



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

Table for Service Coordination Standard

Ongoing Service Coordination
------------------------------

1. After the IFSP meeting, the OSC ensures that a copy sent to the parent. [OSC1](#)
2. OSC's provide the family with a high quality introduction to and continuing education on embedded coaching concepts. [OSC2](#)
3. OSC's ensure that services are given at the level specified in the IFSP with no inappropriate gap in services of more than 14 calendar days. [OSC3](#)
4. Parental concerns are addressed at the lowest possible level of intervention by OSC. [OSC4](#)
5. Progress notes are available prior to the IFSP meeting. [OSC5](#)
6. Children in EI who move from one NYC borough to another have no gap in service. [OSC6](#)



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

1. After the IFSP meeting, the OSC ensures that a copy sent to the parent.  
[Table for OSC](#)

---

**Federal Law and Regulations**

**34 CFR 303.23 (b) (4)**

(b) Specific service coordination activities. Service coordination activities include—

(4) Coordinating and monitoring the delivery of available services;

---

**New York City Policy and Procedure Manual as Amended  
PP 3-A, 1-2-4-6**



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

2. OSC's provide the family with a high quality introduction to and continuing education on embedded coaching concepts. [Table for OSC](#)

---

**Federal Law and Regulation**

**20 USC 1436 (e)**

(e) Parental consent

The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then only the early intervention services to which consent is obtained shall be provided.

---

**New York State Laws and Regulations Citations**

**10 NYCRR 69-4.6 (c) (4)**

(c) Specific service coordination activities shall include:

(4) coordinating and monitoring the delivery of services;

---

**New York State Memoranda**

*ONGOING SERVICE COORDINATION – BILLABLE ACTIVITIES*

The following is a list of billable service coordination activities as required in 10 NYCRR 69-4.7 that should be performed and billed by ongoing service coordinators:

- Discussions and other activities with parents or surrogate parents regarding:
  - Continued education regarding the following: the EIP, types of services available, where EI services can be delivered, discussion of natural environments, the IFSP process, pertinent information about service providers.
  - Parent involvement in the child's services.
- 

**New York City Policy and Procedure Manual as Amended**

**PP 12-D-2**



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

3. OSC's ensure that services are given at the level specified in the IFSP with no inappropriate gap in services of more than 14 calendar days. [Table for OSC](#)

---

**Federal Law and Regulations**

**34 CFR 303.23 (b) (4)**

(b) Specific service coordination activities. Service coordination activities include—

- (4) Coordinating and monitoring the delivery of available services;
- 

**New York State Law and Regulations**

**10 NYCRR 69-4.6 (b) (1, 4)**

(b) Service coordination shall be an active ongoing process that involves:

- (1) assisting parents of eligible infants and toddlers in gaining access to the early intervention services and other services identified in the Individualized Family Service Plan;

- (4) facilitating the timely delivery of available services; and,

**10 NYCRR 69-4.6 (c) (4)**

(c) Specific service coordination activities shall include:

- (4) coordinating and monitoring the delivery of services;
- 

**New York State Memoranda**

**Clarification; Billing for Initial and Ongoing Service Coordination**

**p. 6**

*ONGOING SERVICE COORDINATION – BILLABLE ACTIVITIES*

The following is a list of billable service coordination activities as required in 10 NYCRR 69-4.7 that should be performed and billed by ongoing service coordinators:

- Discussions and other activities with parents or surrogate parents regarding:
- The problems with the delivery of services and their resolution.
- Parent satisfaction with the EIP and services outlined in the IFSP.



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

**Early Intervention Provider Contract**

**Section 3.13 (d)**

d) Service Coordinators shall provide the full spectrum of Service Coordination activities enumerated in the Act, the Regulations, and the Procedures Manual, including the provision of information to Parents on their rights and obligations under the Act, the periodic monitoring of the delivery of Contract Services delivered to the Eligible Child to ascertain whether services are being provided in conformance with the IFSP, and, in the event that services are not being so provided, taking such action as is specified in the Procedures Manual.

---

**New York City Policy and Procedure Manual as Amended**

**PP 6-A-1**

**6-D-1 (Part I)**

**12-D-1-2**



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

4. Parental concerns are addressed at the lowest possible level of intervention by OSC  
[Table for OSC](#)
- 

**New York State Law and Regulations**

**10 NYCRR 69-4.6 (a) (1) (ii)**

(a) All agencies and individuals approved to provide early intervention service coordination shall fulfill those functions and activities necessary to assist and enable an eligible infant and toddler and parent to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law, including other services not required under the Early Intervention Program, but for which the family may be eligible.

(1) Each eligible infant and toddler and their family shall be provided with one service coordinator who shall be responsible for:

(i) coordinating all services across agency lines; and,

(ii) serving as the single point of contact in helping parents to obtain the services and/or assistance they need.

**10 NYCRR 69.4.6 (b) (1)**

(b) Service coordination shall be an active ongoing process that involves:

(1) assisting parents of eligible infants and toddlers in gaining access to the early intervention services and other services identified in the Individualized Family Service Plan;

---

**New York State Memoranda**

**Clarification; Billing for Initial and Ongoing Service Coordination**

**pp. 4-5**

*INITIAL SERVICE COORDINATION - BILLABLE ACTIVITIES*

The following is a list of billable service coordination activities that should be performed per 10 NYCRR 69-4.6 and 69-4.7 and billed by initial service coordinators:

- Discussion with parents or surrogate parents regarding:
- Pertinent information about evaluators so that parents can make an informed choice.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM**

- Receipt and understanding of the evaluation report.
- Parent rights and availability of due process.
- The types of services available through the EIP.
- Where EI services can be delivered, including a discussion of natural environments.
- Steps the parent will need to follow if not in agreement with any part of the IFSP.
- Availability of community advocacy services.

---

**New York City Policy and Procedure Manual as Amended  
PP 11-C-1-2**



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

5. Progress notes are available prior to the IFSP meeting [Table for OSC](#)

---

**NYC Policy and Procedure Manual, As Amended**  
**Policy 5-C-1-2**



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

---

6. Children in EI who move from one NYC borough to another have no gap in service  
[Table for OSC](#)

---

**New York State Memoranda**  
**The Transition of Children from the New York State Department of Health Early Intervention Program to the State Education Department Preschool Special Education Program or Other Early Childhood Services**  
**pp. 3**

*Preschool Special Education Program and Services*

The New York State Education Department (NYSED) administers, through local school districts, preschool special education programs and services for preschool students with disabilities, ages 3 to 5 years of age. The board of education (BOE) or trustees of each school district are required, by regulation (Part 200.2(a)), to identify all students with disabilities who reside in the school district and establish a register of children who are entitled to attend public schools in the district or to attend a preschool program during the next school year. In addition, various people can refer a child to the Committee on Preschool Special Education (CPSE), such as the parent, doctor, judicial officer, designated person in a public agency, or someone from an Early Childhood Direction Center, an approved preschool program or the EIP. There are specific requirements for referral of children from the EIP to the CPSE, which will be discussed in detail in this guidance memorandum.

Individual child evaluations to determine eligibility are conducted, and the CPSE, including the parent(s) of the child, develop an Individualized Education Program (IEP) for eligible children, outlining the special education programs and services to address the child's needs.

It is important for families to understand the differences between the EIP and preschool special education. The EIP:

- focuses on enhancing the development of infants and toddlers with disabilities, and minimizing their potential for developmental delay;
- minimizes the need for special education services when children reach school age; and,
- enhances the capacity of families to meet the special needs of their infants and toddlers with disabilities.

The EIP includes a requirement to provide a service coordinator to each family and to ensure that services are provided year round. Preschool special education focuses on children's educational needs, including:

- ensuring access to the general curriculum for all children; and,



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

- strengthening the role of parents and ensuring families have meaningful opportunities to participate in the education of their children at school and at home.

Appendix A, “Comparison of Early Intervention and Preschool Special Education” highlights the key elements of each program.

**pp. 8-9**

**IV. TRANSITION PROCEDURES *TRANSITION PLANNING FOR ALL CHILDREN***

A transition plan must be developed for all children exiting the EIP, whether the child will be transitioning to programs and services under Section 4410 of the Education Law or to other early childhood services and supports. *It is very important to begin planning for transition as early as possible to ensure a successful transition for the child and family.* It is also important for parents, service coordinators, providers, and public officials to work together to:

- review the progress made by the child and family, and consider whether any services may be needed when the child exits the EIP;
- determine whether a referral is appropriate for preschool special education programs and services;
- determine whether the child and family may need services from other programs under the auspices of the NYSDOH, or services administered by other state or local agencies such as the Office of Mental Retardation and Developmental Disabilities (service coordination services, respite, etc), Office of Mental Health (children’s mental health services), Office of Children and Family Services (child care services), etc.;
- ensure a transition plan is in place within required timelines to ensure continuity of services, as appropriate, for the child and family, and with parent consent, to incorporate the transition plan into the IFSP;
- develop a transition plan for the child and family, that includes steps to help the child adjust to and function in a new setting; and, procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition; and,
- identify community resources needed by and available to assist the child and family.

If a child has made such significant progress in the EIP that the child and family do not require any type of continuing services, the IFSP should include the steps that will be taken to discharge the child and family from the EIP.

***TRANSITION PLANNING FOR CHILDREN FOR WHOM A REFERRAL TO PROGRAMS UNDERSECTION 4410 OF THE EDUCATION LAW IS NOT THOUGHT TO BE APPROPRIATE***



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM

Transition planning for children for whom a referral to preschool special education programs and services is not thought to be appropriate should begin at the IFSP meeting within six months prior to the child's third birthday, or earlier, if local procedures require that transition planning for these children begin at an earlier time. The transition plan must include steps to ensure the transition is completed by the time the child exits the EIP before his/her third birthday (when the child is no longer age eligible for the EIP). The last date for services under the IFSP must be the day before the child's third birthday.

The service coordinator is responsible for assisting the parent in identifying, locating, and accessing other early childhood and supportive services that may be needed by the child and family. The service coordinator may refer the family to the Early Childhood Direction Center (ECDC) or to the Child Care Resource and Referral Program (CCRR), which may assist the family in accessing child care services. Lists of the ECDCs and CCRRs are included in Appendix B and Appendix C.

**P 14,**

*Procedures to Refer the Child to the Committee on Preschool Special Education*

A referral to CPSE is a written statement asking the school district to evaluate the child to determine if he or she needs special education services. Various people can make a referral to the CPSE including the parent, a doctor, a judicial officer, and a designated person in a public agency or someone from an Early Childhood Direction Center, an approved preschool program or the EIP. Once the referral has been made, parental consent is required for the child to be evaluated.

If a determination is made at the transition conference to refer the child to the CPSE, and the parent consents to the referral, the EIO must refer the child in writing to the chairperson of the CPSE in the school district in which the child resides. If the parent does not participate in the transition conference, the EIO is still responsible for referring the child to the CPSE, with parental consent, if the EIO believes the child is potentially eligible for services under Section 4410 of the Education Law. The referral must specify the extent to which the child has received EIP services prior to the referral.

A CPSE chairperson who receives a referral must immediately notify the parent by telephone or in writing that a referral has been received and request consent for evaluation of the child. The parent's consent to the evaluation by the CPSE must be in writing and must be returned by the parent to the CPSE. In order to avoid unnecessary disruption of programs and services, it is important for parents to respond as quickly as possible with written consent to evaluate their children, to ensure an eligibility determination can be made by the CPSE before the children's third birthday.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM**

Once written parental consent to evaluate a child has been received, the CPSE must assure that the process to determine a child’s eligibility and need for special education programs and services is initiated and completed in time for children to begin receiving services on the third birthday or the first date of eligibility, whichever comes first. If the parent does not provide consent for an individual preschool evaluation, the CPSE is required to follow-up with the parent to ensure that the parent has received and understands the request for consent. The parent should be advised by the CPSE and service coordinator that if parental consent is not given within sufficient time for an evaluation and eligibility determination by the CPSE before the child’s third birthday, the child’s and family’s participation in the EIP will end on the child’s third birthday and a transition plan will be developed, which may include referral to other services (e.g., Head Start, other early childhood services).

**29 (q. 23)**

**TRANSITION FROM THE EIP TO PRESCHOOL SPECIAL EDUCATION PROGRAMS AND SERVICES**

25. Question: What happens when a child currently receiving EIP services is eligible for preschool special education programs and services, but continues in the EIP and makes significant progress so that the Early Intervention Official (EIO) believes the child may not require preschool programs and services?

Answer: The CPSE, and not the EIO, is responsible for determining whether a reevaluation is necessary to determine the child’s eligibility for preschool special education programs and services. If the EIO has reason to believe that the eligible child has made significant progress, the EIO should work with the service coordinator in securing parental consent to forward additional records such as recent assessments and progress notes to the CPSE. The EIO should ensure that the service coordinator transmits additional records to the CPSE.

**Appendix D, pp. 45-46**

**APPENDIX D - ROLES AND RESPONSIBILITIES IN THE TRANSITION PROCESS TO PRESCHOOL SPECIAL EDUCATION PROGRAMS AND SERVICES**

Designated Staff	Role(s) and Responsibilities in the Transition Process
Early Intervention Official/Designee	Decides, in consultation with parents, service coordinators, and service providers, whether it is appropriate to notify the CPSE of the child’s potential eligibility for services under Section 4410 of the Education Law. Obtains parental consent for the notice.
	With parent consent, notifies the CPSE of the child’s potential eligibility for services under Section 4410 of the Education Law. The notice must be provided at least 120 days prior to the date the child is first age-eligible for preschool special education.



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM**

	<p>With parent consent, arranges for a transition conference among the service coordinator, parent, and CPSE chair or designee, at least 90 days prior to the date the child is first age-eligible for preschool special education.</p> <p>If a parent chooses not to participate in a transition conference, notifies the parent in writing of the steps that must be taken to have the child evaluated by the CPSE; and, that the child’s eligibility for the EIP will end on the child’s third birthday, unless the child is evaluated and found eligible for services under Section 4410 of the Education Law before the child’s third birthday.</p> <p>If parent chooses not to participate in a transition conference, but would like their child referred to the CPSE, with parental consent, refers the child to the CPSE.</p> <p>With parent consent, refers the child to the CPSE following the transition conference.</p> <p>With parent consent, and when applicable, notifies the CPSE of the parent’s decision to have the child remain in the EIP until the child is no longer age-eligible for the EIP.</p> <p>Ensures that a transition plan is developed for all children exiting the EIP.</p>
Service Coordinator	<p>Is knowledgeable about services under Section 4410 of the Education Law.</p> <p>Attends the transition conference.</p> <p>When applicable, helps to ensure the transition from the Early Intervention Program to the CPSE is smooth and seamless.</p> <p>Explains the differences between the EIP and preschool special education programs and services available under Section 4410 of the Education Law, the CPSE process, and differences in eligibility between the two programs.</p> <p>With parent consent, provides information to the CPSE on what programs and services the child received under the EIP.</p> <p>With parent consent, incorporates the transition plan into the IFSP.</p> <p>With parent consent, transfers relevant evaluation records to the CPSE</p> <p>May participate in the initial CPSE meeting as the licensed or certified professional from the EIP.</p>
Municipality Representative Serving As A Member of the CPSE	<p>As a member of the CPSE, is knowledgeable about services under Section 4410 of the Education Law and Part 200 Regulations of the Commissioner of Education, the CPSE process, evaluation tools, and best practices in special education programs and services</p> <p>Maintains a list of certified or licensed professionals to deliver related services.</p> <p>Shares information on availability of related service providers as per</p>



**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
EARLY INTERVENTION PROGRAM**

	county list.
	Ensures families understand the role of the county in the CPSE process.
	Reviews evaluation material before CPSE meetings.
	Acts as a resource regarding appropriate paperwork (System to Track and Account for Children-STAC and evaluation forms) and timelines for submission of paperwork to SED, the county, school districts, boards of education and provider agencies.
	Communicates with and support the other participants in the CPSE meeting.
	Participates in the development of the IEP for the child.
	Provides information on transportation and arranges payment for services.
Chairperson of the Committee on Preschool Special Education (CPSE) or his or her designee, on behalf of or with the CPSE	Receives notification of child's potential transition to preschool special education.
	Participates in the transition conference to discuss program options, and determine whether a referral is needed due to the child's potential eligibility for preschool special education programs and services.
	Receives a written referral requesting an evaluation of a child suspected of having a disability.

---

**New York City Policy and Procedure Manual as Amended**

**Policy 6-E-2-3 (OSC part)  
Appendix A to Policy 6-J  
Policy for Leaving EIP, p. 1**