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| Title: | SUPPORTS and SERVICES |
| Purpose: | Describes the early intervention supports and services in Section 303.13 of the Part C Regulations and recommended best practices in supporting families in Birth to Three |

# Overview

Early intervention supports and services are developed to address the needs of the family in meeting their outcomes and the developmental needs their child. The goal of early intervention supports, achieved through coaching the family, is to foster the family’s confidence and competence for use of strategies that support their child’s learning during their everyday activities and routines. The supports must be provided by qualified personnel in programs under public supervision and must be delivered in accordance with the IFSP.

**Identifying Services and Level of Supports and Services**

Best practice (National Mission, Key Principles of Part C, 2008) indicates that families are supported best through natural learning environment practices, coaching, and primary service provider approach to teaming. Children learn through interactions with their environment (e.g., adults, peers, materials). Learning happens throughout the child’s day and week during routine activities. Since children learn best during familiar activities, with familiar people, early intervention supports family members and other caregivers in order for families to address their outcomes and developmental priorities for their child. Coaching has been shown to be an adult-learning strategy that best supports developing competence in family members and other caregivers in using strategies that will support their child’s learning.

When determining the type and frequency of Part C supports and services the IFSP team should look at family’s abilities, interests, priorities, needs, concerns, and IFSP outcomes. The frequency of services is individualized to meet each child’s and family’s unique skills, interests, resources, and priorities including the family’s need for support in order to address outcomes for their child.

The primary service provider approach to teaming relies on a primary provider who is the main liaison with the family and provides support on a consistent basis at a frequency determined by the IFSP team. Additionally, when using this approach every family has a full team available to them for support through regular team meetings and, as needed, on joint visits. The secondary service providers lend support to the family and PSP when additional expertise is necessary to increase child participation and develop strategies to be used during an everyday activity. In most instances, the secondary service provider will be seeing the family in conjunction with the PSP in order to develop supports and strategies with the family and PSP. Two practitioners with the same or different disciplines may provide EITS together as long as the documentation of the reason for the joint visit is clear as well as how the two practitioners are bringing different skills or addressing different aspects of an activity.

When determining the intensity and type of supports the family may need, the team should consider:

* Is the family new to Birth to Three and what level of support do they require to meet the child’s needs and their desired outcomes?
* Are the strategies used likely to change frequently or will they be in place for a longer period of time?
* Is there urgency to an outcome that requires immediate attention?
* Is the child progressing and is the family feeling more comfortable with the strategies? What does the progress data indicate about the current makeup of the team? Should there be a change in strategies or team membership?
* How much skill is required to address the identified outcomes? More specialized skill may require more frequent visits to ensure that the caregiver is comfortable in carrying out the strategy.
* Working with several caregivers may necessitate more frequent visits to ensure that all caregivers are comfortable implementing the strategies.
* Does the caregiver have cognitive or emotional issues that may require additional visits to heighten their ability to implement strategies?

**Early Intervention Supports and Natural Environments**

Section 303.26 of IDEA defines Natural Environments as, “settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community setting…” The family, based on their typical activities, determines the most appropriate settings for Early Intervention supports within the definition of natural environment. See IFSP procedure If Early Intervention supports cannot be provided in natural environments.

Once the IFSP is developed, the intervention team implements the plan within the natural environments identified on the IFSP. Provision of Birth to Three supports in natural environments considers both the *content* of the intervention visit as well as the *process* of the visit. For both aspects, the focus of the intervention visit is on supporting the family and other caregivers in using the strategies to promote child learning and development in between intervention visits when the identified routines occur.

For this reason, it is essential that Birth to Three visits be carried out with the parent(s) or primary caregiver present and actively engaged. This is true whether the visit is in the home, or a community setting and includes children receiving intensive hours of service. The Birth to Three providers should be clear about the expectations of participation in the visits with the parent(s) and caregivers early in the IFSP process.

While the parent or primary caregiver should be actively involved with their child during every visit, at the very least**,** for liability reasons, they should always be nearby and in the line of sight of the child and staff person.

Services and supports should assist the family in supporting their child during their daily routines which often leads to working with the child outside of their home with other family members and childcare providers. The location should be discussed with the parents and other team members at the IFSP, and the plan should clearly document the decisions on location.

**Missed or Cancelled Visits**

When a family declines a scheduled service by calling to say that the child is ill, or that they will be away or if they are not home at the agreed upon day and time, or if they call to change days/times with less than 24hour notice, programs are not obligated to make up that time. Birth to Three providers is also not required to reschedule any visits that would fall on days when the state is closed. Programs should document the reason that the family did not receive services that day in the child’s record.

Programs must apply a “reasonableness” test to decisions about whether they will make up visits. There may be some situations in which it would be reasonable and beneficial to try to reschedule a cancelled visit. If a visit is missed due to an early interventionist’s cancellation and/or the program is proactively planning to provide services knowing that a team member will be absent due to illness or vacation, programs may:

1. Offer to have another early interventionist substitute for the team member who will be absent. The substitute interventionist must be from one of the disciplines listed on the page in the IFSP that lists the family’s team members, be able to address outcomes on the IFSP, and be working within their scope of practice.
2. Offer supports on days, including weekends, or outside of normal business hours.

There are other creative ways that programs can use to make-up services.

In each case there must be documentation in the record that the substitution will be happening if known in advance, as well as the reason(s) why the substitution is happening and how the outcomes on the IFSP are being addressed.

**Approved Service Areas**

Each EI Program has an approved service area maintained by the lead agency as a list of all towns regardless of specialty designation. The service area is based on where families reside not where EIS are provided. If a child or family moves out of a program’s approved service area and the program is willing to continue supporting the family in new town, the program must request prior authorization from the lead agency by submitting the request to CTBirth23@ct.gov. The email must contain the child’s initials and Birth to Three number, the town for which temporary approval is being requested and the reason. Once approved the town will be considered part of this program’s approved service area for the purpose of serving the one family and does not allow the program to accept additional referrals for that town. 211 Child Development can assist with requesting prior authorization in situations when needed at referral.

**Changing Service Areas**

When concerns are raised about capacity or timelines for EIS provided in a given town by families, 211 Child Development, programs, data reports or other sources, the lead agency will follow the process detailed below.

1. The EIS programs with the town(s) in their service area will be contacted to determine whether they can accept new referrals and stay within IDEA and OEC agreed upon timelines.
   1. If any program with the town in their service area indicates that they can handle the increase, no new programs will be added.
      1. Timeline and complaint data will be closely monitored.
2. If all programs in (1) indicate that they cannot or if data continues to demonstrate that they cannot, EIS programs without that town on their list will be approached.
   1. EIS programs that requested and were not awarded the town(s) in the 2019 RFP will be approached in rank order based on the RFP results. In the case of a tie lots will be drawn.
3. If none of the EIS programs that requested the town(s) in the 2019 RFP wish to add the town(s) to their service area, other EIS programs that support bordering towns will be approached based on the ranked order from the RFP results.
4. EIS programs with an open Corrective Action Plan (CAP) or Improvement Plan (IP) will be contacted last regardless of RFP result ranking.
5. If an EIS program that was approached agrees to add town(s), the towns will be added to the Birth to Three Data System and website (program pages and all town page).
6. If programs cannot complete evaluations, assessments, IFSP meetings and new services in a timely manner, the lead agency will explore posting an RFP for towns in need of more programs.

If an EIS program would like to add towns to their service area without there being a concern about capacity or meeting timelines, the program requesting the town should reach out to all the programs that have the town(s) in their service area and secure written support for the town(s) to be added. This written support should be sent to the Part C Coordinator. A town will not be added unless ALL EIS programs in the town support the addition of another EIS program.

A program that is closing may arrange with another to accept their transfers and hire their staff, but this is not a guarantee that the receiving program will have towns added to their list. This protects the programs that already serve the town. New programs will only be added if capacity cannot be managed by the 2019 RFP awarded contracts.

**Types of Services**

The following are types of services included under “early intervention services” and definitions of those services:

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. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

a. the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.

b. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlerswith 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 a child with disabilities 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, employ, or are otherwise substantially involved in the major life functions of infants and toddlers with disabilities.

2. "Audiology" includes:

a. identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques.

b. determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures.

c. referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.

d. provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.

e. provision of services for prevention of hearing loss.

f. determination of the child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

3. "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 eligible child in understanding the special needs of the child and enhancing the child's development.

4. “Health services” as defined in § 303.16means services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services. The term includes:

(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) 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 early intervention services.

The term does not include:

(1) Services that are—(i) Surgical in nature (such as cleft palate surgery, surgery or 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, including a cochlear implant.

Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (*e.g.,* cochlear implant) to receive the early intervention services that are identified in the child’s IFSP as being needed to meet the child’s developmental outcomes.

Nothing in this part prevents the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (*e.g.,* cochlear implant) of an infant or toddler with a disability are functioning properly.

Health services does not include devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and Medical-health services (such as immunizations and regular ‘‘well-baby’’ care) that are routinely recommended for all children.

5. "Medical services only for diagnostic or evaluation purposes" means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

6. "Nursing services" includes:

a. 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.

b. provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development.

c. administration of medication, treatments, and regimens prescribed by a licensed physician.

7. "Nutrition services" includes:

a. conducting individual assessments in:

1) nutritional history and dietary intake

2) anthropometric, biochemical and clinical variables

3) feeding skills and feeding problems

4) food habits and food preferences

b. developing and monitoring appropriate plans to address the nutritional needs of eligible children based on the assessment findings.

c. making referrals to appropriate community resources to carry out nutrition goals.

8. "Occupational therapy" includes services to address the functional needs of a child related to the performance of self-help skills, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

a. identification, assessment, and intervention.

b. adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills.

c. prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

9. "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:

a. screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction.

b. obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

c. providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10. "Psychological services" includes:

a. administering psychological and developmental tests, and other assessment procedures.

b. interpreting assessment results.

c. obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development.

d. planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

11. "Service coordination services" mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child’s family to receive the services and rights, including procedural safeguards, required under this part. (See Service Coordination procedure).

1. Sign language and cued language 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.

13. "Social work services" includes:

a. making home visits to evaluate a child's living conditions and patterns of parent-child interaction.

b. preparing a social or emotional developmental assessment of the child within the family context.

c. providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents.

d. working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services.

e. identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

14. "Special instruction" includes:

a. the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction.

b. curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan.

c. providing families with information, skills, and support related to enhancing the skill development of the child.

d. working with the child to enhance the child's development.

15. "Speech-language pathology" includes:

a. identification of children 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.

b. referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills.

c. provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

16. "Transportation and related costs" Transportation and related costs, according to IDEA, include the cost of travel (e.g., mileage, or travel by taxi, common carrier or other means) and other costs (e.g. tolls and parking expenses). Therefore, transportation should be listed on the IFSP service section as a required service whenever travel is necessary to enable an enrolled child and family to receive a Part C service. Parents must be reimbursed for transporting their own child unless they decline. A reasonable reimbursement rate would be the same rate at which staff is reimbursed for use of their car or some other standard rate used by the program. The program that is billing for the Part C service that requires transportation is the one that is expected to provide the transportation or reimbursement for transportation.

17. "Vision services" means:

a. evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development:

b. referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both.

c. 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.

**Vision Services**

For families receiving “Vision Services” from the Department of Aging and Disability Services, Bureau of Education Services for the Blind (DADS-BESB), the service shall be listed in the IFSP under Early Intervention Services and Supports as Vision Services with the setting, frequency, duration, and intensity determined by the IFSP team with input from the BESB Teacher of the Visually Impaired (TVI). Under the grid the payment source for the vision services should be listed as “Vision Services by DADS-BESB.

**Definition of Timely Services**

Part C of IDEA requires that eligible children and their families receive timely services. Connecticut has defined “timely” as within 45 days of the parent(s’) signature(s) on the IFSP, therefore, in order to be in compliance with the law, all services that are scheduled to start within 45 days of the parent signature on the IFSP must be delivered on time. Services will not be considered “New” if it is an increase of an existing service nor are services considered new if they are continued on a new IFSP after a transfer. This data will be reviewed annually, and program level data will be displayed on the Birth to Three website (www.birth23.org).

**Translation and Interpretation**

IDEA requires that reasonable efforts are made for families to receive services and written materials in their native language. Thus, programs are required to use bilingual staff for oral interpretation and/or translators to produce written documents.

It may be difficult to assess a family’s need for translation or interpretation prior to the initial assessment and as the initial IFSP is being developed. But it is important that a family understand their rights and procedural safeguards, the evaluation and eligibility process (including the role of the family in the initial evaluation), and the availability of translation and interpretation services. Families that may be comfortable using English in social situations may not understand technical terms, the intent of safeguards, and may not be comfortable describing nuances of child behavior that may be necessary for eligibility determination. Unless programs are certain that the family can fully participate in the initial evaluation meeting and the initial IFSP meeting when the child is eligible, bilingual staff or interpreters are required for these events. The evaluation report and the initial IFSP must be provided in the preferred language unless the family requests it in English only.

The Connecticut Birth to Three System does not encourage the use of family members as translators or interpreters and prohibits the use of minor children in these roles. If a family requests that a bilingual relative or friend be present during service delivery, such a person should be welcomed and encouraged, but should not be used to supplant more formal interpretation services.

The Birth to Three System provides required procedural safeguard forms in languages spoken by over 90% of the non-English speakers in Connecticut. Many materials are available in Spanish and some materials in the most frequently encountered languages.

The program needs to determine the type and extent of written language support that is appropriate for each family in the following situations:

* IFSPs
* Ongoing Curriculum Assessments
* Specialty Assessments
* Home Visit Notes
* Meeting Notes
* And other situations where written communication is used

The program needs to determine the type and extent of oral language support that is appropriate for each family in the following situations:

* Assessments and meetings
* Home visits
* Community experiences.

See the Payment to Programs procedure for information on reimbursement for interpretation.