Developmental Disabilities Program Management Unit. These reports should be considered reflective of both the local Infant Development program and the DD Program Management unit.

Types of Monitoring: Program findings can be issued for noncompliance identified from a variety of sources including:

- APR Indicator information is completed through a review of data in preparation for the filing of the federal Annual Performance Report (APR)
- Quality Monitoring Indicators are identified yearly
- Regional Action Plan (RAP) data reviews, including use of the Case Review Tool (CRT) for self-assessment
- Formal complaint proceedings results
- Other monitoring methods

Through these processes, any noncompliance identified will result in the issuance of a finding within three months of its discovery and verification. In any instance of a finding being issued, the state must ensure timely correction of the finding and verification of the correction within one year.

Collection of Data for Annual Performance Report (APR) Indicators: Information for the APR is collected in a variety of ways. Through the state's electronic database, Therap, data are pulled from the entire state caseload and then examined for Indicators 1 and 7. In this examination, findings are determined for each program based on the data. For indicators 8A, 8B, and 8C, a random sample of cases are examined annually, and findings are determined through this data review. Specific process information for each indicator is within the annual Data Guidance document.

Collection of Data for Quality Monitoring Indicators: Quality monitoring indicators are identified yearly through data review and stakeholder feedback. Dependent on the quality indicator, data are pulled from the entire state caseload or a random sample and then examined for each program. Quality indicator findings are determined through this data review and may impact yearly regional program level determination. Specific process information for each quality monitoring indicator is within the annual Data Guidance document.

DEVELOPMENTAL DISABILITIES

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701.328.8930 | Fax 701.328.8969 | 800.755.8529 | 711 (TTY) | www.hhs.nd.gov

Data Guidance: The Data Guidance is reviewed by stakeholders annually at the Statewide Early Intervention Meeting for feedback and discussion. The Part C Coordinator releases a Data Guidance table by July 1 of each year. The Data Guidance identifies the Indicators, Data Documentation, Data Review, and Regional Data Deadline collection process for the upcoming year. Specific process information for each indicator is within the annual Data Guidance document.

Program Findings: In accordance with federal requirements, the program is notified of the finding through a formal letter from the Part C Coordinator within three months of discovery and verification. This notification is sent to both the DD Program Management unit and the specific Infant Development program. The letters contain specific case references, percentage of noncompliance, and requirements for correction.

Correction of Findings: The correction of the noncompliance must be made within the timeline set forth in the Letter of Finding, not to exceed one year from date of issuance. It is the responsibility of the state monitoring team to verify the completion of this correction through a review of current data submitted by the program, the state electronic file, and other data as necessary.

Correction, Compliance, and Closure Process (C3P) Phase 1

The Correction, Compliance, and Closure Process (C3P) exists to assure that the programs have corrected the incidences of noncompliance related to an individual child. Programs use the following actions for correcting findings of noncompliance:

- If a child is no longer in services, the IFSP can no longer be revised. Therefore, the program documents the child has left the jurisdiction of the program.
- If the child is still in services, corrections must be completed and documented as soon as possible. Programs should check to see if the correction has occurred and is documented. If so, this documentation can serve as the correction.
- If correction of the individual finding has not already occurred, complete and document the required action. This may require the IFSP team to be reconvened. If an IFSP meeting is necessary, the team membership needs to be a minimum of those individuals indicated in the IFSP for a Review meeting, but depending on the issue, other team members may need to be included.
- Documentation regarding any of the above actions will be submitted in accordance with the directions included with the letter of finding. C3P Phase 1 will be considered met after the action has been verified by a designated member of the state monitoring team. Once C3P Phase 1 is verified, the program moves into the C3P Phase 2 of verification of correction.

Correction, Compliance, and Closure Process (C3P) Phase 2

The Correction, Compliance, and Closure Process (C3P) Phase 2 process is mandated through federal requirements, as outlined in the OSEP Memo 23-01, to ensure that the program is correctly implementing the regulatory requirements. This is done through a review of subsequent data to ensure 100% compliance with the requirement. The following formula is used to implement C3P Phase 2:

- For programs that have 31 or more children, 5 child records are reviewed per finding.
- For programs that have 30 or fewer children on their roster, 3 child records are reviewed per finding.
- For programs that have 5 or fewer children on their roster, all child records are reviewed per finding.
 - If no child records are available for review of a specific indicator, an individualized indicator-specific procedure action plan document approved by the Part C Coordinator is required to close the finding.

Procedure: The most recently developed or updated cases are selected for the C3P Phase 2 so compliance is demonstrated. It is the responsibility of the local programs to obtain and document the required data for C3P Phase 2. The program submits documentation to the state monitoring team to verify that all selected records are compliant in the area of the finding. This information is submitted to and verified by the state monitoring team.

- If all records are found to be compliant, C3P Phase 2 is closed.
- If any records are found to be non-compliant, the finding is not closed. The C3P continues with additional record review of current cases following the Phase 2 procedure. The state monitoring team works with the local program to ensure correct implementation of the relevant regulatory requirement. This process continues until 100% of the records selected meet compliance. In some instances, the state Part C Coordinator may determine that additional sanctions are necessary to ensure correction.
- If no child records are available for review of a specific indicator, the individualized indicator-specific procedure action plan document is approved by the Part C Coordinator to close the finding.

Closing Findings: Once C3P Phase 1 and C3P Phase 2, or the individualized indicator-specific procedure action plan document, are successfully completed, the program will receive a letter from the Part C Coordinator informing them of closure of the specific finding. If C3P Phase 2 is not verified in a timely manner, the Regional Action Plan (RAP) process is initiated or continued if currently in progress.

Regional Action Plan (RAP) Development: A Regional Action Plan (RAP) is North Dakota's process for assuring that correction happens in a timely manner with improved performance. At the discretion of the Part C Coordinator, non-timely correction of Phase 2 and/or the program's level of determination, discussed further below, a regional program (both DD/Service Coordination & ID) enters into the Regional Action Plan (RAP) process with representatives of the state monitoring team.

This decision to enter a RAP is based on variables, such as:

- Current performance
- Timely correction of previous non-compliance
- Systemic issues
- Data quality
- Adherence to Part C regulations

Members of the RAP team include designated state monitoring team members, the regional DDPA, ID program coordinator, and an experienced parent (when available). The RAP process is started within 90 days of the issuance of the finding to identify corrective action steps and ensure timely correction or sooner at the Part C Coordinators discretion.

The RAP includes a minimum of quarterly data collection, a review of the areas for improvement, and agreed upon strategies to ensure correction. The strategies developed by the team provide detailed information about regional action steps and planning. Technical assistance is used to support the regional program throughout the RAP process. The RAP also includes a review of the supports and resources the region will access. In addition, community stakeholder involvement is encouraged. The RAP identifies the timelines for each of the strategies and data submission.

The regional program is required to meet quarterly with state staff to review the available data, explain what will be necessary to achieve compliance as defined in the letter of findings or defined by the Part C Coordinator, and review the evidence of change that will be necessary to demonstrate correction. If a regional

program already has an active RAP, the findings and plans for verification of correction will be added to the plan. A regional program can request a RAP, at any time to support the adherence of Part C regulations and compliance by contacting the Part C Coordinator.

Public Reporting: On an annual basis, the state publishes individual program performance on each indicator in the APR as compared to state targets and state performance on the state website.

Program Level of Determination: On an annual basis, following the completion of the federal APR, local programs will be issued a Program Level of Determination (LoD). On an annual basis, the state monitoring team, with stakeholder involvement from the North Dakota Interagency Coordinating Council, will develop the criteria for the LoD. Programs will be issued one of the following determinations based on their performance on the selected criteria:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

Based on a program's determination, program sanctions may be issued.

Enforcement Actions: Enforcement actions are used to correct persistent deficiencies related to compliance. Persistent deficiencies are defined as substantial noncompliance issues identified by the state team either through data reports or on-site review, parent complaints or other accountability and monitoring activities, that have continued after being identified and noticed in writing to the provider for at least six months without significant improvement as determined by the Part C Coordinator.

Enforcement actions under this section may include:

- Withholding, denying, or recouping payment for service for which non-compliance is documented
- Halting all new referrals until the deficiency is substantially remediated by the provider
- Issuing special conditions which must be met if the agreement is to continue and/or
- Cancellation, termination for cause, or non-renewal of the provider's purchase of service agreement in accordance with Department of Health and Human Services (DHHS) policies.

Updated February 2025

Early Intervention Personnel Qualifications



Procedures North Dakota Early Intervention System

Release Date: May 12, 2023	Effective Date: May 12, 2023
Review Date: May of 2025	Subject: EI Personnel Qualifications
No.: NDEIS-2013-02	Responsible Party: Part C Coordinator

Early Intervention Personnel Qualifications

Authority:

Each system must include policies and procedures relating to the establishment and maintenance of qualification standards to ensure personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained. (34 C.F.R. §303.119)

North Dakota DHHS has policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C of IDEA are appropriately and adequately prepared and trained. (Section II State Policies, Procedures, Methods and Descriptions-1.13-Personnel Standards)

Qualified personnel means personnel who have met North Dakota's approved or recognized certification, licensing, registration or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services. (Section II State Policies, Procedures, Methods and Descriptions-7.28-Qualified Personnel)

Procedure:

North Dakota Early Intervention maintains and coordinates a comprehensive system of personnel development which includes:

1. Innovative strategies and practices to recruit and retain Early Intervention personnel
2. Promotion of the preparation of Early Intervention personnel who are fully and appropriately qualified to provide early intervention services in North Dakota.
3. Ongoing personnel development to assure the full implementation of Part C rules and regulations in the state of North Dakota.

Children and their families, who are eligible for North Dakota's Early Intervention Program, are supported by service coordinators (DD Program Manager) and in most cases, licensed Developmental Disabilities Early Intervention providers (Infant Development Provider). If additional Early Intervention services are required and cannot be met by these two systems, service coordinators must assure that the service

Reviewed 5.12.23

is provided by personnel, who are licensed to practice their profession in the state of North Dakota and have the needed expertise to address the child and/or family's need.

It is the requirement of the North Dakota Early Intervention Program to:

1. Support coordinated training and professional development opportunities to ensure that Early Intervention personnel, whether employed or contracted, are appropriately knowledgeable and skilled in the delivery of early intervention services and understand the basic components and requirements of the ND Early Intervention program;
2. Establish and maintain consistent, statewide personnel qualifications for all employed or contracted personnel;
3. Assure that each professional adheres to their licensure requirements and standards of practice;
4. Monitor both employees and contractors to ensure adherence to the personnel requirements; and
5. Use a flexible combination of methods to ensure that personnel are trained by:
 - a. Providing training directly to personnel
 - b. Developing and sharing training across agencies
 - c. Contracting with knowledgeable individuals organizations to provide training.
 - d. Sponsoring or endorsing existing conferences or training events that promote the knowledge and skills of early intervention personnel and/or the awareness and understanding of the ND Early Intervention program.

The Early Intervention Personnel Qualifications include educational qualifications and North Dakota's Early Intervention Competencies. Both apply to any personnel who are providing early intervention services to children and their families.

Educational Qualifications:

Below are the requirements for service coordinators and early intervention providers:

1. **Service Coordination:** Service Coordination for the North Dakota Early Intervention Program is provided by Developmental Disabilities Program Management (DDPM). DDPM's are employed by the state of North Dakota through regional Human Service Centers. Personnel tasks, such as hiring, termination, personnel development and evaluation, are performed at the regional level by assigned administrative personnel called Developmental Disabilities Regional Program Administrators. There are eight Human Service Centers in North Dakota with distinct catchment areas.
 - a. To serve in the capacity of a service coordinator, personnel must meet the following requirements:
 - i. One year of experience as a Developmental Disabilities Program Manager I in the ND Department of Health and Human Services or meet the

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following definition of a Qualified Developmental Disabilities Professional (QDDP):

1. "A person who has at least one year of direct care experience working with persons with a mental illness or a developmental disability; **and**
 2. Has a bachelor's or master's degree in one of the following fields (Certification or licensure in one of the below fields is not required for a QDDP designation):
 - a. Social Work,
 - b. Psychology,
 - c. Counseling,
 - d. Nursing,
 - e. Occupational Therapy,
 - f. Physical Therapy,
 - g. Child Development and Family Science,
 - h. Communication Disorders (included audiologist or speech pathology),
 - i. Severely Multiply Handicapped;
 - j. Special Education;
 - k. Vocational Rehabilitation,
 - l. Sociology,
 - m. Elementary Education,
 - n. Recreation Therapy,
 - o. Human Resource Management (Human Services track), **or**
 3. Is a doctor of medicine
2. **Early Intervention (Infant Development) Provider:** The majority of Early Intervention services are delivered through provider agencies that are referred to as Infant Development providers. These provider agencies must be licensed through the Department of Health and Human Services –Developmental Disabilities Section to provide developmental disabilities services, which includes Infant Development. The licensed providers also enter into a service agreement with the Department of Health and Human Services –Developmental Disabilities Section which stipulates requirements to comply with state and federal regulations. Personnel tasks, such as hiring, termination, personnel development and evaluation, are performed by the licensed agency.

Infant Development providers are reimbursed for four services: Home Visits, IFSP Development, Consultation, and Evaluation/Assessment. Below is the description of the personnel qualifications that are required for the four services:

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- a. The personnel qualifications required to complete **home visits and IFSP development** are as follows:
 - i. At a minimum, have a Bachelor's degree and license to practice in the state of North Dakota, with preference given to those with coursework, practicum, and experience with infants and toddlers with disabilities and their families in the following disciplines:
 - 1. Early Childhood Education
 - 2. Early Childhood Special Education
 - 3. Nursing
 - 4. Occupational Therapy
 - 5. Physical Therapy
 - 6. Social Work
 - 7. Special Education
 - 8. Speech Language Pathology
- b. The personnel qualification required to complete **evaluations/assessments** are as follows:
 - i. At a minimum, have a Bachelor's Degree and license to practice in the state of North Dakota, with preference given to those with coursework, practicum, and experience with infants and toddlers with disabilities and their families in the following disciplines:
 - 1. Early Childhood Special Education
 - 2. Occupational Therapy
 - 3. Physical Therapy
 - 4. Social Work
 - 5. Speech Language Pathology
- c. The personnel qualifications required to complete **consultations** are as follows:
 - i. At a minimum, have a Bachelor's degree and license to practice in the state of North Dakota, with preference given to those with coursework, practicum, and experience with infants and toddlers with disabilities and their families in the following disciplines:
 - 1. Audiology
 - 2. Early Childhood Special Education
 - 3. Dietician/Nutrition
 - 4. Occupational Therapy
 - 5. Physical Therapy
 - 6. Psychology

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7. Nursing –only in situations when it is needed for the child to participate in another Early Intervention service
8. Social Work
9. Speech-Language Pathology

Personnel in the above listed professions who will be performing the tasks of evaluation/assessment and consultation should follow the guidance of their professional standards.

Infant Development Personnel Exceptions

The above standards apply to all personnel hired or contracted to provide Infant Development services after November 1st, 2013. Personnel currently hired or contracted under previous standards to provide ID services prior to November 1st, 2013 may be retained to conduct Home Visits and Plan Development, however, must meet criteria included in this procedure, related to conducting evaluation/assessment and providing consultation.

In exceptional cases where the region documents that they have been unable to hire qualified personnel, approval is required from the State Part C Coordinator prior to hiring. First, the region must document their attempts at hiring qualified personnel by filling out the “Exceptional Circumstances in Hiring” form, see Appendix A. The State Part C Coordinator will consider the application and if approved, outline the acceptable terms for hiring.

In these exceptional cases, the following circumstances will occur:

1. The hiring entity, along with the candidate for hire, must develop and complete a written plan to meet the established personnel requirements necessary to perform the duties. The written plan must include a proposal of the ID services that may be performed and the level of supervision required. A timeline for completion must be included and approved by the State Part C Coordinator.
2. Documentation of the candidates’ progress in completing the plan will be reviewed quarterly with the State Part C Coordinator and updated by the hiring entity in the candidate’s personnel file.
3. Review of the candidate’s case files will be conducted in order to maintain adequate performance.

See Appendix B “Infant Development Primary Early Intervention Services” for further information on North Dakota Early Intervention services and a description of who can provide them. This list includes the primary Early Intervention services that Infant Development providers typically provide or contract for. The Service Coordinator will contact the Part C Coordinator for all other Part C services not listed, but identified by the IFSP team, as needed.

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See Appendix C for a description of the Infant Development Services in the “Infant Development (ID) Pay Point & Personnel Guidance” document.

Early Intervention Program Personnel Competencies

The North Dakota Early Intervention Program Personnel Competencies describe the basic knowledge required to provide early intervention services. See Appendix D for complete listing of the competencies.

Entities hiring early intervention personnel are responsible for assuring that their personnel (employed and/or contracted) demonstrate knowledge of the Early Intervention Program Personnel Competencies and are incorporating them in their practice.

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APPENDIX A



Exceptional Circumstances in Hiring Infant Development Personnel

Infant Development (ID) Provider:	Prospective Hire Name:
Exceptional Circumstances Documentation This form must be completed for consideration of exceptional circumstances	
1. Document hiring attempts:	
2. Present qualifications of prospective hire:	
3. Present written plan to meet the established personnel requirements necessary to perform the duties. The written plan must include a proposal of the ID services that may be performed and the level of supervision required. A timeline for completion of coursework or documentation must be included:	
4. Present plan for review of quarterly progress with the State Part C Coordinator including how documentation will be provided, including a review of the candidate's case files that will be conducted in order to maintain adequate performance:	
Plan Review Dates:	
ID Coordinator Signature:	Date:
Part C Coordinator Approval Signature:	Date:

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APPENDIX B

Infant Development Primary Early Intervention Services

Primary EI Services	Federal Definition	Licensure Certification if provided by an ID provider
Assistive Technology devices	Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or replacement of that device.	Degree/discipline specific certification or license (PT, OT, SLP, ECSE) AND additional professional development, knowledge or experience in assistive technology
Assistive Technology services	Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes: <ol style="list-style-type: none"> 1. The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment; 2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities; 3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; 5. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and 6. Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities. 	Degree/discipline specific certification or license (PT, OT, SLP, ECSE) AND additional professional development, knowledge or experience in assistive technology

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Audiology Services	<ol style="list-style-type: none"> 1. Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques; 2. Determination of range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; 3. Referral for medial and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment; 4. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services; In North Dakota, the primary Part C provider for this is the Parent Infant Program. 5. Provision of services for prevention of hearing loss; and 6. Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. 	<p>Licensed under ND Board of Audiology and Speech & Language Pathology</p> <p>Those with Clinical Fellowship Year status must be supervised by an ASHA certified and ND licensed audiology</p>
Nursing Services	<p>Services include:</p> <ol style="list-style-type: none"> 1. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems 2. The provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and 3. The administration of medications, treatments, and regimens prescribed by a licensed physician. <p>In North Dakota, nursing services are only provided via consultation when necessary to receive another EI service.</p>	<p>Licensed as a RN under the ND Board of Nursing per NDCC 43-12.1</p>
Occupational Therapy	<p>Services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:</p> <ol style="list-style-type: none"> 1. Identification, assessment, and intervention; 2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate 	<p>Licensed under ND Board of Occupational Therapy per NDCC 43-40</p>

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	development and promote the acquisition of functional skills; and 3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.	
Physical Therapy	Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include: 1. Screening, evaluation, and assessment of children to identify movement dysfunction; 2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and 3. Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.	Licensed Physical Therapist per NDCC 61.5-01-01 to 61.5-01-02
Social Work Services	Services include: 1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction; 2. Preparing a social or emotional developmental assessment of the infant or toddler within the family context; 3. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents; 4. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and 5. Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.	Licensed under ND Board of Social Work under NDCC 43-41-01 to 43-41-14.
Special Instruction	Special Instruction includes: 1. The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of	At a minimum, have a Bachelor's degree and license to practice in the state of North Dakota, with preference given to those with coursework,

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	<p>developmental areas, including cognitive processes and social interaction;</p> <ol style="list-style-type: none"> Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant and toddler with a disability; Providing families with information, skills, and support related to enhancing the skill development of the child; and Working with the infant or toddler with a disability to enhance the child's development. 	<p>practicum, and experience with infants and toddlers with disabilities and their families in the following disciplines:</p> <ul style="list-style-type: none"> Early Childhood Education Early Childhood Special Education Nursing Occupational Therapy Physical Therapy Social Work Special Education Speech-Language Pathology
Speech-Language Pathology Services	<p>Services include:</p> <ol style="list-style-type: none"> Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills. 	<p>Licensed under ND Board of Audiology and Speech-Language Pathology</p> <p>Those with Clinical Fellowship Year status must be supervised by an ASHA certified and ND licensed audiology</p> <p>Master's in Speech-Language Pathology</p>

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APPENDIX C

Infant Development (ID) Pay Point & Personnel Guidance

ACTIVITY	DESCRIPTION OF PAY POINT	PERSONNEL QUALIFICATIONS	PRODUCT
Evaluation/Assessment <ul style="list-style-type: none"> Initial Evaluation Initial Assessment Annual Assessment Transition-Joint Assessment Exit Progress Assessment Review (PAR) 	<p>Initial Evaluation to determine Eligibility for Developmental Disabilities Program Management (DDPM) (whether the child is eligible or not), including Initial Child PAR for children that are eligible. Evaluations and Assessments must be conducted by at least two qualified ID personnel of different disciplines (either contracted or employed) from the Core Evaluation/Assessment Team. The evaluation/assessment must cover the components outlined in the Case Review Tool and the Part C Regulations for Evaluation and Assessment.</p> <p>Annual Assessments also include the Child PAR Foundation Areas.</p> <p>ID participation in joint assessment with Part B for transition is determined by IFSP team at Transition Planning Conference (2-7 meeting). IFSP team determines necessary qualified personnel to complete transition assessment.</p> <p>For ID to bill for 2.7 transition assessment, at least 1 qualified personnel (either contracted or employed) from ID must participate and produce a written assessment report, which</p>	<p>At a minimum, have a Bachelor's degree and license to practice in the state of ND, with preference given to those with coursework, practicum and experience with infants and toddlers with disabilities and their families.</p> <p>Core Evaluation/Assessment Team members:</p> <ul style="list-style-type: none"> Occupational Therapist Physical Therapist Speech-Language Pathologist Early Childhood Special Educator Social Worker 	<p>Completed Evaluation Report, Assessment Report and child outcome tool completed in THERAP.</p>

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	<p>will be attached in Therap.</p> <p>An exit child outcome tool (formerly called the Child PAR) must be completed and entered into Therap by ID, no more than 30 days prior to the child turning 3 or exiting the program.</p> <p>Parent consent (Early Intervention Consent for Evaluation and Assessment form) and participation is required before completing the exit child outcome tool.</p> <p>If a form in Therap is not being used or a provider's form isn't attached to the IFSP, an administrative note must be created in Therap, documenting parent prior notice, consent and participation in the completion of the child outcome tool.</p> <p>If assessment is due within 30 days of the child turning 3 or exiting the program, the exit child outcome tool is considered part of the annual assessment, and therefore, not billable as a separate assessment. The child outcome tool may be separate from an annual or transition assessment, and therefore, billed for independently. The child outcome tool can be administered by any home visitor once they have completed the required training.</p> <p>If a child is enrolled in Early Intervention services for less than 6 months, no exit child outcome tool is required, nor will it be paid for.</p>		
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	<p>The activities that can be billed with Evaluation/Assessment on the same day are IFSP development and Home Visit. However, each activity must be delivered consecutively and a product for each activity completed must be evident.</p> <p>The activity that cannot be billed with Evaluation/Assessment on the same day is Consultation.</p> <p>**For situations that fall outside the above parameter, the ID Coordinator and Regional DDPA should be contacted. If concerns continue, the State Part C Coordinator can be contacted for further clarification or questions.</p>		
ACTIVITY	DESCRIPTION OF PAY POINT	PERSONNEL QUALIFICATIONS	PRODUCT
IFSP Development/Update <ul style="list-style-type: none"> • Interim (Only DDPM completes) • Initial • Periodic Review • Annual • Transfers • Transition 	<p>IFSP development includes Initial and Annual IFSPs. Initial IFSP meetings must take place within 45 days from referral. Annual IFSP meetings must occur annually, 1 year minus 1 day from the date of the last IFSP meeting.</p> <p>For a review to be considered billable, it must meet the requirements of the Case Review Tool and the Part C Regulations.</p> <p>Periodic IFSP Reviews must occur at least every 6 months, however, can be more frequent to address child and family needs/concerns. Reviews must be done as a</p>	<p>At a minimum, have a Bachelor's degree and license to practice in the state of ND, with preference given to those with coursework, practicum and experience with infants and toddlers with disabilities and their families:</p> <ul style="list-style-type: none"> • Social Work • Speech-Language Pathology • Occupational Therapy • Physical Therapy • Nursing • Early Childhood Special Education 	<p>Completed IFSP Document in Therap that meets 0-3 Checklist requirements.</p> <p>For any type of review, the review must be attached to the IFSP, or embedded into the IFSP in Therap.</p>

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	<p>result of discussion and agreement of all IFSP team members.</p> <p>Transition IFSP reviews (2 Year, 7 Month and 2 Year, 9 Month reviews) can either be embedded into or attached to the Active IFSP. The Transition IFSP must meet the Case Review Tool and the Part C Regulations requirements to be billable.</p> <p>For NICU infants who have an interim IFSP completed by Service Coordinator (DDPM), the initial IFSP must be completed within 45 days of the initial referral.</p> <p>ID can bill for the initial IFSP if they completed the evaluation/assessment and participated in the meeting. This applies only in situations where the child has been discharged from the NICU.</p> <p>For NICU infants who have an initial IFSP completed by the Service Coordinator (DDPM), either a review or annual IFSP must be completed within 30 days from the agreed upon start date of ID.</p> <p>The IFSP team will determine how often reviews should take place, with the minimum being once every 6 months.</p> <p>In-State transfer IFSPs must be reviewed within 30 days of starting with a new provider,</p>	<ul style="list-style-type: none"> • Early Childhood Education • Special Education 	
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	<p>which could include an annual IFSP or Periodic Review. This decision must be made with family input.</p> <p>The activities that can be billed with an IFSP Development/Update on the same day are Evaluation/Assessment, Home Visit, and Consultation. However, each activity must be delivered consecutively and a product for each activity completed must be evident.</p> <p>**For situations that fall outside the above parameters, the ID Coordinator and Regional DDPA should be contacted. If concerns continue, the State Part C Coordinator can be contacted for further clarification or questions.</p>		
ACTIVITY	DESCRIPTION OF PAY POINT	PERSONNEL QUALIFICATIONS	PRODUCT
Home Visit	<p>The IFSP team will determine the frequency of home visits. Home Visits must be scheduled for at least once a month, but may be scheduled for multiple times a week. The frequency of Home Visits should change based on the needs of the child and family.</p> <p>The expectation is that the child, parent/guardian or primary caregiver participates in the home visit. When a child or parent/guardian isn't able to participate in a home visit, this should be documented in the home visitor note. Instances include, but aren't limited to: IEP meetings, Perm Plan, child is sick or sleeping, etc.</p>	<p>At a minimum, have a Bachelor's degree and license to practice in the state of ND, with preference given to those with coursework, practicum and experience with infants and toddlers with disabilities and their families:</p> <ul style="list-style-type: none"> • Social Work • Speech-Language Pathology • Occupational Therapy • Physical Therapy • Nursing • Early Childhood Special Education • Early Childhood Education 	Documentation, including the date of Home Visit, must be available in child's file.

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	<p>Home visit location, activity, and notes need to link to an outcome in the child's IFSP, as determined by the IFSP team and be documented.</p> <p>The expectation is that home visits will last about an hour and the length of the visit should be documented.</p> <p>Phone conversations with parents/guardians/caregivers are not billable time.</p> <p>Home Visits must be completed by the PEIP not assigned as the Consultant.</p> <p>The activities that can be billed with a Home Visit on the same day are Evaluation/Assessment, IFSP Development/Update, and Consultation. However, each activity must be delivered consecutively and a product for each activity completed must be evident.</p> <p>**For situations that fall outside the above parameter, the ID Coordinator and Regional DDPA should be contacted. If concerns continue, the State Part C Coordinator can be contacted for further clarification or questions.</p>	<ul style="list-style-type: none"> • Special Education 	
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ACTIVITY	DESCRIPTION OF PAY POINT	PERSONNEL QUALIFICATIONS	PRODUCT
Consultation	<p>Initial consults must be face-to-face with the PEIP present. The expectation is that all other consults take place face-to-face and with the PEIP present when possible; however, the IFSP team can determine any alternative modes of consult delivery, as it relates appropriately to the IFSP outcomes.</p> <p>Any consults not taking place face-to-face must be a decision of the IFSP team and justified in the outcome in Therap.</p> <p>Any consult, except the initial, can be delivered without the PEIP present. Continued collaboration between the family, the consultant and the PEIP is expected after each consult.</p> <p>The IFSP outcomes determine the frequency of consults needed to meet the outcomes. Families should be aware of IFSP team member's professional disciplines.</p> <p>The IFSP team will determine the expertise needed and what areas of consult are required to meet the child and family's needs and IFSP outcomes. It is possible, in limited situations that the PEIP and consultant could be of the same discipline. For example, if an OT is the PEIP, who doesn't have expertise in feeding disorders, however, another OT from the ID provider, who has that expertise, could serve</p>	<p>At a minimum, have a Bachelor's degree and license to practice in the state of ND, with preference given to those with coursework, practicum and experience with infants and toddlers with disabilities and their families:</p> <ul style="list-style-type: none"> • Social Work • Speech-Language Pathology • Occupational Therapy • Physical Therapy • Nursing* • Early Childhood Special Education • Audiology 	Consultation Report attached to IFSP in Therap

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APPENDIX D

Core Competency Areas

Sections 1 – 4 are considered to be “Core Competency Areas” and address foundational knowledge and skill competencies that would apply to professionals involved in the North Dakota Early Intervention Program (ND EI Program).

1. **Infant and Toddler Development**

A person employed in ND EI Program with competence in infant and toddler development will:

- a. Demonstrate knowledge of infant and toddler development, including the principles of growth and development (variability within domains), developmental milestone sequences, early literacy, developmental domains (cognitive, communication, physical, social-emotional, adaptive).
- b. Demonstrate knowledge of atypical development, the characteristics of prematurity and common developmental disabilities, and the potential effects on development and child-caregiver interactions.
- c. Demonstrate knowledge of the influence of environmental, cultural/linguistic, family and health/medical/socio-economic factors on child growth and development, and the ability to use evidence-based research and resources to address this influence.
- d. Identify children's strengths and challenges, analyze children's interactions and play behaviors and, with the family, guide the development of appropriate strategies to facilitate development.

2. **Family-Centered Services and Supports**

A person employed in ND EI Program with competence in family-centered services and supports will:

- a. Demonstrate an understanding of the roles, responsibilities and relationships of families and the influence of these factors on the promotion of children's growth and development.
- b. Demonstrate an understanding of family-centered principles and how to collaborate with families to design and implement family-centered services.
- c. Demonstrate an understanding of how family functioning is impacted by the eligible child including respect for the diversity of families, and the strengths and resources that families contribute to the child's development.
- d. Provide accurate and balanced information to empower families to make informed decisions regarding service options to address the child and the family's priorities.
- e. Use a variety of communication methods to implement strategies that are respectful and non-biased and that reflect family's values and traditions.
- f. Understand one's personal beliefs, values and biases, and how those values may influence interactions with families.

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- g. Assist families in the use of technology for information and support.
- h. Assist families in the use of community, state, and national resources, such as parent-to-parent connections to support children and families in advocating to meet their concerns and priorities.
- i. Recognize family members as the decision-makers regarding their children.
- j. Demonstrate effective relationship building skills, such as active listening and interviewing skills.
- k. Collaborate with families in designing and implementing activities that promote healthy behaviors, growth, and development for their children.
- l. Demonstrate the use of an ongoing family assessment process to identify family priorities, resources, and concerns, and develop recommendations for functional, routine-based interventions in natural environments based on the child's current level of functioning, and the strengths and needs of the child and family.

3. **Policies and Procedures**

A person employed in ND EI Program with competence in policies and procedures will:

- a. Implement state regulations and policies concerning federal and state legislation to deliver services and programs for young children and their families.
- b. Implement knowledge of assessment of risk factors including state child abuse and neglect reporting laws to insure safety of children and families.
- c. Assist families in understanding and using procedural safeguards and due process mechanisms as needed to meet family and child priorities for services.
- d. Follow rules for confidentiality and use appropriate consent procedures.

4. **Team Collaboration and Professionalism**

A person employed in ND EI Program with competence in team collaboration and professionalism will:

- a. Demonstrate an understanding of implementing the transdisciplinary approach including the roles, responsibilities and competencies within early intervention disciplines.
- b. Work effectively with families as team members and professionals from varied disciplines and roles in addressing family concerns, resources, and priorities.
- c. Consult with family and team members regarding research and current trends about best practice specific to her/his own discipline and/or job role as it relates to the child and family.
- d. Understand and apply current professional standards of practice and ethics, including sensitivity to diversity.
- e. Integrate collaboration, advocacy, and leadership skills to build consensus, create change, and influence better outcomes for children and families.

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Specific Job Roles and Responsibilities Areas

Sections 5 – 9 are designed to address skills and knowledge competencies required by professionals to fulfill specific job roles and responsibilities. It is the intent that professionals in these positions or executing specific responsibilities would also have achieved competency in the Core Competency Areas.

5. **Evaluation and Assessment**

A person employed in ND EI Program with competence in evaluation/assessment will:

- a. Demonstrate knowledge of federal and state evaluation/assessment requirements and eligibility criteria.
- b. Conduct pre-assessment planning, including the collection, review, and interpretation of pre-assessment information in partnership with the family and other team members.
- c. Identify influences on evaluations/assessments including cultural, linguistic, socioeconomic, geographic, and familial variables.
- d. Select various screening, evaluation, and assessment procedures and protocols appropriate for the individual child, including norm referenced instruments, criterion-referenced scales, observational protocols, and individually-designed probes and activities.
- e. Adapt and individualize evaluation/assessment procedures to meet the unique needs of the child and family in a variety of settings.
- f. Analyze, summarize, interpret, and communicate evaluation/assessment findings in verbal and written forms using language that can be understood by the family and team members.

6. **Consultation**

A person employed in the ND EI Program with competence in consultation will:

- a. Demonstrate updated knowledge regarding discipline specific learning and skill development in relation to natural learning opportunities and early learning theories.
- b. Clarify roles, responsibilities, and follow-up plans with the primary early interventionist, family and any other team members.
- c. Analyze, summarize, interpret, and communicate consultation findings in verbal and written forms using language that can be understood and be used by the family and team members.
- d. Actively partner with other team members and family members to identify, plan, and implement evidence-based practices that address the needs of the child and family.

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7. **Individualized Family Service Plan (IFSP) Development**

A person employed in the ND EI Program with competence in IFSP development will:

- a. Develop an IFSP based on the priorities of the family and other team members that is consistent with criteria in federal and state regulations,
- b. Incorporate and use evaluation/assessment, and family assessment information to develop an IFSP that is based on a child and family's routines and priorities.
- c. Develop functional and measurable IFSP outcomes, criteria, and activities.
- d. Integrate transition planning into the IFSP process following federal/state/regional/local regulations and guidelines.
- e. Ensure early intervention services are based on the needs identified in the outcomes of the IFSP.
- f. Ensure services are recorded in the IFSP and provided in timeline outlined in the IFSP.

8. **Intervention Strategies and Supports in Natural Environments**

A person employed in the ND EI Program with competence providing supports in natural environments will:

- a. Facilitate visits designed to produce positive outcomes for children and families by using various models of collaboration, consultation, and coaching with families and early intervention personnel.
- b. Develop activity-based intervention strategies that are functional and developmentally appropriate within the routines and activities of the family's typical day and are grounded in evidence-based practice.
- c. Assist families and caregivers to identify natural learning opportunities and use routines of daily living to help children learn and grow.
- d. Adapt learning environments that are functional and developmentally appropriate and promote health and safety within typical routines.
- e. Guide the family and other caregivers in facilitating mobility and function including carrying, lifting, and positioning strategies.
- f. Develop individual activities using adaptive and assistive technology to facilitate a child's independence in activities of daily living.
- g. Facilitate positive social interactions among children, and between parent and child.
- h. Support families and other caregivers in using positive behavioral support strategies that will increase appropriate behavior in young children.

9. **Service Coordination**

In addition to being knowledgeable about and experienced in infant and toddler development, a person employed in the ND EI Program with competence in service coordination will:

- a. Ensure adherence to regulatory timelines and other procedures for federal, state, and local regulations and standards pertaining to early intervention services.

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- b. Collaborate with others in the community who provide services to children and families.
- c. In collaboration with the family, coordinate and monitor the referral and delivery of designated services with other agencies as appropriate for the child and family.
- d. Coordinate the organization and completion of evaluations, assessments and consultations.
- e. Coordinate, facilitate and participate in the development and review of programs plans.
- f. Coordinate the development of transition plans.

10. Program Leadership and Administration

A person employed in the ND EI Program with competence in program leadership and administration will:

- a. Employ practices to assure compliance to state and federal regulations as well as assuring timely and accurate submission of reports to state and federal agencies.
- b. Ensure knowledge of current practices in the field of Early Intervention to promote current policies and practices are valid, effective, and in compliance.
- c. Approach situations with foresight and flexibility to make the necessary changes to comply with changing conditions and promote solutions.
- d. Employ strategies that capture family and community voices and to support the active and meaningful participation of families and community groups including those that are traditionally underrepresented.
- e. Apply understanding of diversity in communicating effectively, establishing positive relationships, and demonstrating respect to a diverse population of children and families served in the ND EI program.
- f. Implement accurate budgeting and fiscal practices to operate an Early Intervention service.
- g. Ensure that all staff have the knowledge, training, and licensure/credentials to work in the ND EI program.
- h. Implement effective employee evaluation and feedback strategies based on clear and effective job descriptions
- i. Identify and define training needs based on needs assessment and including data from staff and families.
- j. Revise program policies and procedures as needed to ensure that they reflect current program demands and respect diversity of children, families, and personnel.
- k. Ensure that program policies and program information are provided in sufficient detail and formats so that all stakeholders, including families, understand what the information means.
- l. Conduct ongoing program evaluations that are comprehensive and multi-dimensional to make informed programmatic decisions.

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11. **Supervision**

A person employed in the ND EI Program with competence in supervision will:

- a. Be knowledgeable of the current regulations, policies, and procedures of the ND and federal Part C and Medicaid systems.
- b. Be knowledgeable of the different professional roles in early intervention.
- c. Be knowledgeable of various models of team functioning.
- d. Use evidence-based practices in providing technical assistance, supervision, and feedback to improve staff skills.
- e. Use effective communication, coaching strategies, conflict resolution and decision-making skills in providing supervision to staff.
- f. Identify and define staff training needs based on needs assessment and including data from staff and families.

Reviewed 5.12.23