

CHAPTER 500 – SERVICE DELIVERY

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 necessary disciplines in early intervention services. Service teams can be formed to enhance child development in many ways. 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. Primary Service Provider Model

MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

KEY PRINCIPLES

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family members' learning styles and cultural beliefs and practices.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

B. 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. CFs should only be assigned to serve children with **FFS Medicaid, private insurance or no health plan coverage**.

C. Selection of the Primary Service Provider (PSP) and Additional Team Members

1. The Primary Service Provider (PSP) Approach to Teaming' 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, child's specific interest and natural environment, as well as the capacity needs of the family/caregiver to enhance the development of their child;
 - Based upon family dynamics and characteristics which can include language and culture; knowledge and experience; as well as family priorities;
 - 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, as the family's situation changes, or as the causal and/or contributing factors change, including family's related capacity to enhance their child's development, 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 and Service Coordinator selection process to ensure that it is equitable and representative of the child's and family's needs.

D. 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;
 - e. Ensuring 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 the intervention approach to adapt and meet the child and family needs by: changing existing service delivery methods, 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.

E. 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 policy).

F. Team Communication

Providers on designated teams shall communicate routinely with 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 PSP team.

Team members, including families, shall:

- Be invited/involved in team meetings;
- As appropriate, 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 on at least a quarterly basis;
- Review the child's IFSP and status and provide feedback to enhance child development appropriately;
- Provide input by other means if unable to attend;
- Be provided updates if unable to attend.

G. Training and Continuing Education

1. All personnel providing service coordination, Special Instruction and the Early Intervention Specialist (EIS) must begin Skilled Credentialed Early Interventionists (SCEIs) training

requirements upon hire or contract with BCW. The last module must be completed within six (6) months. The 6 month period for successful completion of the required SCEIs begins on:

- a. The effective date of a contract with the BCW program through the state 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 the state lead agency in any role requiring SCEIs, or
 - c. The beginning date of employment with the local BCW program in any role requiring SCEIs.
2. All personnel providing service coordination, Special Instruction, and the Early Intervention Specialist (Level I: Para professionals and Level 2: Bachelor level/Professional) regardless of licensure/certification, are required to complete Continuing Education hours after completion of the SCEIs Module requirements.
- a. All persons providing service coordination and Level 2 Special Instruction and the EIS 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
 - b. Level I Paraprofessional/EIA are required to have ten (10) contact hours of continuing education every year. 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
 - Five (5) of these hours must be specific to young children with disabilities and/or their families
 - c. 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.
3. Continuing education requirements go into effect for an individual July 1 after he/she has received a certificate of completion for the Project SCEIs modules.

H. Service Delivery Settings

1. "Natural environment" means settings that are typical for the child's age peers who have no disabilities. Natural environments may include, but are not limited to, child care, home, Early Head Start, the park or the playground, restaurants or shopping centers, and other places where families with typically developing children spend time.
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.
(See IFSP policy, section F)

4. The needs of each infant/toddler, the family's preferences and team input shall determine specific service delivery settings chosen.
5. All team members must build upon family strengths, understand family resources and challenges, and work together to select meaningful locations for service delivery.
6. 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; partnering with parents/caregivers directly in facilitating their child's development;
 - 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.
7. Services must be delivered with parent(s) or the primary care giver present and participating in the activities.