



Overview

Montana Milestones Family Education and Support (FES) Guidance Document: This document establishes required practices for implementing the FES program for children and young persons with disabilities. Training and/or notification of changes will be provided when this document is updated.

Administration for this program is provided by the Early Childhood and Family Support Division of the Montana Department of Public Health and Human Services.

FES is an intervention services system that helps children and young persons with disabilities beginning at age 3 to 16 years and their families to access intervention services that will:

- Enhance the child or person's development;
- Minimize the likelihood of institutionalization and maximize independent living; and
- Enhance the capacity of families to meet the needs of their child.

Questions related to this document should be directed to the Montana Milestones.

Subpart A Definitions

Service Coordination Plan (SCP): The SCP is developed to direct the provision of supports and services to the child aged 3 through 15 years of age based upon the assessed and prioritized needs of the child and family.

Family Support Specialist (FSS): A Family Support Specialist is a qualified professional certified through the state of Montana to provide early intervention service coordination to families of eligible children.

Service Coordination: Service Coordination is provided to a child and family enrolled in FES by a FSS. A FSS will support a family through the coordination of services indicated in the SCP. This includes working with internal providers, private/independent providers, and/or school-based

services (Part B) to support an individual and caregivers with receiving services. FSSs will have a minimum of one face-to-face contact with the child and family every month to provide service coordination services.

Parental Rights: Procedural safeguards are those rights accorded to children and families receiving FES services outlined further in this document.

Transition: Transition specifically refers to steps and plans created to prepare a child approaching his or her 16th birthday for a smooth transition to targeted case management.

Multidisciplinary Team: A multidisciplinary team must include the parent or caregiver, Family Support Specialist, and at least one professional for an approved discipline. Approved disciplines include:

- Occupational Therapists
- Speech & Language Pathologists
- Physical Therapists
- School Services (Part B) representatives
- Licensed Clinical Social Workers
- Licensed Clinical Professional Counselors
- Psychologists/Psychiatrists
- Board Certified Behavioral Analyst
- Licensed Physician or the following medical personnel under the supervision of a Licensed Physician
 - Physician's Assistant
 - Family Nurse Practitioner

Eligibility: Refers to the specific requirements for eligibility established by Montana for the provision of services.

Consent: Consent refers to the following requirements:

1. Parents are fully informed of all information relevant to the activity for which consent is sought, in the parent's native language.
2. Parents understand and agree in writing to the carrying out of the activity for which parental consent is sought, and the consent form describes the activity and lists the early intervention record (if any) to be released and to whom they will be released.
3. Granting and revoking consent: Parents understand that granting of consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, the revocation is not retroactive.

FES Provider: The FES provider refers to contracted agencies with the state of Montana to provide FES services to families. The lead agency is Montana Milestones, Early Childhood Services Bureau, Early Childhood and Family Support Division, Department of Public Health and Human Services.

Monitoring: The state reserves to monitor programs for compliance with established practices, standards, and indicators. Reference Subparts D and H for more information.

Indicators: Measurements used to determine the quality of provided services and compliance with state guidance.

Subpart B Eligibility

B 1 Eligible Population

Aged three to eight: Children aged three to eight may be eligible to receive non-Medicaid funded FES services if the child has been determined eligible following a multidisciplinary evaluation and assessment as described Subpart B 2.

Aged eight to sixteen: Children and persons age eight to sixteen may be eligible to receive applicable FES services if a Developmental Disabilities Program (DDP) Eligibility Specialist has determined that the individual is eligible for the Medicaid Home and Community-Based Services Waiver (HCBS), also known as the 0208 Comprehensive Waiver.

B 2 Eligibility Determination

B 2.1 Aged Three to Eight

Developmental Domains: Children aged three to eight must be assessed to determine the child's developmental status in the following developmental domains:

- Cognitive development;
- Physical development (gross and fine motor, vision, and hearing);
- Communication development;
- Social or emotional development; and
- Adaptive skill development.

Family Support Specialists are qualified to conduct assessments with families, however, assessments conducted by other qualified professionals may be used for determining eligibility.

For an assessment to be accepted for eligibility determination it must meet the following criteria:

1. The assessment tool must measure all five developmental areas.
2. Provides a process for calculating the percentage of delay as compared to same age peers.
3. Has been completed within six months prior to determining eligibility.

Acceptable qualified professionals include:

- Occupational Therapists
- Speech & Language Pathologists
- Physical Therapists
- School Services (Part B) representatives
- Licensed Clinical Social Workers
- Licensed Clinical Professional Counselors
- Psychologists/Psychiatrists

- Board Certified Behavioral Analyst

Qualifying Delays: Qualifying children are identified as having a measurable delay that meets the following criteria:

1. One measurable delay of 50% in any one developmental areas; or
2. A 25% measurable delay in two or more of the developmental areas.

Multidisciplinary Input: Eligibility determination requires input from a qualified professional as defined under **Multidisciplinary Team** in Subpart A. Evidence of input must be included in the verification of eligibility submitted to the state as well as in the development of the Service Coordination Plan.

B 2.2 Aged Eight to sixteen

Developmental Disability Determination: For persons aged eight to sixteen, eligibility for FES is dependent upon eligibility determination for the HCBS waiver. Family Support Specialists are integral to the process of HCBS waiver determination. Eligibility determination information is submitted to the DDP Eligibility Specialist at least six months prior to the child's eighth birthday.

B 2.3 Waitlists

FES Waitlist: If there is not an available opening for FES services, the child is placed on a waiting list for FES services as well as any other developmental disability service waiting list that may be applicable with the parent's written consent. The FES waiting list is maintained within the state's data management system.

- **Submission to the waitlist:** When a FES provider identifies an eligible child and there are no openings for service, the FES provider will complete a waitlist matrix and add to the child's file in the state data management system.
- **Selection from Waitlist:** Selection of children from the waitlist to receive services should follow an equitable process for determining need. A waitlist matrix is maintained by the state and provided to FES Providers for use. This matrix must be completed annually for children whose families choose to remain on the waitlist. This matrix will be considered during the state's process of selecting children from the waitlist. This matrix will be retained in each eligible child's file.

HCBS (0208) Waiver Waitlist: Family Support Specialists must explain the HCBS Waiver to families and offer to place their child on the waitlist. This waitlist is maintained by the Department of Public Health and Human Services Developmental Disabilities Program.

- **Selection from Waitlist:** Selection of persons from the waitlist and acceptance to receive the HCBS Waiver precludes participation in the FES program. The FES Provider will complete the process to exit a person from FES services within 60 days following selection and acceptance to receive the HCBS Waiver.

Subpart C Home Visiting

C 1 Service Coordination

FSS will provide service coordination and provide, at minimum, one monthly face-to-face meeting.

Service Coordination duties include:

1. Assist a family to access existing community resources, both formal and informal.
2. Assist a family to gain access to resources and services identified in the SCP.
3. Coordinate all activities associated with the development, implementation, and evaluation of the SCP.
4. Maintain a record of service coordination activities.
5. Coordinate the performance of evaluations, annual assessments, and family information gathering activities.
6. Coordinate, monitor, and document the delivery of supports and all SCP services.
7. Inform the family of legal rights related to special services including Part B.
8. Support, if requested by the family, with the development and review of an Individualized Educational Plan.
9. Inform the family of the availability of advocacy services.
10. Coordinate with medical and health providers when requested by the family.
11. Facilitate transitions to other services.
12. Complete referral information when the child is ready to transition to a new service.
13. Support family with identifying financial resources to pay for expenses related to services identified in the SCP (FES does not provide direct financial support to families).
14. Support families with understanding and completing the process for eligibility determination for the Medicaid Home and Community-Based Services waiver (0208 Comprehensive Waiver) by:
 - a. Accessing services and resources for completing evaluation requirements.
 - b. Gathering documentation and submitting to the state Developmental Disabilities Program for eligibility determination after the child is 6 and at least 6 months prior to the child turning 8.
15. Transition to Targeted Case Management: After a child turns 15 and when the child's active SCP expires, the child will receive a Personal Support Plan. See Subpart F

C 1.1 Service Coordination Plan

FSSs must:

1. Invite all required SCP team members, including community providers and the family, as outlined in the most current version of the Montana Milestones FES Guidance Document to participate in the following SCP meetings:
 - a. A meeting to develop an initial SCP for children who are determined eligible for FES services, within 45 days of referral or activation from the FES waitlist.
 - b. Annual SCP meetings to evaluate the SCP within 365 calendar days of the initial SCP.
2. Develop and revise SCPs based on the multidisciplinary team's decisions regarding the individualized outcomes and services needed for each child and family. All content of the SCP must be in accordance with Montana Milestones FES Guidance document.
3. Collect data to account for the reasons for delays, including exceptional family circumstances, impacting the timeliness of SCP meetings as outlined in the program policies and procedures.

C 2 Family Education

C 2.1 Overview

In addition to providing service coordination, FSSs are qualified to provide general family education related to child development and to engage families in coaching practices to support the implementation of activities and practices recommended by the multidisciplinary team.

C 2.2 Coaching

FSSs will utilize a coaching approach to supporting and engaging families following the family engagement principles in C 2.3: Family Engagement Principles.

C 2.3 Family Engagement Principles

Montana Milestones FES promotes genuine strengths-based relationships between families, programs, and the community sharing responsibility to support the positive development of children and families.

The following principles support the work of both service coordination and family education:

1. Families and providers are engaged in regular, two-way communication.
2. Families are honored as the expert of their child and recognized as the child's first and most influential teacher.
3. All families have the capacity to support their child and are respected for their individual strengths.
4. Partnerships with families are based on mutual trust, respect, and appreciation for individual cultures, values, and languages.
5. Families are invited to actively participate in meaningful experiences and are included in goal-setting and decision-making for their child.

C 3 Exit

A child may be exited for the following reasons:

1. No longer eligible prior to turning eight.
2. Turning eight and determined "not eligible" for the HCBS waiver.
3. Turning 16.
4. Parent withdrawal.
5. Non-participation.

C 3.1 Exit procedure for all exits

Complete the following procedure when exiting all children:

1. Attempt to work with the family to rate the identified outcomes in the SCP.
 - a. If family is non-responsive, FSS will indicate "no longer needed" for the outcome rating.
2. Follow the process in the data management system to close the child's SCP.
3. Follow the process in the data management system to exit the child from FES services, using the appropriate exit reason.

C 3.2 Protocol for exiting for non-participation

Non-participation is defined as the family not participating in the planning for service delivery by:

- Failing to meet face-to-face on three (3) consecutive scheduled visits by the service provider within 30 days; or
- Failing to respond to three (3) or more home visit attempts, phone calls or other attempts to contact the family each at least one week apart.

When attempting to contact/schedule with a family, the following protocol must be followed before exit can be initiated:

1. Attempt to contact the family three consecutive times within 30 days.
2. Following third attempt to contact the family, send a certified letter of notice. Letter of notice must include the dates of the three attempts to contact the family. Letter of notice must provide the family with ten days to respond prior to exiting.
3. Following ten days of no response, the FES provider will initiate exit.
4. Following exit, the FES provider will send a letter of exit to the family. This letter must include the following statement:
 “If you continue to have concerns about your child’s development, please contact (FES Provider) by calling (FES Provider’s phone number)”.

Subpart D Performance Indicators

Performance indicators are used by the program to:

1. Measure the performance of individual FES Providers;
2. Compiled to demonstrate the performance statewide;
3. Address quality and provide technical assistance; and
4. Verify compliance by FES Providers with state guidance.

D 1 Face to Face Contact with Families

FES providers are required to meet with families at least once per month to provide service coordination. Visits should include coaching using the state determined best practice for coaching families. Contact with family must be documented via case notes.

- **Waiver of Face-to-face:** Months where a face-to-face contact was missed may still be invoiced to the state IF:
 - A face-to-face contact was made in the previous month;
 - There were extenuating circumstances for the family which prevented them from being able to meet and/or reschedule within the same calendar month;
 - Service coordination activities were conducted on behalf of the family in accordance with the client’s SCP or PSP as documented in the client’s file; AND
 - A waiver of face-to-face form is maintained in the client’s file and submitted to the state within 30 days.
- **Temporary Exception for Tele-Intervention Waiver:** Tele-intervention may be approved at the state’s discretion at 90-day intervals. A waiver for a temporary exception that allows for tele-intervention may be completed if the following conditions apply:
 - The family is away from the service area for an extended period of time which prevents a face-to-face contact, OR there exists a documented medical reason which prevents a face-to-face contact;

- A Temporary Exception for Tele-Intervention Waiver is completed jointly with the family and includes a plan for tele-intervention and service coordination activities. The waiver must be signed by the FSS and caregiver and submitted to the state for approval; AND
- If an additional 90-day interval(s) are requested, the plan must be reviewed and updated by the family and caregiver within 90 days and a new waiver must be submitted to the state for approval.

D 2 Service Coordination

FES providers must provide service coordination in accordance with the definition in Subpart A and description in Subpart C.

Service coordination must be provided consistent with the SCP, as described in D.1. Service coordination provided in support of the SCP must be documented via case notes.

D 2.1 Service Coordination Plan

Family Support Specialists facilitate the development of a service coordination for families of children aged three to sixteen by inviting all required SCP team members as approved by and including the family. Multidisciplinary team members as defined in Subpart A should also participate in the development of the plan through a minimum of providing recommendations in writing. Any adult caregiver who frequently spends time with a child, such as a childcare provider, nanny, babysitter, etc. should also be considered as participants to support children with development across environments and routines.

Timeline: A meeting to develop an initial SCP for children who are determined eligible for FES services must be held within 45 calendar days of referral or activation from the waitlist. The SCP provides the framework for the provision of service coordination for 365 days.

Annual Review: Following 365 days on services with an initial or subsequent SCP, the SCP must be reviewed with families so that outcomes are assessed and rated.

Annual Plan: A new plan is developed after the expiration of the previous plan. Each new plan has the same requirements as previous plans.

Periodic Reviews: Families may request to add additional outcomes during the life of a plan. A periodic review must be conducted to add these additional outcomes.

D 3 Family Survey

A family survey will be conducted to measure:

1. Parent Satisfaction
2. Understanding of rights
3. Engagement

Collected data will be used to inform professional development, technical assistance, and program compliance.

D 4 Child Outcome Survey

A survey will be conducted with parents to measure the family's perception of developmental progress for their child related to the following outcomes:

1. Social-Emotional skill development
2. Learning and skill building
3. Self-care/advocacy skill building

D 5 HCBS (0208) Waiver

FES providers will explain the right and benefits to the family of placing their child on the HCBS Waiver Waitlist. Supporting documents include prior written notice containing either permission or refusal of the parent to place child on the waitlist or case notes documenting a conversation with the family where the family indicates that their child is already on the waitlist.

Subpart E: Public Awareness

E 1 Child Recruitment System

FES providers will establish a system to identify, locate, and evaluate children, especially those aged three to eight, suspected of having a developmental delay or disability. The system will include efforts to reach out to families and community partners raise awareness of the services and supports available through FES.

E 2 Referral System and Process

To support the Child Recruitment System, FES providers will have in place a system to ensure that children, especially those aged three to eight suspected of having a developmental delay or disability can easily be referred to the FES provider. FES providers will also ensure that all eligible children are evaluated, assessed and either enrolled directly to the service or added to the state waitlist. This process will include the following actions and timelines:

1. Date-stamp the referral of all children who reside in the FES provider's service area when the referral is received and maintain a copy of the source document in the child's record for validation purposes.
 - a. If a referral is received for a child outside of the FES provider's service area, the provider will contact the family and offer to forward the referral to
2. Within one business day, a Family Support Specialist (FSS) will be assigned to contact the family. Contact with family to schedule an intake meeting must occur within two working days after receiving the referral to schedule an intake meeting.
3. Ensure the FSS carries out the required activities associated with intake including:
 - a. explaining the early intervention program,
 - b. gathering information from the family,
 - c. providing and explaining parental rights, and
 - d. obtaining consent for evaluation and assessment.
4. If no slots are available for the FES Provider, the child may be added to the state waitlist with parent permission documented using the Prior Written Notice Form.
5. If a child is on the state waitlist and a slot becomes available, Contractor will complete eligibility process and follow state procedure to activate the child from the waitlist.
6. Establish referral processes with community partners, including Part C providers in the FES provider's service area to accept referrals for children turning three.

Subpart F Transition

F 1 Developmental Disabilities Eligibility Determination

FSSs will work with families to support them in applying for Developmental Disability Determination for their child, as described briefly in Subpart B 2.2.

F 1.2 Timeline

This process must be completed no earlier than a child's 6th birthday and no later than 6 months prior to a child's 8th birthday.

F 1.3 Eligibility Documentation

Please reference the "Developmental Disabilities Program Eligibility Reference Manual" Chapter 9 for complete documentation required for children located at:

<https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/index>

Complete Part I of the "Eligibility Determination Form-Children" at:

<https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/ddpforms-tool>

F 1.4 Submission

The form and supporting documentation are currently submitted to the Department of Public Health and Human Services via the Med Compass program.

F 1.5 Updates to Process

This process is managed by the Developmental Disabilities Program. Updates may occur and, as often as possible, staff from Montana Milestones will monitor updates to the process and provide support to FES Providers to ensure that the most current process is followed.

F 2 Transition to Targeted Case Management

In the event a child reaches the age of 15 before being selected for the HCBS waiver, FES Providers will ensure the family receives support during the transition to targeted case management. This process of transitioning to targeted case management includes:

1. Completing a Personal Support Plan for the child after they turn 15 when their active SCP expires. Unlike SCP, the Personal Support Plan primarily supports the individual child. The Personal Support Plan will be used by the targeted case manager assigned to the child at 16 to provide case management support to the child.
2. Supporting the family with scheduling an initial visit with the targeted case manager and preparing to advocate for their child during that initial meeting.
3. Inactivating the child in the data management system.

Subpart G Parental Rights

FES Providers and staff must:

1. Share and explain FES parental rights with parents of each child referred to FES services at all required junctures in the enrollment and service delivery process. Parent rights must be provided in the parent's native language or mode of communication, unless clearly not feasible to do so.

- a. Parental rights include the right to:
 - i. provide or decline consent;
 - ii. review records;
 - iii. confidentiality;
 - iv. dispute resolution process to address violation of any of these rights.
2. Obtain written parental consent via Prior Written Notice and/or Release of Information prior to:
 - a. Conducting screening.
 - b. Conducting evaluation and assessment.
 - c. Placing a child on a state waitlist.
 - d. Developing an SCP.
 - e. Providing SCP services.
 - f. Releasing personally identifiable information.
3. Protect the confidentiality of any personally identifiable and/or HIPAA-related data, information and records collected, maintained, or used in accordance with state and federal requirements. This includes maintaining a written record of parties obtaining access to records collected, obtained or used under FES (except access by parents and authorized employees of the Contractor or provider), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the child's record.
4. Inform families of the formal dispute resolution options and how to file a complaint or request for due process or mediation when concerns arise. This includes documenting required information whenever a concern is addressed at the local level and making that information to the state as requested. Families can dispute the outcome of the eligibility determination and submit a complaint if they are not receiving service coordination as identified in the SCP.

Subpart H Monitoring

H 1 Data, documentation, and reporting

H 1.1 Information Resources

FES providers must utilize information resources efficiently and effectively to implement a high-quality program to meet the needs of children and families enrolled in Family Education and Support. This is accomplished by the following the FES Provider ensuring that they:

1. Utilize the state's data management system and any other state data management system(s) to comply with state reporting requirements, monitoring, and to build a system of services and programs that will improve outcomes for children with disabilities and their families.
2. Develop and implement procedures to ensure the quality and integrity of data collected in any state data management system(s).
3. Support and implement management procedures that maintain and address data security and access.
4. Support the use of the data at the local and state levels.
5. Conduct data analysis and prepare data products to promote understanding of the data and inform decision-making.
6. Disseminate data products to users to meet their needs.

H 1.2 Data Analysis

FES Providers must collect and analyze performance data incorporating multiple data sources to make decisions including any state data management systems and any accompanying accountability and improvement plans. This is accomplished by the following the FES Provider ensuring that they:

1. Collect adequate data to determine the quality and results of their systems and services.
2. Utilize quantitative and qualitative data collection methods to provide data to answer questions that measure progress toward identified outcomes.
3. Collect data to monitor the appropriateness of outcomes/goals and settings/environments.
4. Implement procedures to ensure data collected are verified and are of high-quality, i.e., valid, reliable, accurate, and timely.
5. Collect data on a regular basis, intentionally, and based on priorities included in the local or state-wide accountability plan.
6. Target data collection methods to measure fidelity of interventions and determine quality and/or effectiveness of intervention approaches/strategies.
7. Utilize data collection personnel who demonstrate required knowledge and competence in data collection.

H 2 Fiscal Management and Monitoring

FES Providers must comply, as stipulated in their contracts with the state, with fiscal requirements and monitoring.

1. FES Providers must provide back-up documentation of FES services provided upon request by the state.
2. FES Providers must comply with all requests by the state for information in connection with fiscal monitoring.

H 3 Programmatic Monitoring

FES Providers must comply with all monitoring activities, results, and any improvement plan(s) to remedy identified deficiencies and perform a self-assessment for continuous improvement planning. Programmatic monitoring measures performance related to performance indicators described in Subpart D.

Subpart I Family Support Specialist Certification

I 1 Primary Certification

New FSS hires must complete the process for applying for Primary Certification within two months of hire. See montanamilestones.mt.gov for the current process. Primary Certification is awarded once all requirements are complete.

I 2 Comprehensive Certification

Within two years of receiving primary certification, FSSs must participate in a Comprehensive Review process which includes a verification through justifying documentation and an interview with a panel organized by the state where the FSS must demonstrate competency in the Division for Early Childhood (DEC) Recommended Practices. FSSs should work with their FES Provider leadership to develop

competency in the recommended practices during the two years following primary certification. DEC Recommended Practices can be explored at: <https://ectacenter.org/decrp/decrp.asp>.

The review panel will determine whether the FSS candidate meets the criteria to be awarded certification. Certificates expire after five years.

I 3 Recertification

Prior to the end of five years following certification or recertification, FSSs must submit a training log to the state that demonstrates 200 hours of relevant training that supports ongoing education and development in the DEC Recommended Practices.