

# **Delaware Birth to Three Early Intervention Statewide System of Early Intervention Services**

## **I Purpose:**

The purpose of this policy is to describe the services to be provided to infants and toddlers with disabilities and their families through Delaware's Birth to Three Early Intervention System. This policy describes how Birth to Three ensures that resources are made equitably available and accessible under Part C for all populations and geographic areas of the state.

## **II Definition(s):**

### **Homeless Children:**

Homeless children are considered any individual who lacks a fixed, regular, and adequate nighttime residence to include, but not limited to:

- Children who are sharing housing with other persons due to loss of housing, economic hardship or a similar reason;
- Living in motels, hotels, trailer parks, camping grounds, cars, parks, public spaces, abandoned buildings;
- Substandard housing, such as emergency or transitional shelters or similar settings;
- Abandoned in hospitals; or
- Awaiting foster care placement.

### **Individualized Family Service Plan (IFSP):**

An Individualized Family Service Plan (IFSP) is a working document agreed upon by Child Development Watch (CDW), EI service providers and family members to address the needs of eligible children from birth to three.

### **Infant or Toddler with a Disability (Child/ren):**

A child under three (3) years of age who needs early intervention (EI) because s/he is experiencing a developmental delay in one or more of the following areas:

- Cognitive development;
- Physical development, including vision and hearing;
- Communication development;
- Social or emotional development;
- Adaptive development; or

- Is diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay.

**Native Language:**

The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child.

**Parent:**

A biological or adoptive parent of a child, a foster parent, a guardian, authorized to act as the child's parent or authorized to make EI, educational, health, or developmental decisions for the child, an individual acting in the place of a biological or adoptive parent with whom the child lives or an individual who is legally responsible for the child's welfare, or an educational surrogate parent.

**Qualified Personnel:**

Personnel who have met state approved or recognized certification, registration, licensing, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations, assessments, or providing EI services.

### **III Principles and Procedures:**

#### **A. Description of Early Intervention Services:**

1. EI services are developmental services that:
  - a. Are provided under public supervision;
  - b. Are selected in collaboration with the parents;
  - c. Are provided at no cost, except where subject to Delaware's System of Payments , including a schedule of sliding fees
  - d. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family, as identified by the IFSP team in any one or more of the following areas:
    - 1) Physical development;
    - 2) Cognitive development;
    - 3) Communication development;
    - 4) Social or emotional development; or
    - 5) Adaptive development.
  - e. Meet the standards of Delaware Part C requirements;
  - f. Are provided by qualified personnel;
  - g. To the maximum extent appropriate, are provided in natural environments;  
and

- h. Are provided in conformity with an IFSP.
- 2. EI services include the following defined services:
  - A. **Assistive technology device means** any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e/g., mapping) maintenance, or replacement of that device.

**Assistive technology service** means any service that directly assists a child in the selection, acquisition, or use of an assistive technology device, such as:

- 1) The evaluation of the needs of a child, including a functional evaluation of the child in the child's customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children 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 a child with a disability 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, children with disabilities.

**B. Audiology services include:**

- 1) Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;
- 2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- 3) Referral for medical and other services necessary for the habilitation or rehabilitation of a child with a disability who has an auditory impairment;
- 4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
- 5) Provision of services for prevention of hearing loss; and

- 6) Determination of the child's individual amplification, including selection, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluation 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 a child with a disability in understanding the special needs of the child and enhancing the child's development.

D. **Health Services** are services necessary to enable an otherwise eligible child to benefit from the other EI services.

E. **Health services shall not include** services that are:

- 1) Surgical in nature (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 pose), 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.
  - a) Nothing in this section limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive the EI services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.
  - b) Nothing in this section prevents the EI program personnel from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of a child are functioning properly;
  - c) Services (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
  - d) Medical/health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

F. **Medical services** means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for EI services

**G. Nursing services** include:

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

**H. Nutrition services** include:

- 1) Conducting assessments of:
  - a) The child's nutritional history and dietary intake;
  - b) Anthropometric, biochemical, and clinical variables;
  - c) Feeding skills and feeding problems; and
  - d) Food habits and food preferences;
- 2) Developing and monitoring of appropriate plans to address the nutritional needs of children eligible under part C, based on the findings of the assessments above; and
- 3) Making referrals to appropriate community resources to carry out nutrition goals.

**I. Occupational therapy** includes those services designed to address the functional needs of a child in related to adaptive development, adaptive behavior, play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, and community settings and include:

- 1) 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, and;
- 2) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

**J. Physical therapy** includes those services identified to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation and 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.

**K. 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.

**L. Service coordination services** are provided by a service coordinator to assist and enable a child and his/her family in receiving appropriate services and applicable rights, including procedural safeguards, required under Part C. Each child and family will be provided with at least one (1) service coordinator, serving as the single point of contact for carrying out the activities required under Part C and across agency lines. Service coordination is an active, ongoing process. Services include:

- 1) Assisting parents of a child obtaining access to needed EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for a child and his/her family;
- 2) Coordinating the provision of EI services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;
- 3) Coordinating evaluations and assessments;
- 4) Facilitating and participating in the development, review, and evaluation of IFSPs;
- 5) Conducting referral and other activities to assist the family in identifying available EI program personnel;

- 6) Coordinating, facilitating, and monitoring the delivery of services required under Part C to ensure the services are provided in a timely manner;
- 7) Conducting follow-up activities to determine that appropriate Part C services are being provided;
- 8) Informing the family of their rights and procedural safeguards and related resources;
- 9) Coordinating the funding sources for services required under Part C; and
- 10) Facilitating the development of a transition plan to preschool or to other services.

**M. 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.

**N. 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 child within the family context;
- 3) Providing individual and family/group counseling with parents and other family members, and appropriate social skill-building activities with the child and his/her parents;
- 4) Working with those problems in the living situation (home, community, and any center where EI services are provided) of a child and his/her family for which affect the child's maximum utilization of EI services; and
- 5) Identifying, mobilizing, and coordination community resources and services to enable the child and his/her family to receive maximum benefit from EI services.

**O. Special instruction** includes:

- 1) 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;
- 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 child;

- 3) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- 4) Working with the child to enhance his/her development.

**P. Speech-language pathology services** include:

- 1) Identification of a child 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 a child 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.

**Q. Transportation and related costs** include the cost of travel and other costs that are necessary to enable a child and his/her family to receive EI services.

**R. Vision services** include:

- 1) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, 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.

**S.** Nothing in this section prohibits the identification in the IFSP of another type of service as an EI service, provided that the service meets the criteria identified above.

**B. Qualified Personnel:**

1. Qualified personnel who provides EI services under Part C may consist of the following:
  - a. Audiologists;
  - b. Family therapists;

- c. Nurses;
- d. Occupation therapists;
- e. Orientation and mobility specialists;
- f. Pediatricians and other physicians for diagnostic and evaluation purposes;
- g. Physical therapists;
- h. Psychologists;
- i. Registered dietitians;
- j. Social workers;
- k. Early childhood special educators, including teachers of children with hearing and visual impairments;
- l. Speech and language pathologists;
- m. Vision specialists, including ophthalmologists and optometrists; and
- n. Other personnel.

The personnel identified in this section do not comprise an exhaustive list of the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the highly qualified personnel requirements.

**C. Availability of Resources:**

- 1. Delaware has both large urban concentrations and large rural areas necessitating attention to appropriate and fair distribution of resources in all EI programs. Funds are not distributed in a population driven formula since areas of greatest need may not have the largest population.
- 2. Birth to Three shall ensure that resources are made available under Part C for all geographic areas counties within the State of Delaware.
- 3. Birth to Three shall ensure allocation of funds under Part C are distributed appropriately to all EI programs.
- 4. Birth to Three shall review all fund allocations at least annually.

**D. Equitable Access and Participation:**

- 1. Birth to Three ensures that the statewide EI system is in effect and that appropriate EI services are available to all eligible children and their families by:
  - a. Ensuring that the public is informed about early intervention services and that parents know how to make referrals to gain access to services;
  - b. Conducting child find activities including outreach and public awareness activities in the community to identify all potentially eligible children;

- c. Maintaining the Central Directory function that includes a coordinated system of information and referral services for families of infants and toddlers with disabilities, and;
  - d. Disseminating information to primary referral sources, hospitals, health care providers, and parents, with a special emphasis on premature infants or infants with physical risk factors associated with learning or developmental complications.
2. Birth to Three ensures that traditionally underserved groups, including Native Americans, other racial and ethnic minorities, low income, homeless, rural families, and children with disabilities who are in foster care, are meaningfully involved in the planning and implementation of all requirements of Part C through participation on the State Interagency Coordinating Council and other planning activities of the program.
  3. Birth to Three ensures that these families have access to culturally competent services within their local geographical areas through:
    - a. Provider recruitment and training;
    - b. Customized materials, and;
    - c. Individualized services.

#### **IV Authority:**

34 CFR § 303.13: Early Intervention services

34 CFR § 303.16: Health services

34 CFR § 303.34: Service coordination services (case management)

34 CFR § 303.203: Statewide system and description of services

34 CFR § 303.207: Availability of resources

34 CFR § 303.212: Addition information an assurances