**Policy Manual**

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**Chapter 3: Early Intervention Services**

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**Overview**

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**Services**

1. **Availability of Early Intervention Services**

Connecticut policy ensures that appropriate early intervention services are based on scientifically based research, to the extent practical, and are available to all infants and toddlers with disabilities and their families, including:

* 1. Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and
  2. Infants and toddlers with disabilities who are homeless and their families.

1. **Early Intervention Services**

Early intervention services mean developmental services that:

* 1. Are provided under public supervision;
  2. Are selected in collaboration with the parents;
  3. Are provided at no cost, except, subject to these policies and procedures, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
  4. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant’s or toddler’s development, as identified by the IFSP team, in any one or more of the following areas, including:
     1. Physical development;
     2. Cognitive development;
     3. Communication development;
     4. Social or emotional development; or
     5. Adaptive development;
  5. Meet the Connecticut standards where the early intervention services are provided, including the requirements of Part C of the Individuals with Disabilities Education Act;
  6. Include services identified under this section;
  7. Are provided by qualified personnel, as defined in this chapter, including the types of personnel listed in this chapter;
  8. To the maximum extent appropriate, are provided in natural environments, as defined in this chapter and consistent with these policies; and
  9. Are provided in conformity with an Individualized Family Service Plan (IFSP) adopted in accordance with the IDEA and this chapter.

1. Early intervention services include the following services as defined in this section:
   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 infants and toddlers with disabilities. The term assistive technology device 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. Assistive technology services include:
      1. The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler in the child’s customary environment;
      2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for infants or toddlers with disabilities;
      3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
      4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
      5. Training or technical assistance for an infant or toddler with disabilities or, if appropriate, that child’s family; and
      6. 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.
   3. Audiology Services includes:
      1. Identification of infants and toddlers with auditory impairment, 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 infants and toddlers with disabilities who have an auditory impairment;
      4. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
      5. Provision of services for prevention of hearing loss; and
      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 those devices.
   4. 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 child’s special needs and enhancing the child’s development.
   5. Health services means services necessary to enable an otherwise eligible child to benefit from the other early intervention services under Part C of IDEA during the time that the child is eligible to receive early intervention services.
      1. 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.
      2. The term does not include services that are:
         1. Surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
         2. Purely medical in nature, such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose; or
         3. 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 Part C of IDEA 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 Part C of IDEA prevents the early intervention 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;
         4. Devices, such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps, necessary to control or treat a medical condition; and
         5. Medical-health services, such as immunizations and regular "well-baby" care that are routinely recommended for all children.
   6. Medical services 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.
   7. 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. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
      3. Administration of medications, treatments, and regimens prescribed by a licensed physician.
   8. Nutrition services include:
      1. Conducting individual assessments in:
      2. Nutritional history and dietary intake;
      3. Anthropometric, biochemical, and clinical variables;
      4. Feeding skills and feeding problems; and
      5. Food habits and food preferences.
      6. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under Part C of IDEA based on the assessment findings in this subsection; and
      7. Making referrals to appropriate community resources to carry out nutrition goals.
   9. 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 child’s functional ability to perform tasks in home, school, and community settings, and include:
      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; and
      3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
   10. 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:
       1. Screening, evaluation, and assessment of children 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; and
       3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
   11. Psychological services include:
       1. Administering psychological and developmental tests and other assessment procedures;
       2. Interpreting assessment results;
       3. Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
       4. 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 has the meaning given the term in this chapter.
   13. 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.
   14. Social work services include:
       1. Making home visits to evaluate a child’s living conditions and patterns of parent-child interaction;
       2. Preparing a social or emotional developmental assessment of the infant or toddler, within the context of the family;
       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 those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child’s maximum utilization of early intervention services; and
       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.
   15. Special instruction (sometimes referred to as developmental therapy) includes:
       1. The design of learning environments and activities that promote the infant 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 child; and
       4. Working with the infant or toddler with a disability to enhance the child’s development.
   16. Speech-language pathology services include:
       1. 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;
       2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
       3. 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 includes the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive early intervention services.
   18. Vision services means:
       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, and additional training necessary to activate visual motor abilities.
2. The following are the types of qualified personnel who provide early intervention services under Part C of IDEA:
   1. Audiologists
   2. Family therapists
   3. Nurses
   4. Occupational therapists
   5. Orientation and mobility specialists
   6. Pediatricians and other physicians for diagnostic and evaluation purposes
   7. Physical therapists
   8. Psychologists
   9. Registered dietitians
   10. Social workers
   11. Special educators, including teachers of children with hearing impairments, including deafness and teachers of children with visual impairments, including blindness.
   12. Speech and language pathologists
   13. Vision specialist, including Ophthalmologists and Optometrists
3. Other services.
   1. The services and personnel identified and defined in this chapter do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services.
   2. Nothing in this chapter prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in this chapter or of another type of personnel that may provide early intervention services in accordance with Part C of IDEA, provided such personnel meet the requirements in these policies and procedures.

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**Qualified Personnel**

Qualified personnel means personnel who have met Connecticut’s 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 early intervention services.

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**Service Coordination**

1. General.As used in Part C of IDEA, 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 Part C of IDEA.
2. Each infant or toddler with a disability and the child’s family must be provided with one service coordinator who is responsible for: Coordinating all services required under Part C of IDEA across agency lines; and
3. Serving as the single point of contact for carrying out the activities described in this section.
4. Service coordination is an active, ongoing process that involves:
5. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under Part C of IDEA; and
6. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the infant or toddler with a disability and that child’s family.
7. Specific service coordination services include:
8. Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
9. Coordinating the provision of early intervention services and other services, such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes, that the child needs or is being provided;
10. Coordinating evaluations and assessments;
11. Facilitating and participating in the development, review, and evaluation of IFSPs;
12. Conducting referral and other activities to assist families in identifying available early intervention programs;
13. Coordinating, facilitating, and monitoring the delivery of services required under Part C of IDEA to ensure that the services are provided in a timely manner;
14. Conducting follow-up activities to determine that appropriate Part C services are being provided;
15. Informing families of their rights and procedural safeguards, as set forth in these policies and procedures and related resources;
16. Coordinating the funding sources for services required under this Part C of IDEA; and
17. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.
18. The lead agency’s or an early intervention program’s use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort, including Title XIX of the Social Security Act--Medicaid, for purposes of claims in compliance with the requirements of policies and procedures related to payor of last resort provisions.

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**Natural Environments**

1. Natural environments means settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of these policies and procedures.
2. Connecticut haspolicies and procedures and guidelines to ensure, consistent with §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided:
3. To the maximum extent appropriate, in natural environments; and
4. In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment.
5. In accordance with §303.344 (d)(1)(ii), each IFSP must contain a statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate, consistent with §§303.13(a)(8), 303.26 and 303.126, or a justification as to why an early intervention service will not be provided in the natural environment.
6. The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular early intervention service in the natural environment for that infant or toddler with a disability and service, must be:
7. made by the IFSP team (which includes the parent and other team members)
8. consistent with the provisions in §§303.13(a)(8), 303.26 and 303.126 and
9. based on the child’s outcomes that are identified by the IFSP team