Infant-Toddler Program Records

Introduction

Infant-Toddler Program record broadly means any personally identifiable information in electronic, typed, printed, or handwritten form about a child or the child's family which is generated by early intervention providers, and which pertains to referral and eligibility determination, evaluation and assessment, development of an Individualized Family Service Plan, and the delivery of early intervention services. Records include information typically retained in a client record. Records may also include, but are not limited to: files; reports; studies; letters; minutes of meetings; memoranda; summaries; handwritten or other notes; charts; graphs; data sheets; financial eligibility information, billing and reimbursement information, and information stored on microfilm or microfiche or in computer-readable form. Personal notes made by service providers, kept in the sole possession of the maker, used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the records are not consider part of the Infant-Toddler Program record.

Because the Infant-Toddler Program is a multi-provider program, all relevant and covered information may be contained in the records of several providers. The Children's Developmental Services Agency is responsible for collecting all essential information related to a child's referral to and enrollment in the Infant-Toddler Program regardless of its origination in order to:

- document that the child's and family's entitlements under the Infant-Toddler Program were guaranteed;
- supply information for monitoring North Carolina's implementation of Part C of the Individuals with Disabilities Education Act;
- track and evaluate the outcomes and consequences of early intervention services on the development and lives of the children and their families, and
- provide the Children's Developmental Services Agency and other service providers with an organized collection of information to guide service planning and delivery

Information collected and stored on behalf of the Infant-Toddler Program must be organized in a systematic fashion, secured, and controlled by the Children's Developmental Services Agency. All of the collected information does not have to be physically kept in a single place. For example, financial and billing information may be organized and maintained by the Children's Developmental Services Agency business office, test protocols kept in a designated location, and programmatic information filed in a central Infant-Toddler Program chart on the child.

Service Coordinators and other service providers, who are not staff of the Children's Developmental Services Agency, must be diligent in providing all required Infant-Toddler Program documentation to the Children's Developmental Services Agency in an accurate and timely manner.

General Records Requirements

1. All service providers must follow Infant-Toddler Program safeguards related to confidentiality, privacy, and security of information. *(For additional information, see Policy Bulletin #11 - Confidentiality and Privacy Issues.)*

2. All service providers must follow Infant-Toddler Program requirements related to parental access and amendment of records. *(For additional information, see Policy Bulletin #15 - Parental Access and Amendment to Records.)*

3. Children's Developmental Services Agencies and enrolled Infant-Toddler Program service providers must maintain information related to the provision of services for each child and family served under the auspices of the Infant-Toddler Program. Information maintained by enrolled Infant-Toddler Program service providers must be available for review by the Children's Developmental Services Agency and the Early Intervention Branch of the Women's and Children's Health Section in the Division of Public Health at regularly scheduled intervals and on an as needed basis. Service providers must follow procedures developed by the Children's Developmental Services Agency for submitting required information to the Children's Developmental Services Agency in a timely fashion.

4. Infant-Toddler Program records, including financial and automated information, must be maintained for a minimum of five years following the child's twenty-first birthday. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time. Contract Children's Developmental Services Agencies must comply with the requirements of their host agency as well.

5. The Children's Developmental Services Agency must ensure that all needed documentation from an enrolled Infant-Toddler Program service provider is provided to the Children's Developmental Services Agency when services are no longer provided by that service provider. This termination of services might be due to mutual consent of the parent and service provider, the child moving away or transitioning out of the Infant-Toddler Program at age three, or a service provider's decision to no longer participate as enrolled Infant-Toddler Program service provider.

6. The North Carolina Infant-Toddler Program required forms must be used by all Children's Developmental Services Agencies and enrolled Infant-Toddler Program service providers without alteration unless allowed (e.g., some forms allow the Children's Developmental Services Agency to personalize the form with the Agency's name and contact information). When completed, forms must be submitted according to established timelines to the Children's Developmental Services Agency for filing in the child's central Infant-Toddler Program chart. While it is preferred that the original be submitted to the Children's Developmental Services Agency, copies are acceptable, particularly when the original is most appropriately given to the parent or the original should remain with the creator of the documentation (e.g., progress notes written by an enrolled Infant-Toddler Program service provider).

7. In addition to submitting required forms, Service Coordinators and other service providers, who are not staff of the Children's Developmental Services Agency, must submit to the Children's Developmental Services Agency copies of notes made in their records that are related to meeting

Infant-Toddler Program requirements, but which are not captured on any of the required forms. These notations, which must be sent at the time of the notation, include, but are not limited to:

- notification of Child and Family Rights;
- meeting native language/mode of communication requirements;
- training for surrogate parents;
- delays in meeting required timelines, and
- specific parent requests or concerns related to Infant-Toddler Program entitlements, child and family rights, or to Individualized Family Service Plan.

These notes are to be filed in the child's central Infant-Toddler Program chart at the Children's Developmental Services Agency.

8. In addition to collecting and maintaining required Infant-Toddler Program forms and certain notations described in item #7 above, the following must also be collected and maintained as part of the Infant-Toddler Program Record on the child:

   - all written correspondence related to the child and family;
   - all evaluation reports;
   - medical records and other important information from other service providers, and
   - a termination summary or detailed discharge note.

   Service providers, who are not staff of the Children's Developmental Services Agency, must provide copies of any of the above that is relevant to the child's enrollment in the Infant-Toddler Program to the Children's Developmental Services Agency at the time the information is generated.

9. If a family moves to a new Children's Developmental Services Agency catchment area, the original records, including financial and electronic records, are to be kept by the sending Children's Developmental Services Agency with copies of relevant information sent to the new Children's Developmental Services Agency. Written parental authorization is not required to release the information to the new Children's Developmental Services Agency. The information should be sent by a secure means and not be given to the parent to deliver.

North Carolina Infant-Toddler Program Required Forms

The North Carolina Infant-Toddler Program requires the use of certain forms by all Children's Developmental Services Agencies (state operated and contract) and by all enrolled Infant-Toddler Program service providers. These required forms are listed below by categories that indicate which service providers are to use them. Some of the forms will not be used by everyone engaged in providing services as they are to be completed by the Children's Developmental Services Agency or the assigned Infant-Toddler Program Service Coordinator in fulfilling their designated responsibilities. In addition, some child specific forms will not be applicable to all children and their families. These forms may be obtained from the Children's Developmental Services Agency or the Infant-Toddler Program, Division of Public Health, 1916 Mail Service Center, Raleigh, NC 27699-1916. Telephone: (919) 707-5520.

Required for use by all Children's Developmental Services Agencies and enrolled Infant-Toddler Program service providers, as appropriate

North Carolina Department of Health and Human Services Authorization for Disclosure of Health Information for Research
Form DHHS-1001Authorization to Disclose Health Information for Research
North Carolina Infant-Toddler Program Accounting of Release/Disclosure and Record Access Form
Form ITP 7007 Release Disclosure & ITP 7007A [Spanish version]
North Carolina Infant-Toddler Program Authorization to Disclose Health Information
Forms ITP 7001 Authorization to Disclose & ITP 7001A [Spanish version]
North Carolina Infant-Toddler Program/Children's Developmental Service Agency Written Parental Consent for Evaluation
Form ITP 7013 Written Consent & ITP 7013A [Spanish version]
North Carolina Infant-Toddler Program Confidentiality Agreement
Form ITP 7015 Confidentiality Agreement & ITP 7015A [Spanish version]
North Carolina Infant-Toddler Program Data Form
Form ITP 7024 ITP Data
North Carolina Infant-Toddler Program Initial Parental Consent and Acknowledgement
Form ITP 7018 Initial Parental Consent & ITP 7018A [Spanish version]
North Carolina Infant-Toddler Program Permission to Photograph
Form ITP 7033 Permission to Photograph
North Carolina Infant-Toddler Program Request for Restrictions on Use and Disclosure of Health Information
Forms ITP 7009 Request for Restrictions & 7009A [Spanish version]
North Carolina Infant-Toddler Program Written Prior Notice
Form ITP 7014 Written Prior Notice & ITP 7014A [Spanish version]
North Carolina Infant-Toddler Program Individualized Family Service Plan [IFSP]
Form ITP 7025 IFSP
North Carolina Infant-Toddler Provider Travel Reimbursement Forms
ITP 7028 ITPP Travel Reimbursement, 7029 ITP Individual Travel Form, and 7030 ITPP Agency Travel Invoice
Office of the State Controller Cover Sheet for Medicaid Reimbursement
Controller's Office Form

Required for use by all Children's Developmental Services Agencies and their enrolled Infant-Toddler Program providers of service coordination

North Carolina Infant-Toddler Program Biological Parent Notification Letter
Form ITP 7026 Biological Parent Notification & ITP 7016A [Spanish version]
North Carolina Infant-Toddler Program Financial Eligibility Application
Form ITP 7021 Financial Eligibility & ITP 7021A [Spanish version]
North Carolina Infant-Toddler Program Individual Child Complaint Resolution Agreement
Form ITP 7016 Complaint Resolution Agreement & ITP 7016A [Spanish version]
North Carolina Infant-Toddler Program Intake Forms, Welcome to My New World and Welcome to My World
Forms ITP 7031 WTMNW & ITP 7031A WTMNW (Spanish Version) - Infants
Forms ITP 7032 WTMW & ITP 7032A WTMW (Spanish Version) - Toddlers & very young children
7031-32 WTMW Guidance document

North Carolina Infant-Toddler Program Parent Request for Individual Child Complaint Resolution
Form ITP 7017 Request Complaint Resolution & ITP 7017A [Spanish version]
North Carolina Infant-Toddler Program/Preschool Program Referral Form
Form CDSA 7020 Referral Form (Infant-Toddler & Preschool elements combined on one form)
North Carolina Infant-Toddler Program Surrogate Parent Appointment Letter
Form ITP 7011 Surrogate Parent Appt & ITP 7011A [Spanish version]
North Carolina Infant-Toddler Program Surrogate Parent Identification of Need
Form ITP 7010 Surrogate Parent Identification
North Carolina Infant-Toddler Program Surrogate Parent Termination Letter
Form ITP 7012 Surrogate Parent Termination & ITP 7012A [Spanish version]
North Carolina Infant-Toddler Program Notice of Eligibility Decision
Form ITP 7019 Notice of Eligibility & ITP 7019A [Spanish version]
North Carolina Infant-Toddler Program Service Order Form
Form ITP 7022 Svc Order

Required for use by state operated Children's Developmental Services Agencies

North Carolina Infant-Toddler Program Respite & Transportation Authorization Form
Form ITP 7005 Respite & Transp Auth
North Carolina Infant-Toddler Program Respite Invoice
Form ITP 7006 Respite Invoice & ITP 7006A [Spanish version]
North Carolina Infant-Toddler Program Transportation Invoice
Form ITP 7007 Trans Invoice & ITP 7007A [Spanish version]

Required for use by use by state operated Children's Developmental Services Agencies and their enrolled Infant-Toddler Program providers of service coordination

Purchase of Medical Care Services Authorization Request Form
Adapted for ITP 3056 ITP POMCS

Required for use by enrolled Infant-Toddler Program service providers billing Medicaid through the Children's Developmental Services Agency and recommended for other enrolled Infant-Toddler Program service providers who bill Medicaid directly

North Carolina Infant-Toddler Program Service Note and Billing Ticket
Form ITP 7004; 3 versions available

Required for use by all enrolled Infant-Toddler Program service providers if they do not send copies of their original notes to the Children's Developmental Services Agency

North Carolina Infant-Toddler Program Monthly Summary Form
Form ITP 7023 Monthly Summary

Required for use by specialized therapists seeking Medicaid Payment

Division of Medical Assistance Prior Authorization Request of Outpatient Specialized Therapy Services
DMA Prior Authorization Request

Required for use by private providers to establish themselves with the Office of the State Controller as a vendor for electronic payment reimbursement

Office of the State Controller Vendor Electronic Payment Form
Controller's Office form

Quantitative Record Documentation Requirements

1. Documentation must be complete and legible.

2. All handwritten entries in the child's record must be made in black, permanent ink, never in pencil.

3. All entries in the child's chart must be entered and filed in chronological, sequential order by section.

4. Each page in the child's chart must contain specific child identifying information to ensure that it is filed in the appropriate chart. The child's full name (first name, middle initial, and last name) and date of birth must be included on every page. Information received from other agencies or providers must have the child's full name on each page, or at least on the first page of any stapled group of pages.

5. Mistakes must be corrected by striking a single line through the error, entering the correction, initialing and dating the correction. For example:
NLR, 7-3-04, male
"Jason is a two and one half year old ~~female,~~ living at home with both parents."
Erasure, blotting out, correction fluid, and correction tapes are not allowed. The original entry must remain visible and readable in the chart. Peel and stick progress note sheets may be used in the chart, as long as they are not attached over any existing information.

6. The following requirements regarding symbols and abbreviations must be followed by the Children's Developmental Services Agencies and all enrolled Infant-Toddler Program providers.

   a. Only symbols and abbreviations from the ***North Carolina Infant-Toddler Program Approved Symbol and Abbreviation List*** may be used in all official Infant-Toddler Program records, including test protocols. This approved list may be obtained from the Children's Developmental Services Agency.

   b. An addendum to the approved list may be developed to include local abbreviations, as needed. Abbreviations listed in ***Webster's New Collegiate Dictionary*** may be used without having to be listed in the addendum. The addendum must be approved by the Children's

Developmental Services Agency and maintained at the Children's Developmental Services Agency and at the enrolled Infant-Toddler Program service provider's location and made easily accessible to all persons who enter information in client records.

c. Abbreviations for tests and diagnoses that are not included in the approved list or addendum may be used provided the word to be abbreviated is first spelled out and followed by the abbreviation in parenthesis, for example, "The Mullen Scales of Early Learning (MSEL) was administered" or "The child was on continuous positive air pressure (CPAP) for five days". A new entry, such as another progress note, would require again spelling out the word to be abbreviated along with the designated abbreviation.

d. In general, symbols and abbreviations are not to be used in clinical reports. Symbols and abbreviations are primarily for use in progress or treatment notes. When a symbol or abbreviation is used in a note, the entry must be clear enough for an insurance company to understand the exact service that has been provided in order to avoid problems with reimbursement.

e. Medical abbreviations included in the approved list may be used in progress notes, if needed, but are primarily included for service providers to use when interpreting reports sent to them from outside sources.

7. All entries in the child's record must be dated and properly signed by the person delivering the service. The date entered next to the service provider's signature is always the date the entry was signed by the service provider, which is not necessarily the date that the service was provided. The signature and date must always be handwritten by the service provider at the time of signature. Signature stamps may not be used. For a signature to be complete, legal, and valid for purposes of billing, it must:

   a. Be an original, legal signature of the individual making the entry. The legal signature is the signature that a person uses on any other legal document, such as a social security card, other forms of legal identity, and professional licenses. Generally, it is the first name, middle initial, and last name, or, in the case of an individual who goes by his/her middle name, first initial, middle name, and last name, and

   b. Contain the credentials of the individual making the entry. The credentials used are those that support the fact that the person making the entry possesses the appropriate skills to do whatever he has documented. Professional credentials define the scope of practice of an individual and the types and kinds of care that the individual is legally authorized to provide. In addition, credentials signify that an individual was appropriately trained to perform a specific task. Professional credentials should be used for all clinical staff since state classification or job title does not imply competency to provide a service. Service providers working toward Infant, Toddler & Family certification, both professional and associate levels, must indicate their provisional status by adding a "P" to their credential (e.g., ITFS-P or ITFA-P). For example:

Johnny P. Doe, M.A., LPA *10/03/04*
Staff Psychologist Date

Jane S. Doe, ITFS-P *10/03/04*
EI Service Coordinator Date

Also, acceptable is the typed entry of credentials:

Mary M. Doe *10/03/04*
ITFS, EI Service Coordinator Date

A list of names, signatures, professional credentials, and job titles of all persons who enter information in children's records must be maintained by the Children's Developmental Services Agency.

Qualitative Record Documentation Requirements

General Guidelines

All encounters must be documented in the child's record through an evaluation report or comprehensive intervention, consultation, or progress note. All services provided must be documented in the child's record, including contacts with or on behalf of a child and family, regardless of whether or not a Current Procedural Terminology code was billed. A progress note is also required for planning, follow-up, tracking activities, and telephone calls with or about a specific child and his family.

The Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes reported for reimbursement or entered on billing statements must be supported by the documentation found in the child's record for each entry. There must always be clear and distinct documentation in the record for each service billed, and the completed encounter forms or billing tickets must be traceable to a supporting progress note, evaluation, or report. Documentation must also support the intensity of evaluations or intervention, the complexity of decision making, the appropriateness of the service provided, and the thought processes of the service provider. Children's Developmental Services Agencies and enrolled Infant-Toddler Program service providers must assure that all documentation requirements are met, regardless of the funding or reimbursement source.

For all specialized therapy services, a Children's Developmental Services Agency approved evaluation must demonstrate the child's need for services, supported by an Individualized Family Service Plan, and ordered by a physician, physician's assistant, or nurse practitioner, prior to the initiation of the service. Providers of specialized therapies must comply with the outpatient specialized therapies and prior approval policies set forth by the Division of Medical Services for children with Medicaid. In addition, service providers must comply with similar policies established by other funding sources such as Health Choice and private insurance companies.

All services provided by the Children's Developmental Services Agency or enrolled Infant-Toddler Program services providers must be documented on the child's Individualized Family Service

Plan. Any changes in services must involve the Service Coordinator and follow all Infant-Toddler Program and other appropriate documentation guidelines, such as Written Prior Notice.

Sensitive Information

Information given, collected, or recorded about an individual should be for a specific reason and that reason must guide decisions concerning relevance. The information recorded about a family should be necessary to provide services for the child and family or to support diagnoses made at the time of evaluation. Professionals must use good judgment regarding relevance or sensitivity when determining what should be documented realizing that any documented information has the potential to be reviewed and released. For instance, a parent who indicates he used drugs once four years ago and another parent who responds that he uses drugs on a daily basis have very different needs and the needs of their children may vary greatly. The relevance of the drug history is vastly different for the two parents. A professional using sound clinical judgment will only document information about a parent's drug history if it is relevant to the provision of services for the child and family. In addition, professionals need to consider that one parent may share information, such as a previously terminated pregnancy, which is not known to the other parent, or one parent might report unbeknownst to the other parent instances of domestic violence. The professional must consider the need for recording such information and the consequences, if the information is recorded and read by the parent who is unaware that the information has been shared.

If a professional concludes that certain information must be documented for possible legal or other reasons, the professional should enter this information in a progress note rather than including the information in an evaluation report, which may need to be released to others in order for services to be provided. In regards to documenting information related to child abuse or neglect issues, professionals must pay careful attention to factual information when documenting excluding speculation and opinion. Again, the decision to include anything about a substantiated abuse or neglect situation must be based on the relevance of the information to determining eligibility and providing appropriate services.

It is recommended that service providers use objective language and avoid the use of subjective opinion or statements when entering documentation about a child or his family. If an opinion is warranted, it must always be predicated with a evidential or qualifying clause, such as, "Jason appeared to be sleepy during today's evaluation, as evidenced by his sluggish and somewhat cranky behavior," or, "Toward the end of the session, Jason's dad apparently became a bit concerned with the time, as he was seen glancing at his watch several times." In order to protect the privacy of others related to the child, service providers should be careful to use only the child's name when documenting in the child's record. It is recommended that references to others be made by their relationship to the client rather than by their name.

Evaluation Reports

All evaluations and reports performed by the Children's Developmental Services Agency and enrolled Infant-Toddler Program services providers must demonstrate full compliance with the Infant-Toddler Program policies and procedures for children under three as set forth in the ***North Carolina Infant-Toddler Program Policy and Procedure Manual***. *(For additional information, see Policy Bulletin #21 - Evaluations and Assessments.)* The amount of time spent, as defined by the Current Procedural Terminology code, must be documented in the child's record. Multiple encounters to

complete a service may be documented in an integrated report; however, the purpose, the date for each encounter, and time duration must be clearly indicated. All evaluations and findings should clearly document the child's condition, developmental and medical history, identified health risk factors, functioning level, and diagnosis including past and current diagnoses, all of which form the basis for determining the need for services that are to be subsequently provided. Separate signature pages on evaluation reports are discouraged. If signatures appear at the end of the report, they should be a natural continuation of the typing flow. Evaluation reports must be written so the parent and non-clinicians can understand the findings and recommendations. Reports must be free of technical jargon, easy to understand, and sensitive to the family. If it is necessary to include discipline-specific terminology, these expressions must be explained.

Progress Notes

If more than one service provider is involved in providing one service in a single encounter, the primary service provider is responsible for writing the note, listing all the staff involved. The primary service provider is responsible for submitting the pertinent billing, if applicable, and would be the only person required to sign the note. However, if two or more distinct services were provided by multiple persons during a single encounter, then each distinct service would require a separate note and dated signature, each documented by the service provider who provided the service. The services provided by distinct disciplines dictate how many notes are required per encounter. For example, if a physical therapist and a speech-language therapist make a joint visit to see a child, and the physical therapist provides thirty (30) minutes of physical therapy and the speech-language therapist provides forty (40) minutes of speech therapy, then each person must write a separate progress note in the child's record, documenting the child's progress, the amount of time spent providing the service, the number of service units, etc., complete with dated signature. In addition, each service provider is responsible for submitting the appropriate billing, specific to the service that was provided.

Documentation for intervention and service coordination must be supported by written, measurable outcomes in the child's Individualized Family Service Plan, following recommended practice. Progress and response to intervention must be written in measurable terms and refer to specific written outcomes in the service plan. Any issues surrounding the child's lack of response to intervention, including the parent's lack of participation or follow through, should be documented in the client record. For service providers providing both intervention services and service coordination, each progress note should include the following, with the items in bold being mandatory:

- **Date of service or contact;**
- **Place of service;**
- **All parties, including family members and other caregivers, involved in the service;**
- **ICD-9-CM diagnosis that supports the service provided;**
- The child's status using objective terms to describe progress or regression noted, focusing on child function or changes in function;
- **Specific interventions and methods utilized, referencing all outcomes that were the focus of the service or intervention and specifically listed on the Individualized Family Service Plan;**
- **The effectiveness of the interventions used, measurable progress noted, and the child's and family's or caregiver's response to those interventions and recommendations;**

- Any adjustments needed to intervention strategies and activities;
- Follow-up recommendations, as appropriate;
- **The amount of time spent providing the service**; and
- **The number of units.**

Record Closure

When a child exits the Infant-Toddler Program, the Service Coordinator must update and close the child to the Infant-Toddler Program. An "exit or discharge" note should describe the reasons for the child's leaving the Infant-Toddler Program, and these reasons should match with what is entered on the ***North Carolina Infant-Toddler Program Data*** form under "Program Exit". The Service Coordinator must update the child's Individualized Family Service Plan, indicating the status of outcomes at the time of the child's exit, and update any information in the child's electronic record. All child and family rights related to program discharge must be followed. These include, but are not limited to, Written Prior Notice, Native Language/Mode of Communication, and Surrogate Parent, as applicable.