



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

Table for Initial Service Coordination (ISC) Standard

|                              |
|------------------------------|
| Initial Service Coordination |
|------------------------------|

1. A face-to-face ISC meeting is held with the family within seven calendar days of the referral.
2. Children only participate in NYC EIP after the ISC gets parental consent.
3. ISCs provide the family with a high quality introduction to the EI program.
4. When referring a family to an evaluation agency, the ISC proactively addresses applicable issues with the family.
5. Once children are found eligible for EIP, the family is given a thorough and timely orientation to the IFSP process.
6. IFSP meetings are held in a timely fashion and with full information.
7. Once non-eligibility is determined, the families receive full and timely information from the evaluation team about evaluation results and from the ISC about other service options, including Developmental Monitoring.



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1. A face-to-face meeting is held with the family within seven calendar days of the referral.

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**New York State Law and Regulations**

**PBH 2543 (2)**

2. The initial service coordinator shall promptly arrange a contact with the parent after such designation, provided that such contact must be in a time, place and manner reasonably convenient for the parent and consistent with the timeliness requirements of this title.

**10 NYCRR 69-4.7 (b)**

(b) The initial service coordinator shall promptly arrange a contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.

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

PP 3-A.1-1

PP 3-A.1-2

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**New York State Department of Health – Early Intervention Provider Agreement**

**XII. EI Model Specific Responsibilities:**

**A. Service Coordination**

**A9.** The Provider shall be reasonably available to the parent in a manner that does not limit service access to daytime and/or weekday hours and does not limit access to a specific location. The Provider shall ensure that accessibility for service coordination are available to families in non- traditional schedules and through a variety of methods and locations. Provider shall be responsible for informing families of changes to their contact number, email address, and the specific times and places of their accessibility.



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2. Children only participate in NYC EIP after the ISC gets parental consent.

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**Federal Law and Regulations**

**34 CFR 303.404**

(a) Written parental consent must be obtained before—

- (1) Conducting the initial evaluation and assessment of a child under §303.322; and
- (2) Initiating the provision of early intervention services (see §303.342(e)).

(b) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—

- (1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and
- (2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

(Authority: 20 U.S.C. 1439)

Note 1: In addition to the consent requirements in this section, other consent requirements are included in (1) §303.460(a), regarding the exchange of personally identifiable information among agencies, and (2) the confidentiality provisions in the regulations under part B of the Act (34 CFR 300.571) and 34 CFR part 99 (Family Educational Rights and Privacy), both of which apply to this part.

Note 2: Under §300.504(b) of the part B regulations, a public agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation. This provision applies to eligible children under this part, since the part B evaluation requirement applies to all children with disabilities in a State, including infants and toddlers.

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**New York State Law and Regulations**

**10 NYCRR 69-4.26 (b) (2, 3)**

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services, evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with subdivision (c) of section 69-4.17 of this subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

- (1) written correspondence with or regarding the child/family and documentation of any relevant discussion with parents, other providers, or municipalities regarding the child and family;
  - (2) signed and dated parental consents relevant to delivery of services to the child and/or family;
  - (3) signed and dated consents related to the disclosure and/or exchange of information with other parties regarding services provided and/or the child's and family's participation in the Early Intervention Program;
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**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
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**New York State Memoranda**

**2003-1 Memo: Appendix H**

Appendix H - Written Parent Consent Requirements

| Consent  | Obtained By                         | Regulatory Citation    |
|--|-------------------------------------|------------------------|
| For the initial multidisciplinary evaluation and/or screening  | Evaluator                           | 69-4.8(a)(1)(ii)       |
| To obtain the child's current health status and medical history  | Evaluator                           | 69-4.8(a)(4)(ii)       |
| To interview other family members or individuals with pertinent knowledge of the child                               | Evaluator                           | 69-4.8(a)(4)(iii)      |
| To use findings from other current examinations, evaluations or assessments and health assessments                   | Evaluator                           | 69-4.8(a)(5)           |
| To send the evaluation summary/report to the child's primary health care provider                                    | Evaluator                           | 69-4.8(a)(9)(i)        |
| To obtain repeat or supplemental evaluations   | EIO/D                               | 69-4.8(a)(12)          |
| To commence interim services   | EIO/D                               | 69-4.11(c)(2)(i)       |
| To invite other persons the parent wants to attend IFSP meetings   | EIO/D                               | 69-4.11(a)(2)(v)       |
| To commence services listed in the IFSP  | EIO/D                               | 69-4.11(a)(8)          |
| For the birth or adoptive parent to voluntarily appoint a surrogate parent   | EIO/D                               | 69-4.16(e)             |
| To release any information   | EIO/D                               | 69-4.17(c)(5)          |
| To transmit personally identifiable information to the Community Dispute Resolution Center if mediation is requested | EIO/D                               | 69-4.17(g)(6)          |
| To extend the timeline for mediation proceedings   | Community Dispute Resolution Center | 69-4.17(g)(9)          |
| To incorporate the transition plan into the IFSP   | OSC                                 | 69-4.20(a)(2)(iii)     |
| To implement transition procedures   | EIO/D                               | 69-4.11(a)(10)(xiv)(c) |
| To transmit information to the CPSE  | EIO/D                               | 69-4.11(a)(10)(xiv)(d) |



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|  |       |               |
|--|-------|---------------|
| To provide written notification to CPSE of potential transition to preschool special education (4410) services   | EIO/D | 69-4.20(b)    |
| To transfer appropriate evaluations, assessments, IFSPs, and other pertinent records during  | OSC   | 69-4.20(b)(2) |
| To convene a transition conference that includes the chairperson of the CPSE to review program options and establish a transition plan   | EIO/D | 69-4.20(b)(3) |
| To notify the CPSE that the parent of a child potentially eligible for preschool special education (4410) services has elected to continue with EI services for the specified period of eligibility under PHL Sec. 2541(8) | EIO/D | 69-4.20(d)    |

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

**PP 3-A.2**

**PP 3-D.1-2**

**PP: Closure Policy 6-J**

**PP 11-A-2**



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3. ISCs provide the family with a high quality introduction to the EI program.

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**New York State Law and Regulations**

**10 NYCRR 69-4.7 (b-i)**

(b) The initial service coordinator shall promptly arrange a contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.

(c) The initial service coordinator shall inform the parent of their rights and entitlement under the Early Intervention Program and shall document the information provided in the child's record.

(1) At the initial contact with the parent, the initial service coordinator shall ensure the parent has a copy of the Early Intervention Program parents' handbook, review the handbook, provide an overview of the early intervention system and services, discuss the role of the initial service coordinator, and review the parent's rights, responsibilities and entitlements under the program.

(d) The initial service coordinator shall ascertain if the child and family are presently receiving case management services or other services from public or private agencies. If so, the initial service coordinator shall discuss options for collaboration with the parent and obtain consent for the release of information for the purpose of collaboration with other case management services.

(e) All information provided to the parent shall be in the parent's dominant language or other mode of communication unless clearly not feasible to do so.

(g) The initial service coordinator shall inform the family that services must be at no cost to parents and use of Medicaid and/or third party insurance for payment of services is required under the Early Intervention Program.

(1) the service coordinator shall inform the parent that any deductible or co-payments will be paid by the municipality;

(2) the service coordinator shall inform the parent that use of third party insurance for payment of early intervention services will not be applied against lifetime or annual limits specified in their insurance policy, if such policy is subject to New York State law and regulation; and,





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- (3) that the municipality will not obtain payment from their insurer if the insurer is not prohibited from and will apply payment for early intervention services to the annual and lifetime limits specified in their insurance policy.
- (h) The initial service coordinator must obtain, and parents must provide, information about the status of the family's third party insurance coverage and Medicaid status and promptly notify the early intervention official of such status, including:
- (1) Medicaid enrollment status and identification number, if any;
  - (2) type of health insurance policy or health benefits plan, name of insurer or plan administrator, and policy or plan identification number;
  - (3) type of coverage extended to the family by the policy; and,
  - (4) such additional information necessary for reimbursement.
- (i) The service coordinator shall assist the parent in identifying and applying for benefit programs for which the family may be eligible, including:
- (1) the Medical Assistance Program;
  - (2) Supplemental Social Security Income Program;
  - (3) Physically Handicapped Children's Program;
  - (4) Child Health Plus; and,
  - (5) Social Security Disability Income.

**PBH 2543 (3)**

3. The parent of the eligible child shall provide and the early intervention official shall collect such information and or documentation as is necessary and sufficient to determine the eligible child's third party payer coverage and to seek payment from all third party payers including the medical assistance program and other governmental agency payers.

**10 NYCRR 69-4.6 (d)**

(d) Initial and ongoing service coordinators shall obtain, and parents shall supply, any information and documentation necessary to establish, and update periodically upon the request of the early intervention official, an eligible child's third party payer coverage, and the nature and extent of such coverage, including coverage through the medical assistance program, other state governmental insurance or benefit program, and/or other plan of insurance, and promptly transmit such information and documentation to the early intervention official.



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

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**New York State Department of Health – Early Intervention Provider Agreement**

**XII. EL Model Specific Responsibilities**

A. Service Coordination:

A10. Provider shall communicate with the family about the purpose of Early Intervention, provide all information to the family in the family's dominant language or other mode of communication unless clearly not feasible to do so, and shall ensure that the family has received or has access to the current version of The Early Intervention Program: A Parent's Guide, the parent's handbook that provides information about the program upon referral to the EI Program.

A11. Provider shall describe the rationale for services in natural environments. Provider shall describe each step of the IFSP process, including its purpose, and what service delivery might look like.

A12. Provider shall collaboratively balance listening to the family with sharing information and shall use open-ended questions that encourage the family to share their thoughts and concerns. Provider shall discover family preferences for sharing and receiving information as well as the family's teaching and learning strategies they prefer to use with their child.

A13. Provider shall review with the EI family the EIP procedural safeguards/due process rights upon initial contact with the family and whenever the family may disagree with an eligibility decision or with the early intervention official/designee decision regarding services for their child/family.

A14. Provider shall assist families to obtain the services and/or assistance they need.



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A15. Provider shall inform the family that services must be at no cost to families, use of Medicaid and/or third party insurance for payment of services is required under the EIP, that any deductible or co- payments is not the responsibility of the family; the use of third party insurance for payment of early intervention services will not be applied against lifetime or annual limits specified in their insurance policy, if such policy is subject to New York State law and regulation; and, that the Municipality/Department/service coordinator will not obtain payment from their insurer, if such policy is not subject to New York State law and regulation and if the insurer is therefore not prohibited from and will apply payment for early intervention services to the annual and lifetime limits specified in their insurance policy. Provider shall collect, from the family, information on any insurance policy, plan or contract under which an eligible child has coverage.

A16. Provider shall review all options for evaluation and screening with the family from the list of approved evaluators including location, types of evaluations performed, and settings for evaluations (e.g., home vs. at the evaluation agency). Upon selection of an evaluator by the family, the Provider shall ascertain from the family any needs the family may have in accessing the evaluation. Provider shall at the family's request, assist the family in arranging of the evaluation after the family selects from the list of approved evaluators.



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4. When referring a family to an evaluation agency, the ISC proactively addresses applicable issues with the family.

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**Federal Law and Regulations**

**34 CFR 303.23 (b) (1)**

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

(1) Coordinating the performance of evaluations and assessments;

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**New York State Law and Regulations**

**18 NYCRR 69-4.6 (c) (1)**

(c) Specific service coordination activities shall include:

(1) coordinating the performance of evaluations and assessments;

**10 NYCRR 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;

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**New York State Memoranda**

**2005-2** Memo, Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination. Under the Early Intervention Program

**p. 6 (2<sup>nd</sup> paragraph)**

The initial multidisciplinary evaluation and assessment results are fundamental to documenting children's eligibility for services under the EIP. While the evaluation includes an assessment of the unique needs of the child in each developmental domain, including the identification of services appropriate to meet those needs, the evaluator should avoid making recommendations regarding the frequency, intensity, and duration of specific services until such time as the family's total priorities, resources, and concerns have been assessed and the total plan for services under the IFSP is under discussion.



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**p. 45 (q. 21)**

21. If a child's and family's dominant language is a language other than English, and the child is referred due to a concern about communication development in his/her native language, and there is no professional available to evaluate the child in his/her native language, what is the responsibility of the EIP?

EIP regulations at 10 NYCRR §69-4.8(a)(14) require that tests and other evaluation materials and procedures must be administered in the dominant or other mode of communication of the child, unless it is clearly not feasible to do so. Dominant language is defined at 10 NYCRR §69- 4.1(i) to mean the language or mode of communication used by parent or the potentially eligible child, including Braille, sign language, or other mode of communication. For purposes of the multidisciplinary evaluation, the dominant language of the potentially eligible child, and not the parent, is relevant. The EIO and initial service coordinator should assist the family in accessing a bilingual evaluation if possible. If an evaluator cannot be identified to conduct a bilingual evaluation, the EIO and initial service coordinator should arrange for the services of an interpreter to assist in the evaluation process.

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**New York City Policy and Procedure Manual as Amended  
PP 3-B.1-1-2**

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**New York State Department of Health - Early Intervention Provider Agreement**

**XII. EI Model Specific Responsibilities**

**A. Service Coordination:**

A16. Provider shall review all options for evaluation and screening with the family from the list of approved evaluators including location, types of evaluations performed, and settings for evaluations (e.g., home vs. at the evaluation agency). Upon selection of an evaluator by the family, the Provider shall ascertain from the family any needs the family may have in accessing the evaluation. Provider shall at the family's request, assist the family in arranging of the evaluation after the family selects from the list of approved evaluators.



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A17. Provider shall contact the family to ensure that the family has received information concerning alternative approved evaluators and ascertain from the family any needs the family may have in accessing the evaluation, if the family has accessed an approved evaluator prior to contact by the initial service coordinator.



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5. Once children are found eligible for EIP, the family is given a thorough and timely orientation to the initial IFSP process.

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**Federal Law and Regulations**

**34 CFR 303.23 (b) (2)**

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

- (1) Coordinating the performance of evaluations and assessments;
  - (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
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**New York State Law and Regulations**

**18 NYCRR 69-4.7 (o)**

(o) Upon determination of the child's eligibility for the early intervention program, the initial service coordinator shall discuss the Individualized Family Service Plan process with the parent and shall inform the parent:

- (1) of the required participants in the Individualized Family Service Plan meeting, and the parent's option to invite other parties;
- (2) that the initial service coordinator may invite other participants, provided that the service coordinator obtains the parent's consent and explains the purpose of this person's participation;
- (3) that inclusion of family assessment information is optional;
- (4) that their priorities, concerns and resources shall play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official;
- (5) of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the Individualized Family Service Plan meeting or at any other time after the formulation of the Individualized Family Service Plan.
- (6) that the final decisions about the services to be provided to the child will be made by the parent and the early intervention official; and,



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(7) that services can be delivered in a range of settings such as an approved provider's facility, as well as a variety of natural environments, including the child's home, child care site or other community settings.

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**New York City Policy and Procedures as Amended**

**PP 3-A, 1-5**

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**New York State Department of Health – Early Intervention Provider Agreement**

**XII. EL Model Specific Responsibilities**

A. Service Coordination

A23. Provider shall assist the family in preparing for the meeting to develop the IFSP, including facilitating their understanding of the child's multidisciplinary evaluation and identifying their resources, priorities, and concerns related to their child's development.

A24. Provider shall inform the family of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the Individualized Family Service Plan meeting or at any other time after the formulation of the IFSP.





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6. IFSP meetings are held in a timely fashion and with full information.

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**Federal Law and Regulations**

**34 CFR 303.342 (a)**

(a) Meeting to develop initial IFSP— timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in § 303.321(e).

**34 CFR 303.321 (e)**

(e) Timelines for public agencies to act on referrals.

(1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall—

(i) Complete the evaluation and assessment activities in §303.322; and

(ii) Hold an IFSP meeting, in accordance with §303.342.

**34 CFR 303.23 (a)**

(a) *General.* (1) As used in this part, except in §303.12(d)(11), *service coordination* means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is 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 assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;



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**34 CFR 303.342 (d)**

(d) *Accessibility and convenience of meetings.* (1) IFSP meetings must be conducted—

(i) In settings and at times that are convenient to families; and

(ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

(2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

**34 CFR 303.23 (b) (2)**

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

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

**34 CFR 303.344 (b)**

(b) Family information. With the concurrence of the family, the IFS must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

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**New York State Law and Regulations**

**PBH 2545 (1)**

1. If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting, at a time and place convenient to the parent, consisting of the parent, such official, the evaluator, the initial service coordinator and any other persons who the parent or the initial service coordinator, with the parent's consent, invite, provided that such meeting shall be held no later than forty-five days from the date that the early intervention official was first contacted regarding the child, except under exceptional circumstances prescribed by the commissioner. The early intervention official, at or prior to the time of scheduling the meeting, shall inform the parent of the right to invite any person to the meeting.

**10 NYCRR 69-4.6 (c) (2)**

(c) Specific service coordination activities shall include:

(1) coordinating the performance of evaluations and assessments;



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(2) facilitating and participating in the development, review and evaluation of Individualized Family Service Plans;

**PBH 2545 (2)**

2. The early intervention official, initial service coordinator, parent and evaluator shall develop an IFSP for an eligible child whose parents request services. The IFSP shall be in writing and shall include, but not be limited to:

(a) a statement, based on objective criteria, of the infant's or toddler's present levels of physical development, including vision and hearing; cognitive development; communication development; social or emotional development; and adaptive development;

(b) with parental consent, a statement of the family's strengths, priorities and concerns that relate to enhancing the development of the infant or toddler;

**10 NYCRR 69.4.6 (b) (2)**

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

(2) ensuring the individualized family service plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities, concerns and resources change;

**PBH 2545 (12)**

1. If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting, at a time and place convenient to the parent, consisting of the parent, such official, the evaluator, the initial service coordinator and any other persons who the parent or the initial service coordinator, with the parent's consent, invite, provided that such meeting shall be held no later than forty-five days from the date that the early intervention official was first contacted regarding the child, except under exceptional circumstances prescribed by the commissioner. The early intervention official, at or prior to the time of scheduling the meeting, shall inform the parent of the right to invite any person to the meeting.

2. The early intervention official, initial service coordinator, parent and evaluator shall develop an IFSP for an eligible child whose parents request services. The IFSP shall be in writing and shall include, but not be limited to:



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

**PP 3-A.1-6**

**PP 5-A.1-5**

**PP 5-B.2**



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7. Once non-eligibility is determined, the families receive full and timely information from the evaluation team about evaluation results and from the ISC about other service options, including Developmental Monitoring.

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### **New York State Law and Regulations**

#### **10 NYCRR 69-4.7 (n) (1)**

(n) Upon the determination of a child as ineligible for early intervention services, the initial service coordinator shall inform the parent of the right to due process procedures as set forth in this Subpart.

(1) The initial service coordinator shall inform the parent of other services which the parent(s) may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.

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### **New York State Department of Health – Early Intervention Provider Agreement**

#### **XII. EI Model Specific Responsibilities**

##### **A. Service Coordination**

A21. Provider shall, upon the determination of a child as ineligible for EIP services, inform the family of the right to due process procedures as set forth in 10 NYCRR § 69-4.17 and shall inform the family of other services which the family may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.

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

**PP 3-A.1-5**

**PP 5-B-2**

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