

**Project: Transitions – Help Me Grow Early Intervention Program**

Lead: Wendy Grove, (614) 728-9152, [Wendy.Grove@odh.ohio.gov](mailto:Wendy.Grove@odh.ohio.gov)  
 Katrina Bush, (614) 466-8359, [Katrina.Bush@dodd.ohio.gov](mailto:Katrina.Bush@dodd.ohio.gov)

August 12, 2013

PROJECT PURPOSE	Status
Define the issue that the project will address or remedy	Mar 12, 2013
Identify “hot spots” that illustrate the urgency to find a solution	Mar 12, 2013
Define the project purpose and scope of work	Mar 12, 2013
Complete a preliminary work plan (using this page as a template)	Mar 12, 2013
PROJECT MANAGEMENT	
Host kick-off event(s) for the project team and stakeholders	Feb 22, 2013
Identify the project team and augment with consultants if needed	Mar 12, 2013
Determine the project management structure, including table of organization	Mar 12, 2013
Establish a process for regular stakeholder input	Mar 12, 2013
Develop a work plan budget and identify the source(s) of funding	April 5, 2013
Report project status to the Program Office and HHS Cabinet	Mar 12, 2013; Apr 5, 2013; Ongoing—TBD
Identify external stakeholders and create a stakeholder advisory group	Mar 12, 2013
Create a detailed project work plan	Apr 1, 2013; ongoing
Develop a stakeholder/media/legislative outreach plan	Mar 12, 2013
BUSINESS REQUIREMENTS AND SOLUTION	
Define business requirements	April 19, 2013
Conduct an internal scan of solutions/capabilities	n/a
Identify and report gaps in existing operations/infrastructure	n/a
Conduct an external market scan and/or request for information (RFI)	n/a
Assess the federal landscape for opportunities, including funding, and threats	n/a
Identify best practices, within the state and externally	n/a
Recommend a solution to meet business requirements/policy objectives	n/a
Identify key deliverables necessary to implement the solution	n/a
Conduct an impact analysis of expected benefits and costs of the solution	n/a
DELIVERABLES	
Develop an implementation budget and identify the source(s) of funding	Mar 12, 2013
Develop an Operating Protocol if the Project Involves Shared Resources	July 30, 2013
Draft legislative and/or administrative rule language	Jan 1, 2014
Recommend an appropriation strategy, if needed, for mid-biennium review	n/a
Develop a detailed stakeholder/media/legislative strategy	n/a
Recommend a procurement strategy	n/a
Develop a request for a proposal, if needed	n/a
Support the procurement process (e.g., evaluation, vendor selection)	n/a
Support the completion and approval of federal compliance activities	April 19, 2013

## PROJECT PURPOSE

### Problem

In response to stakeholder requests for Ohio to redesign its early intervention system, including county Family and Children First Councils (FCFC) recommendations during statewide Ohio FCFC forums (July 2008), “Future Directions for Ohio’s Part C/Early Intervention Program” (2010) <http://ohioproject2011.pbworks.com/f/Future%20Directions%20for%20Ohio's%20Part%20C%20EI%20Program%20Recommendations.pdf> and the Ohio Implementation study recommendations (2011) [www.ohiohelpmegrow.org/professional/~media/32855012403C4B7087EB1B3780077BFC.ashx](http://www.ohiohelpmegrow.org/professional/~media/32855012403C4B7087EB1B3780077BFC.ashx) as well as a 2011 request to the OHT from The Ohio Association of County Boards of Developmental Disabilities (OACB) and the Superintendents of County Boards of Developmental Disabilities (SCBDD) for a re-designation of lead agency; the two agencies (ODH and DODD) met and created this operating protocol for working together to administer Ohio’s Early Intervention program. Our ultimate goal in working together is to access each agency’s expertise and experience in order to create a better Early Intervention system of supports and services for children and their families in Ohio.

The issues that need to be resolved were articulated in the 2010 “Future Directions for Ohio’s Part C/Early Intervention Program” recommendations:

- *Build a bridge between families and the EI system early on;*
- *Maintain a family focus and early, positive experiences for children and families;*
  - *Strength and relationship based, individualized supports*
  - *Access for all families to federally mandated evidence based services through a core team of professionals*
  - *Family supports*
  - *Family to family support through FIN of Ohio*
- *Create a consistent, statewide system that is supported by well trained professionals and creative teamwork; and*
  - *Consistent materials and messages*
  - *Centralized, dynamic resource*
  - *Maximize funding*
  - *Comprehensive workforce development strategy partnering with other Early childhood efforts*

*Make recommendations for a system we can be proud of while always striving to make improvements.* In the early meetings, the issues primarily expressed were the concerns of the county boards of developmental disabilities (CBDD), whose levy funds finance many EI services state wide. These issues were:

- multiple rules governing CBDD EI service provision (Federal Part C statute and regulations, ODH EI rules, and DODD EI program rule);
- multiple monitoring and oversight systems of CBDD service provision (ODH and DODD);

- lack of solicitation of stakeholder input and true recognition of CBDDs as a large EI system provider;
- an un-fulfilled promise to look at additional funding sources for EI, including Medicaid.

Additionally, the broader community requests for a clear, coordinated and consistent message about purpose and practice of EI and the need for clear communication of the science of EI service delivery efficacy formed the basis of these state agency meetings.

Rather than re-designate lead agency status to DODD, a decision was made to tackle the specific concerns addressed through a truly collaborative partnership between the two agencies, as will be evidenced by joint decision making and shared responsibility. To that end, the federally mandated IDEA Part C components were listed and discussions ensued as to which state and local agency's expertise could contribute to creating a system that serves families and their young children well, and efficiently, while also making Ohio a future leader in quality system and service design.

The decision was made to transfer the operational activities for specific Early Intervention program components to the Ohio Department of Developmental Disabilities (DODD) and to document the responsibilities of the participating state agencies in tasks related to funding, personnel, workflow, and data systems.

The joint plan developed by ODH and DODD as presented to stakeholders on February 22, 2013, lays out the intent of joint planning and coordination of Ohio's Early Intervention system;

1. ODH will continue to operate as the Lead Agency for Early Intervention in Ohio, as authorized in Ohio Revised Code 3701.61 and will maintain responsibility as the single line of authority for implementation of Part C of the federal Individuals with Disabilities Education Act (IDEA);
2. ODH and DODD will share responsibility for planning and guiding the Early Intervention program, and will collaborate in the planning and implementation of all Early Intervention program components;
3. ODH will have primary responsibility for the following program components, in accordance with IDEA law and regulations:
  - a. Public awareness program
  - b. Comprehensive child find system
  - c. Referral procedures
  - d. Central directory
  - e. Service Coordination services, including transition at age 3
  - f. EI System of Payment
  - g. Procedural safeguards and dispute resolution
  - h. Data system

- i. State Interagency Coordinating Council (SICC)
  - j. Family to family support
  - k. Rules, forms, technical assistance, oversight, general supervision and guidance related to the above
  - l. Monitoring as defined in 34 CFR 303.700.
4. DODD will assume primary responsibility for the following program components, in accordance with IDEA law and regulations:
- a. Timely, comprehensive evaluation and assessment (child & family)
  - b. IFSP outcomes development
  - c. Evidence based early intervention services in natural environments (with the exception of service coordination)
  - d. Comprehensive system of professional development
  - e. Rules, forms, technical assistance, oversight, and guidance related to the above.

This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within.

## HOT SPOTS

- Ohio needs a consistent and clear message about the purpose of and process for delivering Early Intervention services
  - In response to long term stakeholder requests
  - Alignment of all EI activities (contract language, messages for public awareness and outreach, referral sources and provider information)
  - Adoption of principles aligned with early intervention science and evidence; adoption of *Mission and Key Principles for Providing Early Intervention Services in Natural Environments* (<http://ectacenter.org/topics/natenv/natenv.asp>)
  - Maintain CBDD commitment to provision of EI services
  - Increase capacity, diversity, and consistency of Early Intervention providers
- As the federal law intends, Ohio needs to implement a truly collaborative approach between DODD and ODH that requires joint planning, trust and shared responsibility and authority to make decisions about the EI program
  - Include mechanisms for state agency personnel to be flexible and address agency concerns quickly through a Project Management model
  - Shift program responsibility to DODD for some federally mandated Part C program components, which leverages their expertise in identification, connection and support of people with developmental disabilities

- Demonstrate state agency practices that stakeholders will see as collaborative and as setting the stage for long term practice change (including leadership, decision making, consensus achievement)
- Ohio needs meaningful engagement of a broad range of state and local partners to achieve a comprehensive, collaborative, coordinated and sustainable system of Early Intervention
  - Review and make decisions about implementation of formally solicited stakeholder recommendations from 2010 to present
  - Jointly develop a plan for communicating with and soliciting feedback from a diverse stakeholder group, including those who contribute financially or in-kind to the EI system
  - Create a communication feedback loop that shares communication, progress, and information regularly and consistently
- Ohio needs to increase state and local agency efficiencies in governing EI
  - Single state rule governing EI system of providers and other program participants. Decrease need for multiple rule development and approval process, each of which has to be aligned with federal law
  - State agency authority with clear parameters for decision making, including single point of contact for rule interpretation and communication with field
  - Utilize expertise and established relationships, including funding, that promote local service delivery aligned with rules and evidence for efficacy
- Ohio needs to expand its Comprehensive System of Professional Development (CSPD)
  - Address EI provider training systematically, both horizontally (across disciplines and providers) and vertically (at various levels of knowledge, and building individual skills and expertise), in collaboration with higher education , licensing boards and stakeholders, including parents
- Ohio needs to maximize funding for Early Intervention
  - To increase family access to needed EI services
  - That is aligned with the requirements and mission of IDEA and the science of early intervention service practices.

## Scope of Work

The purpose of this project is to move some federally-required Early Intervention program components from ODH to DODD, with ODH remaining the Lead Agency for EI. This transfer maximizes the opportunity for Ohio's early intervention system to benefit from the strengths and expertise of each agency and to build a more coordinated, comprehensive statewide early intervention system to ensure early identification and provision of services. With the newly designed system of state program administration, anticipated benefits include increased

communication with a diverse stakeholder group as well as institutionalization (and thereby, sustainability) of an infrastructure which embeds joint planning and collaboration into every communication between ODH and DODD for the EI system.

## High-Value Targets

1. Identify key EI program components for which DODD will assume responsibility, as well as timelines for responsibility transfer and funds necessary for completion of work;
2. Establish clarity around “primary responsibility,” defined as responsibility for decision making authority, oversight and responsibility for providing materials and leadership with the other agency serving as a key partner, active in planning, input and decision making.
3. Identify processes for internal evaluation of each agency’s work in the areas for which each assumes leadership and primary responsibility;
4. Identify measures for success in creating a coordinated, statewide, efficient and effective system, including:
  - a. The reduction in redundancies in rules and monitoring processes
  - b. Shared training, technical assistance and monitoring processes in areas where primary responsibilities overlap
  - c. Evaluate outcomes from the perspective of various stakeholders, including parents and providers;
5. Assurance that EI services are delivered in alignment with federal and state EI requirements including “evidenced based practices;”
6. Discuss, create and disseminate messages statewide to diverse stakeholders about planned changes, timelines and work plan, as well as opportunity for feedback on plans and rollout;
7. Identify a broad based stakeholder group and a process for regular communication and feedback;
8. Share data related to early intervention currently collected between and by DODD and ODH;
9. Discuss, create and disseminate messages statewide, via HMG Website, DODD Website, and public awareness communications:
  - a. Alignment of EI services to the science and evidence for effective family and child supports
  - b. How all program components understand and work together with the same message, cohesive process culminating in the family’s experience of EI in Ohio;
10. Authorize DODD to convene necessary participants to identify viability of Medicaid financing for Part C/EI services.

## PROJECT MANAGEMENT

**Project Team** (Core project activity team indicated by an asterisk)

Name	Department	Phone	Email
Katrina Bush*	DODD/Program	466-8359	<a href="mailto:Katrina.Bush@dodd.ohio.gov">Katrina.Bush@dodd.ohio.gov</a>
Kim Hauck*	DODD/Program	466-7290	<a href="mailto:kim.hauck@dodd.ohio.gov">kim.hauck@dodd.ohio.gov</a>
Wendy Grove*	ODH/Program	728-9152	<a href="mailto:Wendy.grove@odh.ohio.gov">Wendy.grove@odh.ohio.gov</a>
Robin Bell*	ODH/Program	644-8371	<a href="mailto:Robin.Bell@odh.ohio.gov">Robin.Bell@odh.ohio.gov</a>
Karen Hughes	ODH/Admin	728-2701	<a href="mailto:Karen.hughes@odh.ohio.gov">Karen.hughes@odh.ohio.gov</a>
Lea Blackburn	ODH/Admin	644-7848	<a href="mailto:Lea.blackburn@odh.ohio.gov">Lea.blackburn@odh.ohio.gov</a>
Jim Felton	ODH/Fiscal	995-5117	<a href="mailto:Jim.felton@odh.ohio.gov">Jim.felton@odh.ohio.gov</a>
Karin Hoyt	DODD/Fiscal	728-8010	<a href="mailto:Karin.hoyt@dodd.ohio.gov">Karin.hoyt@dodd.ohio.gov</a>
Jonathan Thomas	ODH/Data	728-9622	<a href="mailto:Jonathan.thomas@odh.ohio.gov">Jonathan.thomas@odh.ohio.gov</a>
Matt Curren	DODD/IT	466-0145	<a href="mailto:Matt.curren@dodd.ohio.gov">Matt.curren@dodd.ohio.gov</a>
Jason Lawless	DODD/IT	728-0513	<a href="mailto:Jason.lawless@dodd.ohio.gov">Jason.lawless@dodd.ohio.gov</a>
Lisa Eschbacher	ODH/Legal	466-1412	<a href="mailto:Lisa.eschbacher@odh.ohio.gov">Lisa.eschbacher@odh.ohio.gov</a>
Kate Haller	DODD/Legal	752-4744	<a href="mailto:Kate.haller@dodd.ogio.gov">Kate.haller@dodd.ogio.gov</a>
Patrick Stephan	DODD/Medicaid	728-2736	<a href="mailto:Patrick.stephan@dodd.ohio.gov">Patrick.stephan@dodd.ohio.gov</a>
Rhonda Tatum	ODH/Medicaid	728-7038	<a href="mailto:Rhonda.tatum@odh.ohio.gov">Rhonda.tatum@odh.ohio.gov</a>
Yolanda Talley	ODJFS/Medicaid	752-3524	<a href="mailto:Yolanda.talley@medicaid.ohio.gov">Yolanda.talley@medicaid.ohio.gov</a>
Robert Jennings	ODH/Comm.	944-8138	<a href="mailto:Robert.jennings@odh.ohio.gov">Robert.jennings@odh.ohio.gov</a>
Vicki Rich	DODD/Comm.	644-0263	<a href="mailto:Vicki.rich@dodd.ohio.gov">Vicki.rich@dodd.ohio.gov</a>
Astrid Arca	OBM	466-6551	<a href="mailto:astrid.arca@obm.state.oh.us">astrid.arca@obm.state.oh.us</a>
Deanna Kimball	OBM	466-8817	<a href="mailto:Deanna.kimball@obm.state.oh.us">Deanna.kimball@obm.state.oh.us</a>
Rick Tully	OHT	752-2585	<a href="mailto:rick.tully@governor.ohio.gov">rick.tully@governor.ohio.gov</a>

The project team has been engaged in various ways since February 2013; most were invited to the Stakeholder Advisory Group meeting on February 22, 2013. New members will be contacted and invited by DODD and ODH staff as needed.

We will engage high-level decision makers at the four state agencies beside ourselves who have a direct stake in the EI program to talk about how we will move the Ohio along as a coordinated system of services and supports. This group is indicated with a + (“plus” sign) within the Stakeholder Advisory group.

The initial stakeholder meeting was held on February 22, 2013. Monthly meetings have been scheduled and communicated through December 2013. The stakeholders were jointly determined by ODH and DODD to include a diverse cross section of stakeholders, including parents, and build upon the commitment of stakeholders from past EI stakeholder activities. The list of stakeholders is provided on page 12 of this document. The purpose of all stakeholder meetings will be to provide input into plans for ongoing activities, including all of the following:

- Articulation of mission and approaches to early intervention
- Public awareness (outcomes, features/components, evidence)
- Implementation with timelines and evaluation measures
- State, regional, and local infrastructure changes to support and sustain (including funding)
- Training, technical assistance and professional development
- Measuring program-wide consistency and fidelity
- Aligning state and local processes for oversight, monitoring, reporting, supports
- Sustainability, including financing, infrastructure, fidelity, & quality
- Alignment/coordination with Ohio Health Transformation efforts.

## **Project Management**

Staff from both agencies will be responsible for management of this project. Project managers will involve program staff and department leadership throughout the design of products. Special attention will be given to progress and timelines to ensure timely execution of activities. Core project team will meet no less than monthly to identify concerns, discuss progress on activities, review metrics, and determine communication needs; and will consult with full Project Team as needed. As issues or conflicts are identified, the project management team will review potential actions and determine the best action to resolve the issue.

## Work Plan

The project work plan includes the following timelines, status updates, activities and metrics of success:

Timeline Complete Date Status	Activity	Metric of Success
February 22, 2013 DONE	Identify key program components for which DODD will assume primary responsibility	Stakeholder notification Materials available on website(s)
April 1, 2013 DONE  Ongoing—monthly, at least initially	Identify schedule for stakeholder meetings  <u>MEETINGS WILL HAVE PURPOSE OF:</u> Reviewing past stakeholder recommendations and gather stakeholder input into plans for: <ul style="list-style-type: none"> <li>• Articulation of mission and approaches to early intervention</li> <li>• Public awareness (outcomes, features/components, evidence)</li> <li>• Implementation with timelines and evaluation measures</li> <li>• State, regional, and local infrastructure changes to support and sustain (including funding)</li> <li>• Training, technical assistance and professional development</li> <li>• Measuring program-wide consistency and fidelity</li> <li>• Aligning state and local processes for oversight, monitoring, reporting, supports</li> <li>• Sustainability, including financing, infrastructure, fidelity, &amp; quality</li> <li>• Alignment/coordination with Ohio Health Transformation efforts</li> </ul>	Invitations sent Schedule posted on website Agenda for meetings outlined (which topic at which meeting) Responsibilities DODD & ODH written Location secured  <u>June 2014:</u> Survey to field to assess extent to which stakeholder believe they have contributed to the input for processes and processes for garnering input
April 26, 2013 DONE	DODD and ODH will review EISOP contractual language for adherence to federal requirements	Agreed upon revisions sent to ODH Legal for revisions of EISOP agreements
May 1, 2013 DONE  DONE	Identify funds and fund types needed for DODD primary responsibility and mechanism for funding allocation and transfer <ul style="list-style-type: none"> <li>• April through June, 2013</li> <li>• for SFY 14</li> <li>• for SFY 15</li> </ul>	DODD project manager hired prior to July 1, 2013; DODD regional consultants hired as close to July 1, 2013 as possible; Operating protocol and funding mechanisms in place for SFY 14 and 15
	ODH and DODD will meet and discuss revisions to current statewide IFSP training; workgroup identified	Meeting completed by deadline
July 1, 2013 DONE	Identify parameters for “primary responsibility” including agency responsibility for communication to the field around the program component, oversight and mechanism for regular communication to the lead agency	Developed within Operating procedures (page 18) and Appendix 1 (page 21)

*Ohio Health and Human Services Cabinet  
PROJECT MANAGEMENT TEMPLATE*

Timeline Complete Date Status	Activity	Metric of Success
First quarter of SFY '14 IP (In Progress)	Identify and create a time & activity process requirement for DODD and ODH staff aligned with A-87 Circular federal guidelines	Implement T & A
IP	Identify and create plan for evaluating local system processes for child & family Evaluation & Assessment, IFSP outcomes and determination of service need in order to contribute to the monitoring conducted by the Lead Agency	Plan shared and discussed
IP	ODH & DODD will examine the IFSP Form & Rule draft Revision	New form and draft rule ready for posting & public comment
IP	ODH & DODD will examine Evaluation & Assessment Form & Rule draft Revision	New form and draft rule ready for posting & public comment
IP	Discuss and agree upon the parameters of sharing data collected on children & families in Early Intervention	ODH and DODD agree upon and put into place data sharing agreement
First Quarter of SFY 14	ODH and DODD will meet and discuss changes anticipated with rule revision for training, technical assistance, data collection, and monitoring.	Agreement in place for any necessary changes with anticipated schedule for rule revision and JCARR filing.
	Review current ODH and DODD <b>program forms</b> to identify needed changes, reductions (including eligibility determination, assessment of child and family, IFSP development, service provision in alignment with the Mission & Key Principles document in natural environments and Federal law and regulations; with CSPD initiatives underway	If revisions are needed, both DODD and ODH will lead process of rule revision no later than December 31, 2013
	Review current ODH and DODD <b>program rules</b> to identify needed changes, reductions (including eligibility determination, assessment of child and family, IFSP development, service provision in alignment with the Mission & Key Principles document in natural environments and Federal law and regulations; with CSPD initiatives underway	If revisions are needed, both DODD and ODH will lead process of rule revision no later than December 31, 2013
	Review of <b>Early Track's alignment</b> with program rules and monitoring processes; determination of data needs, timelines, and location between paper and electronic file that reflect both state and local provider needs	A joint communication will explain to all in HMG who will collect what data and where (and how/if links to other data collection systems)

*Ohio Health and Human Services Cabinet  
PROJECT MANAGEMENT TEMPLATE*

<b>Timeline Complete Date Status</b>	<b>Activity</b>	<b>Metric of Success</b>
Second Quarter of SFY 14	ODH will review the existing Service Coordination credential for focus on Part C requirements and teaming practices; will engage stakeholders for input	Complete review and gather stakeholder input by deadlines; Revise OAC rule as needed, but process started no later than December 31, 2013
	Identify viability of financing EI with Medicaid, including potential SPA (or other mechanism)	DODD convene necessary State participants to identify viability of Medicaid financing for Evidenced based EI services aligned with Federal Part C requirements; DODD develop a draft plan for communication with stakeholders
	Develop work plan for remainder of SFY 14, and for SFY 15.	Submit revised work plan to OHT as well as EI stakeholders.
	Final review of all HMG EI rules prior to posting with revisions as needed	Revisions as needed are created & ready
	An Early Track development plan and timetable will be agreed upon	Plan in place by deadline
	Create a plan, collect feedback RE: releasing funds in a regional competitive grant for SFY 2015	Project Team recommendation to Director of Health drafted; finalized and sent by November 1, 2013
	Create a plan and collect feedback RE: Regional intake & referral (12 regions) or possible single, centralized statewide referral & intake	Project Team recommendation to Director of Health drafted; finalized and sent by November 1, 2013
	Drafted RFP for agreed upon funding allocation	RFP drafted and started through ODH
	Funds allocation plan finalized and sent to Director of Health for approval	Approval/Revision of Plan; Communication with Project Team during process
	Central Intake & Referral plan finalized and sent to Director of Health for approval	Approval/Revision of Plan; Communication with Project Team during process
	IFSP Training revision work completed	TTT with ODH and DODD trainers who will deliver the revised IFSP training
	ODH and DODD will jointly plan and participate in service provider quality improvement (on-site and related) activities, including evaluation of EI service provision, training and technical assistance, to ensure that our joint work is linked and coordinated.	Plan agreed upon and implemented

Timeline Complete Date Status	Activity	Metric of Success
Third Quarter of SFY 14	Link with national associations, national Part C systems and coordinators and training systems established in other states to increase our linkage with national communities of practice	ITCA, Burke CoP, others TBD
	Explore need and mechanism for providing parent stipends for parents participating in DODD stakeholder work. [ODH will continue to finance parent participation for EI stakeholder work for SFY '14.]	Determine SFY '15 stakeholder work activities and plan for EI parent participation and leadership; research financing options for paying parent stipends and stipend costs for one year.
	Address Ohio's "Comprehensive system of professional development" through partnerships with Higher education, sister agencies and state initiatives (e.g. ELCG RTTT), parents and other stakeholders and licensing boards	Meet with higher education professionals currently engaged in EI PD  Meet with OT, PT, & SLP licensing boards  Creation of Community of Practice for various disciplines/providers
	Explore: additional training options to enhance skills of interventionists for working with families of children with low incidence disabilities (vision, hearing) that align with the Mission & Key Principles document (Ski*Hi [HI]; PLAY/RT [relationships, SE, communication]; VISAA [VI]); Develop certificate for completion of provider training; Develop training for all EI providers on federal Part C intent and requirements and evidence based practices	TBD
	Make available IFSP training statewide	TBD

**Project Budget**

Fiscal staff from both agencies worked together to determine the amount of funding to be transferred from ODH to DODD for both direct services and administrative costs.

**BUSINESS REQUIREMENTS AND SOLUTION**

It is the opinion of the Project Team that the business requirements and solution have been precisely what the ODH and DODD have worked on inter-agency meetings since August 2012 and these details are described in the project purpose and work plan.

**DELIVERABLES**

**Implementation Budget**

Fiscal personnel from ODH and DODD will work together to identify the amount of funding to be dispersed from ODH to DODD to support their newly assumed responsibilities in the state's Early Intervention program. The planned shared resources are the state Part C allocation; the

dispersal of funds to DODD will enhance the shared work load, and shared expertise and commitment to creation of a coordinated EI system, as required under IDEA.

To support the work identified through this process, DODD will seek increased appropriation for SFY14/15 via the Controlling Board. Funds to support DODD Early Intervention staff, their training, materials/equipment and other supportive needs identified in the Operating Protocol for SFY14 will be transferred to DODD via ISTVs submitted to ODH on a monthly basis, or more frequently if necessary (though not more than bi-weekly). Both agencies strive for efficiency in inter-agency interactions and as such will continue to explore alternative approaches to cash transfers for payroll and supportive services.

## **Legislation**

Ohio Revised Code 3701.61 sets forth the following:

- (B) The director of health may enter into an interagency agreement with one or more state agencies to implement the help me grow program and ensure coordination of early childhood programs; and
- (C) The director may distribute help me grow program funds through contracts, grants, or subsidies to entities providing services under the program.

Rules in Ohio Administrative Code 3701-8-01 through 3701-8-10.2 will be reviewed by the Project Team and other identified staff, as needed, to determine the need for revision. Forms incorporated into OAC chapter 3701-8 will also be reviewed to determine the need for revision.

The Ohio Administrative Code rule 5123:2-1-04 will be reviewed by the Project Team and other identified staff, as needed, to determine the need for revision or rescission.

## **Procurement**

The ODH will retain leadership over the Service Coordination grants to counties, via grant, inclusive of evaluation and assessment, IFSP development, and coordination for services, including payment for transportation and the Early Intervention System of Payment for SFY 2014.

As DODD identifies their readiness for transfer of program components (Evaluation & Assessment, IFSP Outcomes development, and Services), program components will be transferred. The grant for Service Coordination may be revised to remove the transferred program components and bid in a new competitive cycle for July 1, 2014 (SFY 2015) by the ODH.

Through discussion, both parties agreed that the grant funds that ODH makes available for the Regional Infant Hearing Program (an EI service) will continue for SFY 2014. During SFY 2014, a plan will be created about RIHP's continued existence and primary responsible party.

## Federal Funding and Compliance

The Office of Special Education Programs in the U.S. Department of Education requires “formal interagency agreements or other written methods of establishing financial responsibility, consistent with §303.511, that define financial responsibility of each agency paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary for meaningful cooperation and coordination as set forth in subpart F of this part.” (34 CFR §303.120(f)). This plan provides the framework for evaluation of other financing opportunities for EI, as required, and promotes increased and renewed engagement with a diverse stakeholder group for policy and implementation promotion. Finally, this plan promotes Ohio’s increased focus on service delivery that is evidence based, coordinated, and cohesive as required in the federal law. Important website links for the federal Part C regulations include:

<http://ectacenter.org/partc/partc.asp>

<http://www.ectacenter.org/topics/natenv/natenv.asp>

## STAKEHOLDER ADVISORY GROUP:

This Advisory group is made up of Help Me Grow Advisory Council (HMGAC) members, and additional parents/family members and representatives from provider and state agencies.

+represents state agency partners engaged in additional high level decision making work

\*represents HMGAC

NAME	ORGANIZATION	EMAIL
+Michelle Albast	ODJFS/Child Care	<a href="mailto:Michelle.Albast@jfs.ohio.gov">Michelle.Albast@jfs.ohio.gov</a>
Melissa Arnold	Ohio AAP	<a href="mailto:marnold@ohioaap.org">marnold@ohioaap.org</a>
Ronni Bowyer	Parent	<a href="mailto:rbowyer@laca.org">rbowyer@laca.org</a>
*Kellie Brown	Superintendent, CBDD	<a href="mailto:KBrown@guernseycountydd.org">KBrown@guernseycountydd.org</a>
Peg Burns	EI Provider Association: MH	<a href="mailto:Burns@TheOhioCouncil.org">Burns@TheOhioCouncil.org</a>
*+Joyce Calland	OFCFC	<a href="mailto:calland.11@osu.edu">calland.11@osu.edu</a>
Brenda George Brodbeck	Prof. Dev., Occupational Therapy	<a href="mailto:Bgot4kids@sbcglobal.net">Bgot4kids@sbcglobal.net</a>
Stephanie Champlin	Parent	<a href="mailto:sa_champlin@yahoo.com">sa_champlin@yahoo.com</a>
Kim Christensen	Professional Development, BGSU	<a href="mailto:kchris@bgsu.edu">kchris@bgsu.edu</a>
*Tom Dannis	ODE/IDEA Part B	<a href="mailto:tom.dannis@ode.state.oh.us">tom.dannis@ode.state.oh.us</a>
Cindy Davis	FCFCA	<a href="mailto:fcfc@suddenlinkmail.com">fcfc@suddenlinkmail.com</a>
*Margaret Demko	Parent	<a href="mailto:mdemko@vintonohhealth.org">mdemko@vintonohhealth.org</a>
*Robert Denhard	Ohio Insurance	<a href="mailto:Robert.Denhard@insurance.ohio.gov">Robert.Denhard@insurance.ohio.gov</a>
*Laurie Dinnebeil	Professional Development- Univ. Toledo	<a href="mailto:LAURIE.DINNEBEIL@utoledo.edu">LAURIE.DINNEBEIL@utoledo.edu</a>
*Verline Dotson	Cincinnati Community Action	<a href="mailto:vdotson@cincy-caa.org">vdotson@cincy-caa.org</a>
John Duby	Pediatrician	<a href="mailto:jduby@chmca.org">jduby@chmca.org</a>
*Denielle Ell-Rittinger	ODJFS/Child welfare	<a href="mailto:Denielle.Ell-Rittinger@jfs.ohio.gov">Denielle.Ell-Rittinger@jfs.ohio.gov</a>
Marilyn Espe-Sherwindt	Akron Children’s Hosp and FLC	<a href="mailto:mespeshe@kent.edu">mespeshe@kent.edu</a>
Amanda Runyon-Lynch	Parent	<a href="mailto:Amara614@yahoo.com">Amara614@yahoo.com</a>

*Ohio Health and Human Services Cabinet  
PROJECT MANAGEMENT TEMPLATE*

Sharon Gibbs	HMG Contract Manager	<a href="mailto:sharon.gibbs@odh.ohio.gov">sharon.gibbs@odh.ohio.gov</a>
Earnestine Hargett	Disability Rights Ohio	<a href="mailto:ehargett@disabilityrightsohio.org">ehargett@disabilityrightsohio.org</a>
(TBD)	EI Providers: CBDD	
Shawn Henry	OICALI	<a href="mailto:shawn_henry@ocali.org">shawn_henry@ocali.org</a>
*Karen Hughes	ODH	<a href="mailto:karen.hughes@odh.ohio.gov">karen.hughes@odh.ohio.gov</a>
+Terry Jones	ODMH	<a href="mailto:Terry.Jones@mh.ohio.gov">Terry.Jones@mh.ohio.gov</a>
Monica Juenger	OHT	<a href="mailto:Monica.juenger@governor.ohio.gov">Monica.juenger@governor.ohio.gov</a>
+Jennifer Justice	ODJFS-Child Welfare (CAPTA)	<a href="mailto:Jennifer.justice@jfs.ohio.gov">Jennifer.justice@jfs.ohio.gov</a>
Vicki Kelly	EI Providers: Community	<a href="mailto:vickik@childhoodleague.org">vickik@childhoodleague.org</a>
(TBD)	EI Provider: MH	
Alicia Leatherman	ELCG/RTTT; Child Care	<a href="mailto:alicia.leatherman@jfs.ohio.gov">alicia.leatherman@jfs.ohio.gov</a>
*Urvia LeSure	Local Education Agency	<a href="mailto:Urvialesure@hotmail.com">Urvialesure@hotmail.com</a>
Julie Litt	EI Providers: CBDD	<a href="mailto:jlitt@renewhope.org">jlitt@renewhope.org</a>
Melissa Manos	HMG Contract Manager	<a href="mailto:mmanos@helpmegrow.org">mmanos@helpmegrow.org</a>
+John McCarthy	Medicaid, Director	<a href="mailto:John.mccarthy@medicaid.ohio.gov">John.mccarthy@medicaid.ohio.gov</a>
Leslie McClain	OACB	<a href="mailto:lmcclain@oacbddd.org">lmcclain@oacbddd.org</a>
+Deb Moscardino	Medicaid	<a href="mailto:Debra.moscardino@medicaid.ohio.gov">Debra.moscardino@medicaid.ohio.gov</a>
Nancy Neely	CBDD Superintendents	<a href="mailto:nancy.neely@lcountydd.org">nancy.neely@lcountydd.org</a>
Kristie Pretti-Frontczak	Professional Development, KSU	<a href="mailto:Kristie.b2k@gmail.com">Kristie.b2k@gmail.com</a>
Paula Rabidoux	Professional Development, SLP, OSU	<a href="mailto:Paula.Rabidoux@osumc.edu">Paula.Rabidoux@osumc.edu</a>
+Angel Rhodes	Governor's Office, EC	<a href="mailto:angel.rhodes@governor.ohio.gov">angel.rhodes@governor.ohio.gov</a>
Ilka Riddle	University Centers of Excellence/DD	<a href="mailto:Ilka.riddle@cchmc.org">Ilka.riddle@cchmc.org</a>
Angela Sausser-Short	OFCFC	<a href="mailto:angela.sausser-short@education.ohio.gov">angela.sausser-short@education.ohio.gov</a>
Stephanie Siddens	ELCG/RTTT; Early Learning	<a href="mailto:Stephanie.Siddens@education.ohio.gov">Stephanie.Siddens@education.ohio.gov</a>
Pam Stephens	EI Providers: CBDD	<a href="mailto:pstephens@nikecenter.org">pstephens@nikecenter.org</a>
Yolanda Talley	ODJFS	<a href="mailto:Yolanda.Talley@medicaidohio.gov">Yolanda.Talley@medicaidohio.gov</a>
Mark Tasse	University Centers of Excellence/DD	<a href="mailto:marc.tasse@ostasse@osumc.edu">marc.tasse@ostasse@osumc.edu</a>
Gary Tonks	ARC	<a href="mailto:arcohio@rrohio.com">arcohio@rrohio.com</a>
*Sheila Torio	Head Start	<a href="mailto:sheilatorio@hotmail.com">sheilatorio@hotmail.com</a>
*Kim Travers	HMG Parent Co-chair	<a href="mailto:kntravers@windstream.net">kntravers@windstream.net</a>
Kay Treanor	ODDC	<a href="mailto:Kay.Treanor@dodd.ohio.gov">Kay.Treanor@dodd.ohio.gov</a>
*Barb Weinberg	ODE	<a href="mailto:Barbara.Weinberg@education.ohio.gov">Barbara.Weinberg@education.ohio.gov</a>
Jennifer Wissinger	Prof. Development, Physical Therapy	<a href="mailto:Jennifer.wissinger@hotmail.com">Jennifer.wissinger@hotmail.com</a>
Jane Whyde	FCFCA	<a href="mailto:jewhyde@fcs.co.franklin.oh.us">jewhyde@fcs.co.franklin.oh.us</a>
Sharon Woodrow	CBDD Superintendents	<a href="mailto:swoodrow@clermontdd.org">swoodrow@clermontdd.org</a>
+Sue Zake	ODE	<a href="mailto:Sue.Zake@education.ohio.gov">Sue.Zake@education.ohio.gov</a>
*Wendy Grove	ODH	<a href="mailto:Wendy.grove@odh.ohio.gov">Wendy.grove@odh.ohio.gov</a>
*Katrina Bush	DODD	<a href="mailto:Katrina.bush@dodd.ohio.gov">Katrina.bush@dodd.ohio.gov</a>
*Kim Hauck	DODD	<a href="mailto:Kim.hauck@dodd.ohio.gov">Kim.hauck@dodd.ohio.gov</a>

**Operating Protocol**

**A. Applicability.** This Operating Protocol was developed in order to administer Ohio’s Early Intervention system jointly and is applicable to the following agencies:

- a. Ohio Department of Health (ODH)
- b. Ohio Department of Developmental Disabilities (DODD).

**B. Purpose.** The purpose of this Operating Protocol is to implement the transfer the operational activities for specific Early Intervention program components to the Ohio Department of Developmental Disabilities (DODD) and to document the responsibilities of the participating state agencies in tasks related to funding, personnel, workflow, and data systems. This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within.

**C. Funding Responsibilities.** The funding sources identified for the time period specified in Table 1 below are committed to the transfer of specific Early Intervention program components to DODD.

**Operating Protocol Table 1 for Funding: 7/1/13 - 6/30/15**

Agency	Fund Source-Fund	Fund Source-ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Will Be Transacted
ODH	52P	Part C Federal	-\$616,563.09	84.181A	n/a	ODH will pay ISTVs submitted by DODD on a monthly basis or more frequently as needed beginning July 1, 2013.
DODD	3250	322612	+\$616,563.09	84.181	Up to \$25,000 for training development	via ISTV or other agreed upon method of funds transfer
ODH	52P	Part C Federal	-\$768,884.45	84.181A	n/a	ODH will pay ISTVs submitted by DODD on a monthly basis or more frequently as needed.
DODD	3250	322612	+\$768,884.45	84.181	Up to \$10,000 for training development	via ISTV or other agreed upon method of funds transfer

**D. Personnel.** Personnel identified below are committed to the transfer of specific Early Intervention program component responsibility to DODD.

**Operating Protocol Table 2 for Personnel: 7/1/13 - 6/30/15**

<b>Agency</b>	<b>Staff Person Name</b>	<b>Position</b>	<b>Functions Performed</b>
ODH	Karen Hughes, Jessica Foster, Lea Blackburn, Robin Bell & Wendy Grove	ODH Program	Discuss and determine program decisions in concert with DODD
DODD	Monty Kerr, Katrina Bush, & Program staff (TBD)	DODD Program	Discuss and determine program decisions in concert with ODH
ODH	Jim Felton, Reggie Surmon, & others	ODH Fiscal	Provide fiscal support to ODH program staff and DODD fiscal staff
DODD	Karin Hoyt & Other Fiscal Staff	DODD Fiscal	Provide fiscal support to DODD program staff and ODH fiscal staff
ODH	Lisa Eschbacher & Kaye Norton	ODH Legal	Provide legal support for ODH program staff and DODD legal staff; Provide rule filing support
DODD	Kate Haller & Becky Phillips	DODD Legal & Rules	Provide legal support for DODD program staff and ODH legal staff; Provide rule filing support
ODH & DODD	Sondra Crayton & Jonathan Thomas	ODH Data	Determine purpose, use, and level of access to share data between DODD and ODH
DODD	Matt Curren & Jason Lawless	DODD IT	

**E. Workflow**

This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified within. ODH will have primary responsibility for the following program components, in accordance with IDEA law and regulations:

- a. Public awareness program
- b. Comprehensive child find system
- c. Referral procedures
- d. Central directory
- e. Service Coordination services, including transition at age 3
- f. EI System of Payment
- g. Procedural safeguards and dispute resolution
- h. Data system
- i. SICC
- j. Family to family support
- k. Rules, forms, technical assistance, oversight and guidance related to the above
- l. General supervision & monitoring as defined in 34 CFR 303.700.

DODD will assume primary responsibility for the following program components, in accordance with IDEA law and regulations:

- a. Timely, comprehensive evaluation and assessment (child & family)
- b. IFSP outcomes development
- c. Evidence based early intervention services in natural environments (with the exception of service coordination)
- d. Comprehensive system of professional development
- e. Rules, forms, technical assistance, oversight and guidance related to the above.

Key workflow process transactions for the transfer of responsibility for Help Me Grow Early Intervention components to DODD are described below:

1. ODH and DODD will operate under the understanding of “primary responsibility” for Part C program components as the ability to make decisions at all program levels including:
  - a. Rule development;
  - b. Creation and distribution of related forms and/or procedures/guidance;
  - c. Training;
  - d. Technical assistance;
  - e. Data fields in Ohio’s Early intervention data collection system (Early Track);
  - f. Oversight; and
  - g. First point of contact for providers, state agencies and other entities.
2. ODH and DODD will share program products and processes (as listed in E.1.a-g) for mutual, reciprocal review and discussion prior to finalization and dissemination, including:
  - a. Each agency’s review of products and processes will include a determination of adherence to federal Part C of IDEA statute and regulations.
    - i. Program managers will initiate the communication
    - ii. A form may be used as a template for review
    - iii. In general, the agency with primary responsibility should be able to expect a response from the other agency within a week unless other time lines are agreed to for complex processes or other reasons.
  - b. If both agencies agree that the product or process is in line with the federal Part C requirements, the final decision about the product or process will rest with the agency with primary responsibility;
  - c. If there is disagreement about the product or process adherence to federal regulations, the agency with primary responsibility will draft a communication explaining the plan and requesting guidance from an OSEP approved/sponsored TA agency (ECTA or North Central Regional

- Resource Center) or the OSEP Ohio consultant. Both agencies will be required to participate on any scheduled call with OSEP. Decisions about the final product or process will be made based on the guidance provided by the TA agency or OSEP.
- d. Final decisions will be communicated by program leadership to EI staff at both ODH and DODD as well as with stakeholders to ensure consistent messaging. Each agency's review of the other agency's product or process will include an evaluation of the alignment of the product or process with the "Mission and Key Principles for Providing Early Intervention Services in Natural Environments (**M & K Ps**)."
3. DODD will develop a methodology for the evaluation and oversight of county/providers for Part C compliance and increased movement toward practices that are evidence based and exemplify the **M & K Ps** related to:
    - a. evaluation/assessment processes and product (reporting),
    - b. IFSP outcome development, and
    - c. EI services through the IFSP.
  4. ODH will monitor county and provider compliance with the federally mandated performance and compliance indicators through the *established protocols in place until such time other protocols are established*
    - a. ODH and DODD will jointly review the process and federal guidance for "general supervision" and seek assistance as needed from national TA consultants (e.g., ECTA, NCRRC) to refine the Ohio process, as needed, given the changes to the roles of primary responsibility.
    - b. ODH and DODD will jointly plan and participate in service provider monitoring (on-site and related) activities to ensure that our joint work is linked and coordinated.
  5. DODD and ODH will jointly create a set of metrics which will aid them in understanding when the program is succeeding or not and how to communicate the performance to the public, including non-APR measures of child and family outcomes (e.g., the level at which families believe the program has enhanced their supports to enhance their child's development).
  6. ODH will continue to investigate Part C due process complaints as a result of alleged violation of rights, even when the complaint is about evaluation/assessment processes and product (reporting), IFSP outcome development, or determination for EI services through the IFSP. DODD will always be included as a team member on any Part C due process investigation. Mediation and Administrative Hearings will be handled on a case by case basis, with legal counsel.

7. Should program leadership at DODD (EI project manager) or ODH (Part C Coordinator) find themselves in a dispute which cannot be resolved at the core team level, the processes for resolution include:
  - a. Quick resolution: A meeting to discuss the unresolved matter will be scheduled during the same week with agency leadership (Assistant or Deputy Directors) with a written resolution agreed upon as the outcome of the meeting.
  - b. Longer resolution: When resolutions to problems are not occurring through the discussion and meeting solution above, the two agencies, including Directors, will come together with a Mediator/Facilitator from the Office of Health Transformation who will recommend a path to solution.
  
8. Both agencies agree that EI staff will come together physically, alternating locations, for a program staff meeting no less than once per calendar month. Monthly meetings will provide a forum for discussion between the EI teams including issues and strengths identified at the local level.
  - a. The program leadership will come together as often as necessary in order to appropriately administer the Early Intervention program in Ohio.
  - b. Both agencies agree to fully participate in the SICC, or Help Me Grow Early Intervention Advisory Council planning and meeting attendance; each with shared responsibility for the agenda, coordination of meetings, and information sharing.
  - c. Both agencies will share responsibility for logging issues identified and addressed.

**F. Data Sharing**

1. ODH will provide to DODD EI program staff and supervisor(s) access to ET data under a data sharing agreement.
2. DODD will provide to ODH EI program staff and supervisor(s) access to DODD data on children in Early Intervention under a business associate agreement.

## Appendix 1: Definitions used in Project Management Plan

The Project Management Team will use the following definitions throughout the Project Management Plan document between DODD and ODH for the transition of activities and responsibilities to DODD and the collaborative partnership work:

“Oversight” means surveillance of performance and compliance in order to improve early intervention results and functional outcomes for all infants and toddlers with disabilities and their families.

“Monitoring” means the activities which the Individuals with Disabilities Education Act requires of Lead Agencies, as articulated in 34 CFR 303.700 to include: monitor the implementation of IDEA Part C, enforce the law and its regulations, apply sanctions as necessary for non-correction of noncompliance in order to improve early intervention results and functional outcomes for all infants and toddlers with disabilities.

“Quality Improvement” means regular measurement of processes and outcomes to analyze the performance of the system of Early Intervention. It involves the implementation of solutions to improve the EI service system from child find and public awareness through the delivery of early intervention services and the review of their effectiveness, with the goal of achieving optimal outcomes for children and their families. Ongoing cycles of change and re-measurement are implemented to test different ideas to determine which practices result in improved care. Principles of Quality Improvement:

1. Knowing why you need to improve
2. Having a way to get feedback to let you know if improvement is happening
3. Developing a change that you think will result in improvement
4. Testing change before any attempts to implement
5. Implementing a change

“General Supervision” means the activities which the Individuals with Disabilities Education Act requires of Lead Agencies, as articulated in 34 CFR 303.120 to include: administration and monitoring of the program, enforcing obligations, providing technical assistance, correcting non-compliance, and the development of procedures to implement the program.

“Primary responsibility” means responsibility for decision making authority, oversight, and responsibility for providing materials and leadership, with the other agency serving as a key partner, active in planning, input and decision making.