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1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instructions for providing early intervention support and services per Individuals with Disabilities Education Act (IDEA), Part C, Section 303.13 on how to best support families in meeting their outcomes and the developmental needs of their child through coaching the family and fostering the family's confidence and competence for use of strategies that support their child's learning during their everyday activities and routines.
- 1.1.2. These supports and services are provided by qualified personnel in programs and delivered in accordance with the Individualized Family Service Plan (IFSP).

2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Early Intervention Record
- 2.1.2. Form 3-1, Individualized Family Service Plan (IFSP)
- 2.1.3. Individualized Family Service Plan (IFSP) Procedure

2.2 Source Information

- 2.2.1. Connecticut Birth to Three Supports and Services Procedure, Effective July 1, 1996. Revised Aug. 1, 2022.

3.0 INSTRUCTIONS


3.1 Identifying Early Intervention Services and Level of Supports and Services

NOTE

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.

- 3.1.1. **UNDERSTAND** per the Individuals with Disabilities Education Act (IDEA), Part C families are best supported through:

- Natural learning and interactions with environment practices.
- Learning during daily and weekly routine activities.
- Coaching.
- Primary Service Provider (PSP) approach to teaming.

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3.1.2. **SUPPORT** family members and other caregivers for families to address their outcomes and developmental needs of their child.

3.1.3. **WHEN** determining the type **AND** frequency of supports and services,

THEN Individualized Family Service Plan (IFSP) Team should **CONSIDER** the following to address family's outcomes for their child:

1. **LOOK** at the family's:


- Abilities
- Interests
- Priorities
- Needs
- Concerns
- IFSP outcomes

2. **INDIVIDUALIZE** the frequency of services to meet each child's and family's unique:

- Skills
- Interests
- Resources
- Priorities
- Needs for support

3.1.4. Primary Service Provider (PSP) **ACT** as main liaison with the family.

1. **PROVIDE** support on a consistent basis at a frequency determined by IFSP Team.

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3.1.5. Secondary Service Provider (SSP) **PROVIDE** support to the family and PSP by:


1. Additional expertise to increase child participation, if necessary.
2. Developing strategies used during an everyday activity.
 - a. **IF** two practitioners with the same or different disciplines provide Early Intervention Teaming Services (EITS) together,

THEN DOCUMENT in IFSP the following:

 - (1) The reason for joint visit.
 - (2) How the two practitioners bring different skills or addressing different aspects of an activity.

3.1.6. IFSP Team **DETERMINE** the intensity and type of supports for the family by considering the following:

- 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 other issues that may require additional visits to heighten their ability to implement strategies?

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3.2 Early Intervention Supports and Natural Environments

NOTE

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...”

3.2.1. **DETERMINE** the most appropriate settings for Early Intervention (EI) supports based on the family's typical activities, within the definition of natural environment.


1. **IF** Early Intervention supports cannot be provided in natural environments,
THEN REFER TO Individualized Family Service Plan (IFSP) Procedure.

3.2.2. Once IFSP is developed, Intervention Team **IMPLEMENT** the plan with natural environments identified on IFSP.

1. **CONSIDER** both "content" and "process" of intervention visit in the delivery of Birth to Three supports in natural environments.
 - a. **FOCUS** intervention visits on supporting family and caregivers in using strategies to promote child learning and development in between intervention visits when identified routines occur.
2. **ENSURE** parent(s) or primary caregiver are present and actively engaged during EI visits (including children receiving intensive hours of service) in any of the following settings:
 - In the home.
 - In community settings.

3.2.3. Birth to Three Providers clearly **COMMUNICATE** expectations of participation during visits with parent(s) and caregivers early in IFSP process.

1. **DISCUSS** with parent(s) and caregiver(s) locations where supports and services will be provided.
 - a. **ENSURE** supports and services assist family in supporting their child during their daily routines.
2. **ENSURE** parent is always nearby and in the line of sight of child and staff for liability reasons.

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3.3 Missed or Cancelled Visits

3.3.1. **IF** a family declines a scheduled visit, for any reason such as the following:

- Due to child's illness.
- Will be away or not home at the agreed upon day and time.
- Call to change days/times with less than 24-hour notice.


THEN UNDERSTAND programs are **NOT** obligated to make up that time **OR** reschedule any visits.

- a. **APPLY** a "reasonableness" test about rescheduling a missed visit.
 - (1) **CONSIDER** whether it would be reasonable and beneficial to try to reschedule a cancelled visit.
- b. **DOCUMENT** reason family did **NOT** receive services in the child's record.

NOTE

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

3.3.2. **UNDERSTAND** programs are **NOT** obligated to make up or reschedule any visits that would fall on days when the state is closed.

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3.3.3. **IF** a visit is missed due to either of the following:

- An early interventionist's cancellation.
- Program is proactively planning to provide services knowing a team member will be absent due to illness or vacation.

THEN CONSIDER the following:

1. **OFFER** to have:

a. Another early interventionist substitute for the absent team member.

(1) **ENSURE** substitute interventionist is:

- From one of the disciplines listed in, IFSP.
- Able to address outcomes in IFSP.
- Working within their scope of practice.


b. Supports on days, including weekends, or outside of normal business hours.

2. In each case, **DOCUMENT** the following in EI record:

- Varyation will occur if known in advance.
- Reasons why substitution is occurring.
- How outcomes in IFSP are addressed.

3.3.4. **IF** a provider is unable to provide a support or service on the IFSP,


THEN DOCUMENT the reason and **KNOW** that you are obligated to provide all services on the IFSP.

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3.4 Approved Service Areas

3.4.1. Connecticut Birth to Three System or Lead Agency **MAINTAIN** an approved service area list of all towns.

1. Providers can only **PROVIDE** service and supports to a family **NOT** living in a town in their approved service area only when meeting the criteria established in this procedure.
 - a. This list is found on the Birth to Three website.
2. **BASE** service area on where child resides, **NOT** location early intervention services (EIS) are provided.
 - a. **IF** a child or family moves out of a program's approved service area, **THEN KNOW** the expectation is that the child will be transferred to an agency approved to provide supports and services in that town. Programs are to follow the appropriate process in the data system regarding transfers, including transferring the family to the next provider who is in rotation in that town. Programs may provide supports and services to a family outside of their approved town if the following requirements are met. The program agrees:
 - (1) to ensure the request comes from the family.
 - (2) The child is over 18 months of age.
 - (3) the child has been enrolled in the program and has received EI supports and services for a minimum of 3 months following their IFSP.
 - (4) to continue to provide supports and services until the child exits due to age, meeting the IFSP, or a new relocation to a different town.
 - (5) to provide all supports and services in-person.
 - (6) to provide supports and services in the home, childcare, and in the community where the child lives.
 - b. **ENSURE** all the above criteria is met for supports to be provided outside of a contracted town. Prior authorization is needed if the child is over 18 months but not yet 24 months. You may find more information about the OEC Prior Authorization (PA) process in the Payment to Programs procedure.

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3.4.1 (continued)

c. In rare circumstances, a parent may request to be evaluated by, receive supports and services from or transfer to a program that does **NOT** serve the town they live in. For example, this may occur if a child lives with one parent but spends most waking hours with another parent. If a parent request is made, a program must **SEEK** prior authorization. The program must:


- (1) **ENSURE** the request comes from the family.
- (2) **PROVIDE** all supports services in person.
- (3) **PROVIDE** supports services in the home, childcare, and the community the child lives in and spends time in if requested.
- (4) **SUBMIT** written documentation of all programs designated to provide supports and services in that town agree.
- (5) Once approved or meets the requirements, the town will be considered part of this program's approved service area to support the one family and does **NOT** allow the program to accept additional referrals for that town.

3.4.2. **IF** a child or family relocated out of program's approved service area **AND** program is willing to continue supporting the family in new town,

THEN REQUEST Prior Authorization (PA) from Lead Agency.

3.4.3. **IF** a provider is unable to provide a support or service on the IFSP,

THEN DOCUMENT reason and **KNOW** that you are obligated to provide all services on the IFSP.

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3.5 Changing Service Areas

3.5.1. **WHEN** concerns about capacity **OR** timelines for Early Intervention Services (EIS) provided in a town are raised by any of the following:

- Families
- 211 Child Development
- Programs
- Data reports
- Other sources

THEN Connecticut Birth to Three System or Lead Agency **PERFORM** the following:

1. **CONTACT** EIS programs with town(s) in their service area to determine whether they are accepting new referrals and able to stay within agreed upon timelines of Individuals with Disabilities Education Act (IDEA) IDEA and Office of Early Childhood (OEC).

a. **IF** any program with the town in their service area can accommodate the increase,

THEN Lead Agency will:

- (1) **HOLD OFF** on adding a new program.
- (2) Closely **MONITOR** timeline and complaint data.


2. **IF** all programs in step 3.5.1.1. indicate they cannot **OR** data continues to demonstrate they are unable to accept new children,

THEN Lead Agency **APPROACHES** programs without that town listed.

- EIS programs that requested and were **NOT** awarded the town(s) in the last 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 last RFP wish to add the town(s) to their service area,

THEN Lead Agency will **APPROACH** other programs that support bordering towns based on the ranked order from the RFP results.

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3.5.1 (continued)

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),

THEN Lead Agency will **ADD** town(s) to Birth to Three Data System and website (program pages and all town page).
6. **IF** programs cannot complete any of the following in a timely manner:
 - Evaluations
 - Assessments
 - IFSP meetings
 - New services**THEN** Lead Agency will **EXPLORE** posting an RFP for towns in need of more programs.


- 3.5.2. **IF** an EIS Program wants to add towns to their service area without there being a concern about capacity or meeting timelines,

THEN EIS Program requesting the town **PERFORM** the following:

1. **CONTACT** all programs with the town(s) in their service area.
2. **OBTAIN** written support for the town(s) to be added.
3. **SEND** written support to IDEA Part C Coordinator.
4. The Lead Agency will **CONSIDER** the request and will **RESPOND**.
5. **ADD** new programs only if capacity cannot be managed by 2019 RFP awarded contracts.

3.6 Types of Services

- 3.6.1. **REFER TO** Attachment 1, Types of Services Under Early Intervention Services (EIS) for a listing of the types of services included under Early Intervention Services (EIS) and definitions of those services.

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3.7 Timely Services

3.7.1. Providers must **PROVIDE** eligible children and their families timely services on their IFSP per Individuals with Disabilities Education Act (IDEA) Part C.

1. As soon as possible after consent, **KNOW** Connecticut has defined "timely" as within 45 days of the parent(s) signature(s) on Individualized Family Service Plan (IFSP).
 - a. **DELIVER** all services scheduled to start within 45 days of the parent signature on IFSP on time.
 - b. **DO NOT** consider the following "new" services:
 - If it's an increase of an existing service.
 - If the service is continued on a new IFSP after a transfer.
 - c. **KNOW** this data is reviewed annually and program level data is displayed on Birth to Three website, www.birth23.org.


3.8 Translation and Interpretation

3.8.1. **PROVIDE** reasonable efforts for families to receive services and written materials in their native language per Individuals with Disabilities Education Act (IDEA) Part C.

1. **USE** bilingual staff for oral interpretation and translators to produce written documents.

3.8.2. **ASSESS** a family's need for translation or interpretation prior to initial assessment **AND** as initial IFSP is being developed.

1. **ENSURE** families understand the following:
 - Their rights and procedural safeguards.
 - Evaluation and eligibility process (including the role of the family in the initial evaluation).
 - Availability of translation and interpretation services.

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3.8.2 (continued)

2. **UNDERSTAND** families that may be comfortable using English in social situations may **NOT** understand or be comfortable with:

- Technical terms
- The intent of safeguards
- Describing nuances of child behavior that may be necessary for eligibility determination.

3. **IF** programs are **NOT** certain that the family can fully participate,
THEN ENSURE bilingual staff or interpreters are present for these events.

4. **PROVIDE** all documentation in preferred language unless the family requests it in English only.

3.8.3. **KNOW** Connecticut Birth to Three System or Lead Agency does **NOT** encourage the use of family members as translators or interpreters **AND** prohibits the use of minor children in these roles.

1. **IF** a family requests that a bilingual relative or friend be present during service delivery,

THEN ENCOURAGE and **WELCOME** such a person but should **NOT** be used to replace more formal interpretation services.

3.8.4. **KNOW** Connecticut Birth to Three System or Lead Agency provides Procedural Safeguards and most 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.

3.8.5. **REFER TO** Payment to Programs Procedure for information on reimbursement for interpretation.

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.

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Attachment 1, Types of Services Under Early Intervention Services (EIS)

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

1. **Assistive Technology Device** - 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.

2. **Assistive Technology Service** - 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:
 - The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.

 - Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities.

 - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

 - Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.

 - Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

 - 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.



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Attachment 1, Types of Services Under Early Intervention Services (EIS) (continued)

3. **Audiology** includes:


- Identification of children with auditory impairment, using at-risk criteria and appropriate audiological screening techniques.
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures.
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.
- Provision of services for prevention of hearing loss.
- 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.

4. **Family Training, Counseling, and Home visits** – 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.

5. **Health Services** - As defined in § 303.16 means 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.


a. Health Services includes:

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

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Health Services (continued)

- b. Health Services does not include services that are:
 - Surgical in nature (such as cleft palate surgery, surgery or club foot, or the shunting of hydrocephalus).
 - Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
 - Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.
 - c. 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.
 - d. 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.
 - e. 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.
6. **Medical Services only for Diagnostic or Evaluation Purposes** - Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

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Attachment 1, Types of Services Under Early Intervention Services (EIS) (continued)

7. **Nursing Services** includes:

- 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.
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development.
- Administration of medication, treatments, and regimens prescribed by a licensed physician.

8. **Nutrition Services** includes:

a. Conducting individual assessments in:

- Nutritional history and dietary intake
- Anthropometric, biochemical and clinical variables
- Feeding skills and feeding problems
- 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.

9. **Occupational Therapy:** 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:

- Identification, assessment, and intervention.
- Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills.
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.



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Attachment 1, Types of Services Under Early Intervention Services (EIS) (continued)

10. **Physical Therapy** - 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:
 - Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction.
 - Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11. **Psychological Services** includes:
 - Administering psychological and developmental tests, and other assessment procedures.
 - Interpreting assessment results.
 - Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development.
 - 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.

12. **Service Coordination Services** - 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).

13. **Sign Language and Cued Language Services** - Teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.



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14. **Social Work Services** includes:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction.
- Preparing a social or emotional developmental assessment of the child within the family context.
- Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parents.
- 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.
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

15. **Special Instruction** includes:

- 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.
- 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.
- Providing families with information, skills, and support related to enhancing the skill development of the child.
- Working with the child to enhance the child's development.

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Attachment 1, Types of Services Under Early Intervention Services (EIS) (continued)

16. **Speech-language Pathology** includes:

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

17. **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.

18. **Vision Services** includes:

- Providers may utilize the Memorandum of Understanding (MoU) with the Department of Aging and Disability Services, Bureau of Education Services for the Blind (DADS-BESB, for vision services.
- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development:
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both.
- 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.