Up Wee Grow, Inc.

Policies & Procedures Manual for CPSE Evaluations & Related Services

Addendum to Up Wee Grow Procedures Manual

2013
MISSION & PHILOSOPHY

Up Wee Grow, Inc. is committed to providing high quality, timely Early Intervention Services and Committee on Preschool Special Education Services to the families and children we serve. We are committed to providing services using a family centered approach. In keeping with this philosophy, we:

• Require that evaluations, daily progress notes, and progress reports be written in language that is usable and understandable to caregivers.
• Require that information is provided in a culturally and clinically sensitive manner, consistent with the family’s lifestyle.
• Require that appointments be made and consistently provided at times and locations convenient to families.
• Require that therapists and service coordinators maintain contact and share information to benefit the child’s treatment and progress.

Up Wee Grow, Inc. does not discriminate. Up Wee Grow, Inc. recruits, hires, trains, promotes and compensates staff on the basis of ability, qualifications, and potential and without regard to race, religion, color, sex, age, national origin, sexual orientation, or handicap or disability. Up Wee Grow, Inc. does not discriminate in admission, access or treatment in its program or activities on the basis of race, religion, color, sex, age, national origin, sexual orientation, or handicap or disability.

Up Wee Grow Inc. conforms to all Policies of New York City, Nassau and Suffolk Counties described in the contract for the respective locals.


**Agency Organization and Board of Directors**

Up Wee Grow, Inc. is a New York State Sub-Chapter S Corporation. There are three equal partners in the Corporation. Up Wee Grow provides CPSE home based evaluations throughout New York City and therapy services throughout Nassau and Suffolk Counties.

Up Wee Grow, Inc.

**Board of Directors**

Andrew Vaughan, Ph.D.

President

Lauren Resnick, M.S., CCC, SLP

Vice President

Anne Long, M.S.

Secretary and Treasurer

**Therapists**

Up Wee Grow, Inc., utilizes a variety of therapists to provide home based evaluations and therapy services. In addition, an office staff supports the operations by providing administrative and clerical support.

All therapists must be licensed in their discipline, and carry their own malpractice insurance. Therapists are required to submit updated licenses, medicals, continuing education coursework, and any other information, which may be required. Therapists are governed by the rules and regulations of their profession, and are authorized to perform services within the scope of their licensure. No illegal, immoral or otherwise improper activities are to be performed while on their way to or from their assignments, or while performing their duties. Consumption of, or being under the influence of, alcohol or controlled substances is prohibited.
**IMPORTANT NOTE:** In addition to the policies and procedures below, Process of Evaluation:

*Up Wee Grow Inc. conforms to* all Policies, Procedures, Terms, and Conditions of our CPSE contracts with New York City, Nassau County, and Suffolk County, and with the Policies, Terms and Conditions set forth in NYS Regulations of the Commissioner of Education Part 200 – Students with Disabilities – July 2013, as described in the contract for the respective locals.

**Process of Evaluation:**

In Nassau and Suffolk Counties, Up Wee Grow receives the information from the school district. This includes a signed consent, referral form and other pertinent information related to the referral. In New York City, Up Wee Grow will obtain consent the information from the parent and/or referrer and will verify with the parent if they are interested in pursuing CPSE evaluations.

Up Wee Grow will contact parents in a very quick fashion after receiving referral and will elicit the families concerns for their child. Evaluation will be scheduled according the convenience of the family and at a time that is most optimal for the child. Families will be informed that without a completed physical examination form, the evaluation process will not be complete and eligibility will not be able to be determined.

Up Wee Grow will review any Early Intervention evaluations and/or progress reports upon parental consent to determine if the evaluation can be used for the CPSE process.

If there are questions regarding the use of additional evaluations, Up Wee Grow will consult with the school district and if deemed necessary obtain authorization for any additional evaluations.

In New York City, Up Wee Grow will forward via email as per contract requirements, a request for additional evaluations deemed necessary by the Psychologist and/or Special Educator to the district administrator and or contact person of the child’s school district. If approved or if there is no return response for 2 school days, Up Wee Grow will assign to the appropriate evaluator. If the response is denied Up Wee Grow will not conduct the requested evaluation.

Up Wee Grow will obtain signed consents and forms from parent/guardian, district and evaluators adhering to NYS, New York City, County and Medicaid regulations. Due Process Rights are discussed with the family.

Up Wee Grow ensures that all timelines are adhered to. Up Wee Grow ensures that a parent understands his/her rights and will be available to answer any questions regarding their child’s evaluations.

Up Wee Grow does not make verbal recommendations during the evaluation regarding specific services, frequency, duration, or specific providers, or discuss eligibility.

Up Wee Grow forwards all evaluations to the parent and the school district.
A child is eligible for services through the Committee on Preschool Special Education (CPSE) if:

1. A child exhibits a significant delay or disability in one or more functional areas related to cognition, communication and language, motor, social-emotional or adaptive development which adversely affects the child’s ability to learn. Such delay or disability will be documented by the results of the evaluation. To be eligible for services, a child must exhibit a delay of at least 2 standard deviations below the mean in one area or, alternately, a delay of at least of at least 1.5 standard deviations below the mean in two areas of development.
   - 12 month delay in one functional area.
   - 33% delay in one functional area or 25% delay in two functional areas.

2. Meet the criteria set forth in current disability sections:
   - Autism
   - Deafness
   - Orthopedic Impairment
   - Traumatic Brain Injury
   - Blindness
   - Hearing Impairment
   - Visual impairment, including blindness
   - Other health impairment

The evaluator must use age appropriate diagnostic instruments – appropriate standardized instruments when possible – along with informed clinical opinion (using qualitative and quantitative information to assess the child’s development). No one test or procedure may be used as the sole criteria in determining eligibility. Scores should be reported descriptively, if the test instrument used is not valid for the population assessed such as with most bilingual populations. The evaluator must still specify the child’s eligibility status by indicating a delay of at least 33% in one area or 25% in two or more areas.

Sensory integration dysfunction and severe articulation or phonological delay is not, in and of itself, a qualifying factor to determine eligibility. These areas have to be adversely impacting on the child’s ability to learn.

**Bilingual evaluations:**

When a child has had significant exposure to more than one language, a bilingual evaluation may be necessary. Determination will be made by the use of the Home Language Survey and parent interview.

Evaluations are to be assigned to evaluators who are fluent in the language that the child has been primarily exposed to. For bilingual Spanish children, a translator will never be used.

A translator will be assigned if no other agency has providers in the family’s primary language or if the agency has no availability to assess the child. School districts are also consulted when the evaluation site is unsure of the availability of evaluators in the family’s primary language. The translator will be identified as such by the evaluator that he/she is accompanying.
Up Wee Grow requires that all evaluators demonstrate awareness and sensitivity when communicating or interacting with families that are culturally different from their own.

The evaluation summary for bilingual evaluations must be translated into the parent’s dominant language whenever possible unless the parent expresses no need to do so.

For Nassau County Preschool bilingual evaluations: the NCDOH Request for Translation of Bilingual Evaluation must be completed and signed by the parent.

**Educational Observation:**

If the child is enrolled in a preschool or formal day care program the observation should be conducted in that setting.

If the child enrolled setting does not grant permission to an evaluator to conduct the observation, then the observation should occur in a familiar place where the child is comfortable and this should be demented in the report.

The observation should be written on a separate page, with a separate heading and title.

If a Psychologist and Special Educator are assigned to assess the child, it is the responsibility of the Special Educator to complete the educational observation. If a Special Educator is not assigned it will be the responsibility of the psychologist to complete the educational observation.

**Functional Behavior Outcomes:**

If the school district approves a Functional Behavioral Assessment as part of the initial evaluation process then this should be completed by the psychologist as part of the initial evaluation process. If the school district is contemplating approving a FBA and a child attends a preschool or day care program then the Functional Assessment Interview (school and family version) should be completed.

**Present Level of Performance and Goals:**

It is the evaluators responsibility to create and input the students “present levels and individual needs” into the IEP according to his/her discipline. Child’s strengths should be listed in each area.

A list of evaluations administered, scores when appropriate and medical alerts are to be inputted in the appropriate sections of the IEP.

Goals should be written by the evaluator when recommending services. They should be Specific, Measurable, Accurate, Reliable and Timely.

**Evaluation Summary:** An evaluation summary is included for each child assessed. It must include Standardized test results when appropriate and strengths and weaknesses of the child. The evaluations summary form must be translated to the family’s primary language when conducting Bilingual assessments.
An Outcome Summary form must be completed for each child assessed. The three outcome areas: Positive Social-Emotional Skills, Acquiring and Using Knowledge and Skills and Use of Appropriate Behavior to Meet Needs should be completed.

Child’s name, date of birth and ID (for New York City children) on the cover page must be filled out.

Tables of ‘supporting evidence’ for questions 1a, 2a, and 3a on the form should be completed and include the source of information (name and edition of assessment tool), the date the assessment was given and a summary of relevant results.

Evaluation information is discussed as part of the CPSE meeting. The child’s current functioning level in each of the three outcome areas is rated on a scale of 1-7 by the CPSE committee.

**Writing Evaluations:**

The child’s legal name should be used. The evaluators must verify the spelling of the child, parent and/or guardian’s name. The child’s D.O.B. should be verified. The evaluator must notify the agency if there are errors with the spelling of the name or the D.O.B. of the child. The chronological age of the child must be accurately recorded.

If the child is referred to by a different name that this should be documented in the beginning of the report and the name used throughout the report should be noted. Verify the date of birth; again, let us know if there is a discrepancy.

Reports should be written in parent friendly language and terminology whenever possible. Any technical terms should be explained. Behavior Observations should be included in all reports. A statement of whether the child's performance was typical or not typical as per parental report should be included. Reports should be informative and descriptive. It should provide the reader with a picture of the assessed child’s strengths and weaknesses.

Background information should be of relevance to the evaluation process.

If a child has not mastered skills that are above age level then this is not of concern and should not be reported.

All reports should be proofread prior to submission by the evaluator for spelling, grammar, and accuracy.

**Attendance at CPSE Meetings:**

A licensed or certified professional from Up Wee Grow, Inc. attends CPSE IEP meetings for the evaluated students. At this meeting due process rights are discussed (again, in follow up to the discussion at the time of the initial evaluation), results of the evaluations are discussed, eligibility is determined, the IEP is developed with appropriate goals, and services are considered and decided within the Least Restrictive Environment.
IMPORTANT NOTE: In addition to the policies and procedures below, Up Wee Grow Inc. conforms with all Policies, Procedures, Terms, and Conditions of our CPSE contracts with New York City, Nassau County, and Suffolk County, and with the Policies, Procedures, Terms and Conditions set forth in NYS Regulations of the Commissioner of Education Part 200 – Students with Disabilities – July 2013.

Delivery of Related Services:

The information listed in this section is designed as a supplement to New York State Education Laws and Regulations and is not intended to replace them. For additional information the review of the Suffolk County Related Service Policy and Procedure manual or the Nassau County Preschool Special Education Policy and Procedure manual is recommended.

All services that are provided to the child must be authorized on the child’s Individualized Education Program (IEP) which is determined by the Committee on Preschool Special Education (CPSE). The IEP has to specify the type of service, frequency, duration, the start and end date of the service period and the location where services are to be held. The service location written on the IEP cannot be changed without a CPSE meeting or written agreement from the parent and CPSE. Services cannot begin without the provider being in possession of the student’s IEP.

Related services for Preschool Students with Disabilities are provided in accordance with the dates specified on the IEP and the school district’s school calendar. Services cannot be scheduled nor made up on weekends or legal holidays. Make up sessions can be scheduled on Election Day, Washington’s Birthday or Lincoln’s birthday. They can be provided on a Superintendent’s conference day and if a school district closes early due to inclement weather or other emergency.

Legal State Holidays where services or make up sessions cannot be provided are:


Services cannot be provided in a home when there is no adult present of at least 18 years of age.

Therapists are required to notify Up Wee Grow if there are any absences. If a child misses five consecutive sessions, the provider must notify the agency in writing by using the Notification of Extended Non-Delivery of Services County form.

When servicing a child in a Day Care Center or Preschool, therapist must comply with all school guidelines and sign in when entering and leaving building.

Service provider must notify Up Wee Grow if services are to be terminated for any reason prior to the ending of the IEP. The provider will complete the Child Termination of Services Notification
County form.

Thirty (30) days notice to a family is necessary if a service provider needs to discontinue reason.

**Make up Policy:**

Missed sessions should be made up whenever possible. Make up sessions cannot be added to a scheduled session. You can only schedule a makeup session only after a session is missed.

When a session is missed, only ONE MORE session per week than the number specified in the child’s IEP may be provided within two calendar weeks (Monday to Friday) of the missed session. Make up sessions must fall within the authorized service dates of the IEP.

Rescheduling a session for a different day on the same week is not considered a makeup session. Frequency of session must stay the same as the day of the IEP.

If a child is receiving 5 days a week of service then no sessions are allowed.

On the treatment log it must be indicated if the session is a makeup.

**Related Service Currently includes the following types:**

- Assistive Technology Services
- Audiology
- Psychological Counseling Services
- Occupational Therapy
- Orientation and Mobility
- Physical Therapy
- Parent Counseling and Training
- Psychological Services
- School Social Work
- School Health Services/Home
- Speech Language Pathology

**Attendance at CPSE Meetings:**

The related service provider will attend CPSE meetings for the students on their caseload. Treatment may not take place on the same day as a CPSE meeting for a related service provider who is billing for
their attendance at the meeting. Up Wee Grow will be notified by the related service provider of the results of child’s IEP meeting.

Treatment Logs:

Accurate Treatment Logs must be kept for all children receiving related services. The date of service, arrival and departure time must be recorded by the treating therapist. Falsification of service date should never occur for any reason. A parent/Guardian must never be asked to sign in advance or for any other time than that specific date.

All cancelled sessions must be documented including date and reason for those who cancelled. Treatment logs must record the reason for lapse in service. The school district will be notified as to the reason for lapse in service.

All therapist must treat the child for their allotted time. They must arrive on time and adhere to their schedule.

Treatment logs must include the information necessary for third party billing such as Medicaid.

Treatment logs must be signed by the parent/guardian after each session and the licensed professional with credentials after each signature.

Treatment logs should record any session done in conjunction with another provider. Name and discipline of that provider should be included in log.

Treatment logs should include communication with other IEP team members.

Provider Progress Reports:

All providers must prepare progress notes for each child that they service. There are two types of progress reports: Quarterly Progress Reports and Annual Review Progress Reports.

Up Wee Grow will send a copy of the child’s related service progress report to the: CPSE Chairperson, Coordinator of Services and Parent/Guardian.

Quarterly Progress Reports:

If services to a child are discontinued prior to the month that the progress report is due, a progress report should be written at the conclusion of the services to the student. The quarterly report does not have to be completed, if an annual review progress report is prepared during the month when this quarterly report is due.

The school district determines the dates the provider submits the quarterly progress reports to the parent and school district.
All recommendation indicated in the child’s progress note should be for the current school year and should reflect the student’s immediate needs. If a related service provider is recommending discharge on the quarterly progress note, information justifying the discharge must be included.

**Annual Review Progress Reports:**

Annual Review progress reports must be prepared and submitted prior to the child’s scheduled annual review date.

Formal and/or informal assessment of the student’s progress should be performed and documented in the Annual Review Progress Report. Assessments are to be performed during the child’s regularly scheduled therapy sessions. These assessments cannot be billed separately.

**Exit Testing (outcomes summary report):**

If a preschooler with a disability is being declassified or is transitioning to CSE, as per NYS regulations, the student needs to be tested in all five domains (cognitive, communication, motor, social, self-help) for the annual review.

If the child is receiving speech and language therapy as well as other related services (but no PROVIDER), it is the speech and language therapist responsibility to assess the five domains.

If the child receives OT and other related services (but no PROVIDER or speech therapist), then it is the Occupational Therapist responsibility for assessing the five domains.

If the child receives PT and other related services (but no PROVIDER, speech, or OT), then it is the Physical Therapist responsibility for assessing the five domains.

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**RELEASE OF CLINICAL RECORDS**

**Policy & Procedures**

The confidentiality of children’s clinical records shall be maintained in accordance with the FERPA, The New York State Education Department and the New York State Dept. of Health Law. As such, records will be released to authorized parties, without charge. The parent is allowed to review and inspect all records pertaining to the child and the family that are collected, maintained, or used for the purposes of the CPSE, unless the parent is otherwise prohibited such access under State or Federal law. This right includes the right to review and inspect records, to obtain understandable explanations and interpretations of the record, to obtain a copy of the record within ten working days of the receipt of the request, obtain a copy of the record within five working days if the request is made as part of a mediation or impartial hearing, and have a representative of the patient view the record if the parent so
desires. Parents are requested to put in writing their request for records. The Office Manager or designee will review all requests for clinical records.

The request for release must be accompanied by a signed authorization by the parent or guardian. The release must state who should receive the information. The release should state which records will be released and the purposes of the release. The authorization must be dated. In cases where a parent is not able to submit a request to review records in writing, a verbal request will be accepted.

The copy of the authorization shall become part of the permanent clinical record.

No confidential HIV/AIDS related information should be disclosed pursuant to a general release. Disclosure is permitted only when an additional release is signed which specifically allows for the release of HIV/AIDS related information. Sensitive information about the child and family must be protected. This includes information about HIV/AIDS, Mental Illness, and Incarceration etc. The disclosure of confidential HIV related information should be accompanied by a written statement, which says: “This information has been disclosed to you from confidential records, which are disclosed by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.”

The parent may request amendment of a child’s record when they believe the record contains inaccurate information. UWG requests that the parent present, what they believe is inaccurate, in writing. If the information in the record is found to be inaccurate, the provider will amend the information, and send a copy of this amendment to the parent, and CPSE. If the provider decides that the information is not inaccurate and that they cannot amend the record, they will notify the parent of this in writing. The CPSE will inform the parent in writing of this decision, and of the parent’s right to a hearing. An individual designated by the CPSE office will conduct the hearing.

FERPA authorizes the disclosure of the child’s record, without parental consent, to specified officials for audit or evaluation purposes. Such officials include IPRO, as NYS representatives, and representatives of the county CPSE.
**PRESCRIPTIONS & REFERRAL FORMS**

**Treatment Schedules:**

A copy of a current prescription for OT and/or PT must be on file before the begin. The related service provider is responsible for ascertaining whether Metro Therapy, Inc. has the appropriate prescription. If the prescription for the current IEP has not been obtained, the appropriate service provider must obtain the current prescription for OT and/or PT. A copy of the current prescription for OT and/or PT must be on file before the related service provider begins. The related service provider is responsible for ascertaining whether Metro Therapy, Inc. has the appropriate prescription. If the prescription for the current IEP has not been obtained, the appropriate service provider must obtain the current prescription for OT and/or PT.

**Speech and Language Recommendation for Evaluation/Services**

When providing speech and language services, the speech therapist must complete and sign a Speech Preschool Based Related Services (Suffolk) form must be obtained prior to the delivery of speech services. This form must be dated and signed prior to the beginning of speech service, and send to Metro Therapy, Inc. This recommendation form must be signed and dated prior to the start of services. The forms are available on eTherapist.

**Psychological Counseling Referral Form**

When providing psychological counseling services, the social worker or psychologist must complete and sign a Recommendation for Psychological Counseling Services (Nassau) or Psychological Counseling Referral for Evaluation/Services (Suffolk) and send to Metro prior to the start of services. The forms are available on eTherapist.

All prescriptions must be filled out completely and has to be compliant with Medicaid. For more information on Medicaid compliance, please refer to Up Wee Grows Medicaid Compliance Plan.

If a child's health status poses a risk in treatment, medical clearance must be secured from the appropriate medical professional. Medical clearance must be obtained any time there is a significant change in the medical status of a child prior to returning to the related services.

**Attendance at CPSE Meetings: need to be Medicaid Compliant**