

EARLY INTERVENTION SERVICES

Introduction

The mission and key principles of Part C services, hereinafter referred to as early intervention (EI) services, are:

A. Mission

Early intervention services build upon and provide supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

B. Key Principles*

- 1) Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- 2) All families, with the necessary supports and resources, can enhance their children's learning and development.
- 3) The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- 4) The early intervention process, from initial contact through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
- 5) IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- 6) The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- 7) Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

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C. Purpose

Early intervention services in Kansas are planned and provided in order to

- 1) assist families of eligible infants and toddlers to support their children in attaining age-appropriate developmental levels,

- 2) recognize the significant brain development that occurs during a child's first three years of life,
- 3) enhance the capacities of families to meet the special needs of their infants and toddlers,
- 4) minimize the potential for further developmental delays,
- 5) reduce the educational costs to society by minimizing the need for special education and related services at school age, and
- 6) maximize the potential for independent living in society.

In Kansas, EI services are coordinated through community-based networks of providers, parents, primary referral sources, and other community resources. These networks are known as local tiny-k programs. Each local tiny-k program works within its community to ensure EI services are made available by providing a variety of service delivery options, community supports and fiscal resources.

I. Identification and Delivery of Early Intervention Services [34 CFR 303.12; 303.26; 303.344(d)(e)(f)]

- A. Early intervention services are designed by an IFSP team to support the outcomes on the Individualized Family Service Plan (IFSP). The services assist in meeting the unique strengths and developmental needs of an eligible infant or toddler and the family's needs relative to enhancing their child's development. These services support the infant's or toddler's development in one or more of the following areas:
 - 1) Physical development (health, nutrition, motor, vision, and hearing)
 - 2) Cognitive development
 - 3) Communication development
 - 4) Social and/or emotional development
 - 5) Adaptive (self-help) development
- B. Early intervention services must be family-centered and provided at no cost to an eligible infant's or toddler's family. The family is to be a partner in all aspects of service delivery.
- C. The IFSP must include a statement of the specific EI services, based on peer-reviewed research (to the extent practicable), necessary to meet the unique needs of the infant or toddler and his/her family to achieve the results or outcomes identified and included on the IFSP.
- D. Early intervention services must be provided in natural environments to the maximum extent appropriate. A natural environment means settings that are natural or typical for a same-aged infant or toddler without a disability. A natural environment may include the home or community settings in which children without developmental delay/disabilities participate. A clinic, hospital, or service provider's office is not considered a natural environment for an infant or toddler without a disability, therefore, such a setting would not be natural for an infant or toddler with a disability.

The determination of the appropriate setting for providing EI services to an infant or toddler with a disability must be

- 1) made by the IFSP team (which includes the parent(s) and other team members,
- 2) consistent with the provisions in §§ 303.13(a)(8), 303.26, and 303.128, and
- 3) based on the child's identified outcomes.

Early intervention services may be provided elsewhere only when EI services cannot be provided satisfactorily for the infant or toddler in a natural environment as determined by the parent and other IFSP team members. A justification as to why an EI service will not be provided in a natural environment must be provided on the IFSP along with a plan for moving the services to a natural environment.

Providing services in natural environments is about more than the location of the services. Early intervention services in Kansas must incorporate and reinforce the values that (1) families are the center point of intervention, and (2) children learn functional skills through daily routine activities and interactions with familiar people in familiar settings. Services in natural environments focus on functional outcomes within family routines and daily activities. In order to make this model work, teams need to meet regularly.

- E. Early intervention services, in natural environments, support families through systematic teaming. Local tiny-k programs are expected to hold regular team meetings of all team members including the primary provider with families, when appropriate. Team meetings are the key to the successful provision of EI services in Kansas. Depending upon the size of the local tiny-k program, a general rule for the frequency of the team meeting is, at a minimum, weekly. For smaller programs, every other week may be sufficient.
- F. Service delivery models for infants and toddlers with disabilities are individualized and should be consistent with the Mission and Key Principles of Early Intervention Services in Natural Environments as set forth by the work group (See "Introduction, B." above). A Primary provider, team-based approach to working with infants and toddlers and their families is essential.
- G. The dates for the initiation and anticipated duration of each service are to be identified by the IFSP team and must be included on the IFSP. Initiation of a service or services must be as soon as possible after parental consent to these services is received or no later than 30 days after receipt of parental consent. The parental consent must be in writing. The preferred time for obtaining written consent for initiation of services is the IFSP meeting. However, the family always retains the right to postpone providing written consent until they are ready to do so.

The IFSP team must also identify and include the following items on the IFSP:

- 1) Provider name – first and last name of the provider. A provider may be listed more than once if he or she is providing service by more than one method or in more than one setting.
- 2) Early Intervention Services – a service or services the infant or toddler will be receiving. Service Coordination is the first service listed for each infant or toddler.

- 3) Method – how the service will be provided, e.g., joint visits, consultation, team meetings, face-to-face visits.
 - 4) Frequency/Intensity -- number of sessions in a natural environment that will occur in a given time frame, e.g., one session every week, two sessions per month, or four sessions per year (quarterly). Frequency and intensity for individual children are determined based upon individual child and family outcomes identified in the IFSP and are to be determined in collaboration with the family. Severity of the developmental delay/disability is only one of the factors influencing this decision.
 - 5) Length – How long are the visits? Length of sessions is to be based on the needs of the child and family and may vary across time as those needs change.
 - 6) Location – the natural environment where services will take place. If the service is provided in more than one location, the natural environment will be indicated as the location where the majority of service is provided. If service time at the home and service time at another location are equal, “home” is to be listed as the service location.
 - 7) Duration – the start date and end date of services. The start date is the same date as the IFSP meeting/consent for services. If parents sign consent for services after the IFSP meeting date, then the date they signed consent for services is considered the start date. The end date for a service (estimated) is intended to inform parents of how long a service might be needed in order to achieve short and long-term outcomes. It does not indicate the duration of the IFSP.
- H. Due to the variance in the frequency of services, length of sessions, and service delivery methods related to the individual needs of each infant and toddler/family unit, the Kansas Department of Health and Environment (KDHE) has not established caseload guidelines. Caseloads should be assigned in a manner that will allow the providers the flexibility to meet the individual needs of infants or toddlers and the families they serve.
- I. Medical and other services may be identified that an infant, toddler, or family needs, but are neither required nor funded under Part C. If these services are not currently being provided, the local tiny-k program should include, in the IFSP, an outcome describing the steps a family service coordinator or family may take to assist the child and family in securing these services.

II. Early Intervention Services Provided by Qualified Personnel [34 CFR 303.12(a)(b); 303.31]

Qualification standards for personnel providing early intervention services must be consistent with any state-approved or state-recognized certification, licensing, registration, or other comparable requirements which apply to the profession, discipline, or area in which personnel are providing early intervention services. (Refer to Section XV for information related to personnel training and standards.)

A. General Role of Service Providers

An early intervention service provider is an entity (whether public, private, or nonprofit) or an individual that provides EI services for eligible infants or toddlers and their families, whether or not the entity or individual receives federal funds under Part C.

To the extent appropriate, service providers are responsible for:

- 1) providing EI services in accordance with the IFSP of an infant or toddler with a developmental delay/disability,
- 2) teaming with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services described in the IFSP,
- 3) supporting parents, caregivers, and other team members to help build their capacity to meet the infant's or toddler's and family's IFSP outcomes,
- 4) participating in the multidisciplinary team's evaluation of an infant or toddler to determine eligibility,
- 5) conducting an initial and on-going assessment of an infant or toddler to learn about the child's everyday experiences and interactions with familiar people in familiar contexts, and
- 6) conducting a family assessment for the purpose of identifying the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the child. This assessment guides the team in the development of child and family outcomes for the IFSP.

III. Specific Early Intervention Services [34 CFR 303.13 (b)(d); 303.16; 303.31; 303.31; 303.203 (a)]

The following list of early intervention services is not intended to comprise an exhaustive list of the types of services that may be provided to an infant or toddler with a disability and his or her family. The list does include those required by Part C of the Act. Other types of services can be considered early intervention services and be included in the IFSP provided that these services meet the criteria in Subsection I above and are provided by qualified personnel (§303.31).

A. *Assistive technology devices and services* are defined as follows:

- 1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.
- 2) Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes the following activities:
 - (a) Evaluation of the needs of an infant or toddler with a disability, including a functional evaluation in the child's customary environment
 - (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities

- (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs
- (e) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

B. *Audiology services* include these elements:

- 1) Identification of infants or toddlers with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques
- 2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
- 3) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant and toddler with a disability who has an auditory impairment
- 4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services
- 5) Provision of services for prevention of hearing loss
- 6) Determination of the infant's or toddler's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of such devices.

C. *Family services coordination services* means the following:

- 1) Services provided by a family service coordinator to assist and enable an eligible infant or toddler and the child's family to receive the rights, procedural safeguards, and services that are required under Part C, and
- 2) The provision of at least one service provider for the eligible infant or toddler and the child's family. This service provider is responsible for
 - (a) Coordinating all services across agency lines, and
 - (b) Serving as the single point of contact for carrying out the following activities:

- i. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the EI services
- ii. Coordinating other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the eligible infant or toddler and that child's family
- iii. Assisting parents of eligible infants and toddlers in gaining access to needed EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments
- iv. Coordinating the provision of EI services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes)
- v. Coordinating evaluations and assessments
- vi. Facilitating and participating in the development, review, and evaluation of IFSPs
- vii. Assisting families in identifying available EI services providers
- viii. Coordinating, facilitating, and monitoring the delivery of services to ensure the timely provision of services
- ix. Conducting follow-up activities to determine appropriate EI services are being provided
- x. Informing families of their rights and procedural safeguards and related resources
- xi. Coordinating the funding sources for EI services
- xii. Facilitating the development of a transition plan to preschool or other services, if appropriate.

D. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.

E. *Health Services* means services necessary to enable an otherwise eligible infant or toddler to benefit from the other EI services under this part during the time the child is eligible to receive EI services.

1) The term includes the following services:

- (a) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services
- (b) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other EI services

2) The term does not include these services:

(a) Services that are

- i. surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus),
- ii. purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), or
- iii. related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, such as a cochlear implant.
 - Nothing in this part limits the right of an eligible infant or toddler with a surgically implanted device (e.g., cochlear implant) to receive the EI services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes, nor
 - Prevents the EI service provider from routinely checking if either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) are functioning properly.

(b) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition.

(c) Medical-health services (such as immunizations and regular "well baby" care) that are routinely recommended for all children.

F. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine an infant's or toddler's developmental status and need for Part C services.

G. *Nursing services* include

- 1) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems,
- 2) the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development, and
- 3) the administration of medications, treatments, and regimens prescribed by a licensed physician.

H. *Nutrition services* include the following duties:

- 1) Conducting individual assessments in
 - (a) nutritional history and dietary intake,
 - (b) anthropometric, biochemical, and clinical variables,

- (c) feeding skills and feeding problems, and
 - (d) food habits and food preferences;
 - 2) Developing and monitoring appropriate plans to address the nutritional needs of infants and toddlers eligible under this part, based on the findings from the assessments; and
 - 3) Making referrals to appropriate community resources to carry out nutrition goals.
- I. *Occupational therapy* includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the infant's or toddler's functional ability to perform tasks in home and community settings, and include the following services:
- 1) Identification, assessment, and intervention
 - 2) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills
 - 3) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability
- J. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include the following responsibilities:
- 1) Screening, evaluation, and assessment of infants or toddlers to identify movement dysfunction
 - 2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems
 - 3) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems
- K. *Psychological services* include the following tasks:
- 1) Administering psychological and developmental tests and other assessment procedures
 - 2) Interpreting assessment results
 - 3) Obtaining, integrating, and interpreting information about infant or toddler behavior and infant or toddler and family conditions related to learning, mental health, and development
 - 4) Planning and managing a program of psychological services, including psychological counseling on child development, parent training, and education programs

- L. *Sign language and cued speech services* include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
- M. *Social work services* means the following:
- 1) Making home visits to evaluate an infant's or toddler's living conditions and patterns of parent-child interaction
 - 2) Preparing a social or emotional developmental assessment of the infant or toddler within the family context
 - 3) Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents
 - 4) Working with problems in the living situations (home, community, and any center where EI services are provided) of an infant or toddler with a disability and the family of that child which affect the child's maximum utilization of EI services
 - 5) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services
- N. *Special instruction* includes the following responsibilities:
- 1) The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
 - 2) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability
 - 3) Providing families with information, skills, and support related to enhancing the skill development of the infant or toddler
 - 4) Working with the infant or toddler with a disability to enhance the child's development
- O. *Speech-language pathology services* include the following responsibilities:
- 1) Identification of infants or toddlers with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
 - 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of infants or toddlers with communicative or language disorders and delays in development of communication skills
 - 3) Provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in development of communication skills

P. *Transportation and related costs* include the cost of travel (e.g., mileage, or travel by common carrier or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable an infant or toddler with a disability and the child's family to receive EI services.

Q. *Vision services* means the following:

- 1) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- 3) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

R. *Other Services*

The services identified and defined in this section do not comprise an exhaustive list of the types of services that may constitute early intervention services. Nothing prohibits the identification on the IFSP of another type of service as an EI service provided that the service meets the criteria of this section.

Note: Personnel providing any early intervention service must meet State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing EI services. [34 CFR 303.31]