

## SERVICE DELIVERY

### Section M

**FEDERAL POLICY** (34 CFR 303.345 is the source of Federal Policy that appears in bold at the beginning of each section of the standards revised August 15, 2008.)

#### Early Intervention Services

1. Early intervention services means services that are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development.
2. Early intervention services are selected in collaboration with the parents.
3. Early intervention services are provided:
  - a. Under public supervision;
  - b. By qualified personnel (qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services);
  - c. In conformity with an individualized family service plan (IFSP); and
  - d. At no cost, unless Federal or State law provides for a system of payments by families, including a schedule of sliding fees.
4. Early intervention services must meet the standards of the State.
5. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. The provision of early intervention services for any infant or toddler with a disability may occur in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment
6. To the extent appropriate, service providers in each area of early intervention services are responsible for:
  - a. Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
  - b. Training parents and others regarding the provision of those services; and
  - c. Participating in the multidisciplinary team's (MDT) assessment of a child and child's family, and in the development of integrated goals and outcomes for the IFSP.
7. Following are types of services included under "early intervention services" and, if appropriate, definitions of those services:
  - a. **Assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional

capabilities of children with disabilities. *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:

- i. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
  - ii. Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
  - iii. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
  - iv. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
  - v. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
  - vi. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- b. *Audiology services and sign language and cued language services* includes:
- i. Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
  - ii. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
  - iii. Referral for medical, and other services necessary for the habilitation or rehabilitation of children with audio logical impairments;
  - iv. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
  - v. Provision of services for prevention of hearing loss; and
  - vi. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibro-tactile devices, and evaluating the effectiveness of those devices.
- c. *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.
- d. *Health services* means services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services.
- e. *Medical services only for diagnostic or evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention.
- f. *Nursing services* includes:
- i. 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;
  - ii. Provision of nursing care to prevent health problems, restore or



- k. **Service coordination services** means assistance and services provided by a service coordinator to an eligible child and the child's family that are in addition to the functions and activities included under 303.23.
- l. **Social work services** includes:
- i. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
  - ii. Preparing a social or emotional development assessment of the child within the family context;
  - iii. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
  - iv. 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; and
  - v. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- m. **Special instruction** includes:
- i. 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;
  - ii. 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 (IFSP);
  - iii. Providing families with information, skills, and support related to enhancing the skill development of the child; and
  - iv. Working with the child to enhance the child's development.
- n. **Speech-language pathology** includes:
- i. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - ii. 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; and
  - iii. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- o. **Transportation and related costs** includes 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) that are necessary to enable an eligible child and the child's family to receive early intervention services.
- p. **Vision services** means:
- i. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - ii. Referral for medical or other professional services necessary for the

- habilitation or rehabilitation of visual functioning disorders, or both;  
and
- iii. 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.
- q. Other required services.

**8. Early intervention services must be provided by qualified personnel, including:**

- a. Audiologists;
- b. Family therapists;
- c. Nurses;
- d. Dieticians;
- e. Occupational therapists;
- f. Orientation and mobility specialists;
- g. Pediatricians and other physicians;
- h. Physical therapists;
- i. Psychologists;
- j. Social workers;
- k. Special educators;
- l. Speech- language pathologists; and
- m. Vision specialists, including ophthalmologists and optometrists.

**Responsibility and Accountability**

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected on the child's IFSP.

**Comprehensive System of Personnel Development**

1. Each system must include a comprehensive system of personnel development (CSPD).
2. The personnel development system must:
  - a. Be consistent with the CSPD required under Part B;
  - b. Provide for pre-service and in-service training to be conducted on an interdisciplinary basis, to the extent appropriate;
  - c. Provide for the training of a variety of personnel needed to meet the requirements, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators: and
  - d. Ensure that the training provided relates specifically to:
    - i. Understanding the basic components of early intervention services available in the State;
    - ii. Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children; and
    - iii. Assisting families in enhancing the development of their children, and in participating fully in the development and

**implementation of IFSPs.**

**A. A personnel system may include:**

- a. Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;**
- b. Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;**
- c. Training personnel to work in rural and inner-city areas; and**
- d. Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under Part C to a preschool program under Part B or to other preschool or other appropriate services.**

**Personnel Standards**

- 1. Appropriate professional requirements in the State means entry level requirements that:**
  - a. Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and**
  - b. Establish suitable qualifications for personnel providing early intervention services to eligible children and their families who are served by state, local and private agencies.**
- 2. Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.**
- 3. Profession or discipline means a specific occupation category that:**
  - a. Provides early intervention services to eligible children and their families;**
  - b. Has been established or designated by the State; and**
  - c. Has a required scope of responsibility and a degree of supervision.**
- 4. State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry – level standards for employment in a specific profession or discipline in that State that apply to that profession or discipline.**
- 5. Policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this part shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist**

in the provision of early intervention services under this part to infants and toddlers with disabilities.

## **BABIES CAN'T WAIT (BCW) PROGRAM STANDARDS**

Service delivery will address the developmental needs of the child and enhance family/caregiver capacity to support the child's development. Service delivery will include the appropriate clinical and/or developmental professional(s) who are most competent to support the child and family/caregiver. Service delivery will be team-based, using designated teams composed of all necessary disciplines in early intervention services. Service teams can be formed in many ways necessary to enhance child development. Service team members can be chosen based on types of developmental delays and/or specialty required to meet the needs of children and families with identified delays/needs. Service teams can be formed based on the geographic coverage areas of both the providers and the children and families on the team. The designated team of providers which includes the family, selects a primary service provider (PSP), based on the competencies needed to support the needs of the child and family, and serves as the lead interventionist to provide direct service and support to the child/family. Other team members may also provide services, as needed, to support the child, family, and PSP.

### **A. ESTABLISHMENT OF IFSP/PSP TEAMS**

Where appropriate and feasible, each eligible infant/toddler and their family shall have access to services/supports from a designated service delivery team of providers responsible for providing direct services in the district. The team of providers assigned to each family must have the needed skills and competencies to support the family's needs and be flexible to serve the family as their needs change.

1. Each service provider shall meet the highest entry-level certification, licensing, or registration requirements that apply to that profession or discipline, in the State.
2. Each service provider shall demonstrate skills, values and key competencies needed to address child developmental delays and levels of identified needs as well as to enhance family capacity to support child development.
3. Each service provider shall meet any BCW mandated training requirements in order to ensure key competencies. Adequate safety training shall be made available to individuals including, but not limited to, safety, health and environmental health management issues.
4. Districts may use clinical fellows (CFs) in speech-language pathology (defined by the American Speech-Language-Hearing Association). It is the responsibility of the CF to ensure that criteria for the fellowship and supervision requirements are met.

### **B. SELECTION OF THE PRIMARY SERVICE PROVIDER (PSP) and ADDITIONAL TEAM MEMBERS**

1. The Primary Service Provider (PSP) model is the method of service delivery for BCW.

2. The Primary Service Provider shall be chosen:
  - By the entire IFSP/PSP team (including families);
  - Based on identified developmental delays and levels of presenting needs of each child as well as the capacity needs of the family/caregiver to enhance the development of their child;
  - Based primarily on provider competencies needed to address the causal and/or contributing factors to the developmental delays in order to support child's progress toward achieving the IFSP outcomes; and
  - From any discipline, as appropriate.
3. The Primary Service Provider may change at a family's request or as the causal and/or contributing factors, including family's related capacity to enhance their child's development, changes or if different skills or competencies of providers are needed to promote progress toward IFSP outcomes.
4. Based on other competencies needed to support IFSP outcomes, additional service providers or team members may also be designated to support the child, family and/or the PSP team, as needed.
5. The early intervention coordinator provides administrative oversight of the provider selection process.

#### **C. ROLES AND RESPONSIBILITIES OF IFSP/PSP TEAM**

1. The PSP and any additional team members will be responsible for:
  - a. addressing each child's identified developmental need(s);
  - b. improving child's functioning through increased participation in daily activities and routines within natural environments, including home and community settings in which children without disabilities participate;
  - c. increasing each family/caregiver's capacity to support their child's development and functioning;
  - d. providing necessary services and monitoring child's progress and achievement of set goals and outcomes as specified in the IFSP; and
  - e. assuring coordination of services and supports across all settings.
2. As a child's developmental delay and level of needs change due to changes in the causal and/or contributing factors, including family's related capacity to enhance their child's development, the PSP shall initiate or modify intervention approach to adapt and meet the child and family needs by: changing existing approaches, requesting support, information, or other assistance from other providers or team members, as appropriate, through team meetings, IFSP reviews or modifications, supplemental visits or other forms of communication and necessary adjustments.

#### **D. PRIMARY SERVICE PROVIDER (PSP) AS SERVICE COORDINATOR**

The Primary Service Provider may also serve as the Service Coordinator. The designated primary service provider on the team, if acting as the service coordinator, shall fulfill all service coordination responsibilities for each family for whom he or she is the Primary Service Provider (See Service Coordination Standards).

## **E. TEAM COMMUNICATION**

Providers on designated teams shall communicate routinely with the other team members about outcomes and services/supports being provided to infants and toddlers and their families. Various means of communication may be used including team meetings, telephone calls, email, written input, etc. The child's primary care physician may utilize a designated representative, knowledgeable about the child's health and medical status (e.g., a nurse). Families must be active members of their service delivery team.

Team members, including families, shall:

- be invited/involved in team meetings;
- be offered various ways to participate including face-to-face meetings, telephone conference calls, video conference calls, written input, use of designated physician representatives as described above, etc;
- meet regularly/routinely to support one another and ensure appropriate needs of children and families are met;
- review the child's IFSP and status and provide feedback to enhance child development appropriately;
- be asked for input if unable to attend; and
- be provided updates if unable to attend.

## **F. TRAINING AND CONTINUING EDUCATION**

1. All personnel providing service coordination, special instruction and the Early Intervention Specialist must complete Skilled Credentialed Early Interventionists (SCEIs) training requirements within two (2) years of their initial date of hire or contract with BCW. The two-year period for successful completion of the required SCEIs begins on:
  - a. The effective date of a contract with the BCW program through a local lead agency in any role requiring SCEIs, or
  - b. The effective date of contract, subcontract, or employment with any agency or organization which contracts with the BCW program through a local lead agency in any role requiring SCEIs, or
  - c. The beginning date of employment with the BCW program through a local lead agency in any role requiring SCEIs.
2. SCEIS training should begin no later than 60 days from the initial date of hire or contract.
3. All personnel providing service coordination, special instruction, and the Early Intervention Specialist (Level I: Para professionals must earn and Level 2: Bachelor level /Professional) regardless of licensure/certification, are required to complete Continuing Education hours after completion of the SCEIs Modules requirements.
  - a. All persons providing service coordination and special instruction are required to have twenty (20) contact hours of continuing education every two years. Content of continuing education must clearly focus

on:

- young children, birth to age eight;
- families of young children, birth to age eight; and/or
- a particular disability covered under Babies Can't Wait
- Ten (10) of these hours must be specific to young children with disabilities and/or their families

Personnel who do not comply with this policy in the timelines stated above will not be able to provide services for families and/or children through the Babies Can't Wait program until requirements are completed.

Formatted: Font: Arial, 11 pt

Formatted: Font: Arial, 11 pt

4. Continuing education requirements go into effect for an individual on July 1 after he/she has received a certificate of completion for the Project SCEIs modules.

## **G. SERVICE DELIVERY SETTINGS**

1. "Natural environment" means settings that are natural or typical for the child's age peers who have no disabilities.
2. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including home and community settings in which children without disabilities participate.
3. The provision of early intervention services for any infant or toddler may occur in a setting other than a natural environment only when early intervention outcomes cannot be achieved satisfactorily for the infant or toddler in a natural environment.
4. When outcomes can not be achieved in the natural environment, page 5 of the IFSP (describing why outcomes cannot be met in the natural environment; how they will be included in the natural environment and the plan to move to the natural environment) must be faxed to the state office within five (5) business days of being written on the IFSP.
5. The needs of each infant/toddler, the family's preferences and team input shall determine specific service delivery settings chosen.
6. All team members must build upon family strengths, understand family resources and challenges, and work together to select meaningful locations for service delivery.
7. Natural environments may include, but are not limited to, childcare, home, Early Head Start, the park or the playground, restaurants or shopping centers, and other places where families with typically developing children spend time.
8. Regardless of setting, services should focus on enhancing the child's development by inclusion of the following applicable approaches in the implementation of the IFSP:
  - a. supporting family/caregivers in their role as the first and most important facilitator of their child's development;
  - b. building upon existing family/caregiver priorities, strengths and interests;

- c. partnering with parents/caregivers directly in facilitating their child's development;
  - d. assisting family/caregivers to identify routines and activities appropriate and optimal for parent/child interaction and intervention; and
  - e. utilizing materials and toys found in or around the natural setting and supplementing with appropriate developmental materials, only as needed to meet IFSP outcomes.
9. Services must be delivered with parent(s) or the primary care giver present and participating in the activities.