

CHAPTER 600 – EARLY INTERVENTION SERVICES

600.1 – Definitions of Early Intervention Services

The purpose of this section is to provide a definition of those federally required early intervention services that may be supported in whole or in part through the use of Babies Can't Wait (BCW) funds for eligible children and their families through the IFSP process.

Children and families receive individualized services in accordance with the functional outcomes identified in the IFSP. Intervention is designed to include the child, parent or person acting in the place of the parent and provider(s). Parent participation in service delivery is necessary in meeting the developmental needs of the child.

Early intervention services must be provided in a **natural environment** unless there is justification that "early intervention cannot be achieved satisfactorily for the infant/toddler in a natural environment." (Title 34 CFR [§303.126](#)). **Natural environments** may include the child's home, child care centers, family child care homes, playgrounds and other community settings where typically developing children live, learn and play.

The standard of "enhancing the child's development" must be applied to early intervention services provided through Babies Can't Wait (either directly or through linkages). All early intervention services must be tied to strategies needed to achieve developmental outcomes contained in the IFSP while the child is enrolled in Babies Can't Wait.

Early intervention services may include:

- Assistive technology devices and services
- Audiology services
- Family training, counseling, and home visits
- Health services
- Medical services for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service Coordination
- Social work services
- Special Instruction
- Speech-language pathology
- Transportation and related services
- Vision services
- Interpretation/Translation Services

Early Intervention Services include, but are not limited to, the following definitions:

A. Assistive Technology Devices and Services

1. ASSISTIVE TECHNOLOGY DEVICE

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. (34 CFR §303.13 (b) (1) (i)).

Generally, assistive technology (AT) devices supplement the existing skills of the individual with disabilities. These devices are tools that are used to increase a child's functioning in one or more developmental areas (e.g., communication, fine motor, etc.).

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A. The IDEA definition of assistive technology devices is broad and covers a wide range of technology devices. Assistive Technology for children with disabilities may include any of the following:

1. **Augmentative communication devices** (i.e., Single or multiple message devices with speech or picture output);
2. **Vision and hearing devices** (i.e., Magnifying glasses, backlit surfaces, amplification systems, and tape recorders). This does **not** include eyeglasses, contact lenses or a medical device that is surgically implanted, or the replacement of such device (34cfr§ 303.13 (b) (1) (i));
3. **Mobility and positioning equipment** (i.e., Supports for seating, adapted tricycles/scooters, etc.);
4. **Appliance control devices** (i.e., Electrical control units for switch activation.
Note: In catalogs these devices are also referenced as “environmental control units”);
5. **Learning tools** (i.e., Built-up writing instruments, knobbed puzzles);
6. **Adaptive daily living tools** (i.e., Built-up spoons, bath supports); and
7. **Adaptive toys** (i.e., switch activation, built-up handles, amplified sounds or actions).

B. Assistive technology devices, when determined necessary by the PSP team, must be provided as a tool to support the child in meeting IFSP developmental outcomes. AT needs may vary greatly from child to child. The appropriate technology device for a child with a disability must be determined on an individual basis by the IFSP Team. Successful use of AT is attainable only when:

- a. Care providers are willing to learn about and use the technology recommended;
- b. Adequate funding resources are in place; and
- c. Training for both the child and care providers are available.

C. The need for Assistive Technology must be documented including information regarding the necessity and appropriateness for using AT and supported through IFSP activities and strategies. The provision of AT must be documented on the IFSP. To help with identification of effective AT for implementing strategies to achieve IFSP outcomes, an assessment may be needed to determine:

- a. A plan for using AT systems and choice of possible tools by the child's PSP team to accomplish strategies to meet IFSP outcomes; why current AT systems are not working;
- b. Better utilization of AT currently used;
- c. The use of AT for additional developmental areas; and
- d. AT systems that may need to be purchased and possible funding options explored.

2. **ASSISTIVE TECHNOLOGY SERVICES:**

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.

The term includes:

- a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- e) Training or technical assistance for a child with a disability or, if appropriate, that child's family;
- f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

(Note: The final regulations on IDEA also state that "related services **do not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or the replacement of that device**" (34CFR§ 303.13 (b) (1) (i)).

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IDEA specifically delineates several service areas. Procedures for providing services in these areas are addressed in the following subsections:

1. AT needs must be assessed functionally within the context of the child's activities and routine. BCW expects service providers who perform evaluation/assessment activities to incorporate an examination of possible AT adaptations into their developmental evaluation/assessment report. All available information must be considered by the PSP team in order to determine whether recommended AT is necessary in order for the child to achieve developmental outcomes and must be included in the child's IFSP.

Results from PSP team and parent discussion must be used to develop or revise the IFSP, plan activities and strategies for using recommended AT, and to secure appropriate AT services and resources.

There may be situations in which a more in-depth AT assessment is necessary to assist the child's PSP team in determining essential and appropriate assistive technology such as:

- a. When the PSP team determines that specific expertise is needed regarding special technology with which they are not familiar;
- b. When the PSP team does not feel qualified to assess the assistive technology needs of a child;
- c. When the disabilities of the child are such that multiple and/or customized technology systems may be required.

BCW requires that a need for assistive technology is documented on the IFSP as a strategy to support the child's outcome.

2. Acquisition of AT: IDEA requires that AT devices must be made available for children with disabilities. The child's PSP team is responsible for making the decision of how to best provide access to AT. BCW requires that whenever possible, appropriate assistive technology must be loaned to the child as needed until the child turns three years of age.
- a. Loaned equipment is recommended by BCW as appropriate in most situations because:
- (i) A piece of technology is not for life and is constantly changing;
 - (ii) Technology in different hands and different situations brings different results; and
 - (iii) Children from birth to three are changing developmentally and need to be challenged.
- b. Loan access may be provided by:
- (i) BCW Lending Libraries: Lending Libraries may be available within each Local Lead Agency to offer loan programs to support BCW-eligible children with AT needs. A basic inventory of AT equipment is available for check out at each of these centers.
 - If a specific piece of equipment is needed for a child that is not available in the Lending Library inventory, it may be purchased by the Lending Library for use by that child. However, the equipment remains the property of BCW.
 - Devices may be loaned to a child/family until the eligible child's third birthday, the beginning of the school year, or the implementation date of the IEP. If a child turns three during summer months, the loan may extend to the beginning of the school year or the implementation date of the IEP, whichever occurs first. However, this last provision shall not extend beyond six months after the eligible child's third birthday and justification of need must be documented in the transition plan and IFSP exit paperwork.
 - It is recommended that local lead agencies insure devices against theft or loss.
 - (ii) Service Providers: A service provider such as a physical therapist may loan AT to assist the child in meeting IFSP outcomes. Service providers shall report child progress to the PSP team.
 - (iii) Community Technology Centers (i.e., Tools for Life Resource Centers, Lekotek centers): These centers may offer loan programs to support children with AT needs.
- c. Equipment Purchase/Rental:
- (i) BCW will purchase or lease AT devices for an individual child when it is determined that:
 - The disabilities of the child are such that multiple or customized technology systems are required and alternate devices have been explored and found not to be adequate through available lending options;
 - AT equipment must be highly customized to meet the needs of a specific child;
 - The child needs the item to reach developmental outcomes while enrolled in BCW and the child/family requires necessary on-going access and should, therefore, be the owner of this equipment; and
 - The item is not easily recyclable.

- (ii) Funding may be provided for an individual child under the following guidelines:
 - Alternative sources (payor of last resort policy) for payment must be explored, documented, and eliminated prior to requesting BCW funding. Each local BCW program should refer to the Tools for Life (Tools for Life Central Office can be reached via email at info@gatfl.org or by phone at 1-800-497-8665) funding guide in order to help parents identify other sources of funding.
 - If the local lead agency can document that no other fiscal resources are available, funding assistance from BCW may be requested. Family cost participation as determined by the Babies Can't Wait Financial Analysis form (see Appendix C) applies.
- (iii) Administrative Approval Requirements:
 - **Requests for items and devices must be submitted to the state office for approval if the cost of an individual piece of equipment is in excess of \$5,000.**

d. Training and Technical Assistance:

AT training is necessary to ensure that children are able to benefit from technology intervention. **Provisions for training the child and the family must be documented in the IFSP.** Parent training opportunities should also include training with the service provider during therapy or educational sessions (i.e., the speech therapist would provide assistance and training on the use of a communication aid). Training for service providers may also be necessary. This training is available from a variety of resources throughout the state (i.e., vendors, private organizations, public agencies, and conferences).

B. Audiology Services

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 an infant or toddler 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 selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices." (Title 34 CFR §303.13 (b)(2))

All children with diagnosed hearing loss must be referred to an Early Hearing Orientation Specialist through Georgia PINES for an orientation to hearing loss, resources, and intervention approaches with parental consent.

PROCEDURES FOR IMPLEMENTATION

1. Examples of Covered Services -
 - a. The evaluation of the need for devices and treatment as well as auditory training.
 - b. Evaluation to determine the range, nature, and degree of hearing loss and communication functions (using the system of payments which includes payor of last resort). Referral to medical services to manage or monitor the rehabilitation of the child's auditory loss.
 - c. Training for the child and/or family related to the child's auditory functions, use of

- devices, and the maintenance of auditory devices.
 - d. The assessment of audiological needs including the fitting, dispensing, and monitoring of hearing devices.
2. Non-covered Services - Myringotomy tubes (ear tubes) and cochlear implants are not covered services under Part C and are not eligible for BCW funding under any approved service category.
- a. Requests for digital and programmable hearing aids must be forwarded to the State Babies Can't Wait Office if all other payment sources, including Early Hearing Detection and Intervention program resources, have been exhausted and BCW funding is being requested to support this service.
 - b. These requests will be reviewed according to protocol.

C. Family Training, Counseling and Home Visits

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 special needs of the child and enhancing the child's development. (34 CFR §303.13 (b) (3))

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Examples of Covered Services -

1. Training (educating) families to carry out activities on the IFSP, such as carrying out developmentally appropriate activities within the child's home, when not otherwise covered as a service within a specific discipline. Examples include positioning, communication activities, nutritional training, and home care strategies that are not covered or addressed by another specific discipline on the IFSP.
2. Training must be provided and/or supervised by licensed/certified personnel. Supervision of non-licensed/non-certified personnel occurs in a variety of ways and must include at least a quarterly observation of the provider and family as a minimum standard.
3. Counseling must be provided by licensed personnel and must be specifically related to the child's disability. For example, the family is not coping well with the child's diagnosis, and their grief results in an inability to function as a family unit. The outcome might address improved family functioning through management of feelings about having a child with a disability. The strategy might be counseling sessions related to coping with grief.
4. Family training and home visits are incorporated in the "discipline" categories, and must be paid for under the respective discipline, i.e., physical therapy, occupational therapy. This section covers family training that is not otherwise covered within the context of therapy.

D. Health Services

Health Services mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services.

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.

The term does not include:

1. Services that are:
 - a. Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
 - b. Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
 - c. Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.
 - (i) 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.
 - (ii) Nothing in this part prevents the EIS 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;
2. Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
3. Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children." (34 CFR §303.16)

PROCEDURES FOR IMPLEMENTATION

Examples of Covered Services:

1. Services provided to enable the child to benefit from other IFSP services during the time that those early intervention services are being provided OR that are necessary to prepare a child to receive other early intervention services. This includes:
 - a. Consultation by a physician with other IFSP providers concerning the special health care needs of the child that will be addressed in the course of providing other EI services.
 - b. Services such as clean intermittent catheterization, tracheotomy care, tube feeding, etc., which are necessary during the time that early intervention services are being provided.

Examples of Non-covered Services:

1. Medical monitoring, other primary health care, immunizations, or diapers.
2. Devices that are used to control or maintain a medical condition, such as an apnea monitor, infant scales, etc.

E. Medical Services

Medical services are for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention only.

F. Nursing Services

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." (34 CFR [§303.13](#) (b)(6))

PROCEDURES FOR IMPLEMENTATION

Examples of Covered Services:

Services provided to enable the child to benefit from other IFSP services during the time that those early intervention services are being provided. This includes:

- a. When the nurse provides evaluation and assessment services to establish initial or continuing eligibility for the program or the need for services.
- b. When the nurse provides Family Training/Counseling services.
- c. The provision of nursing care to prevent health problems, restore or improve functioning, and promote health and development (within the context of the IFSP).
- d. The administration of medications, treatments, and regimens prescribed by a licensed health care provider, i.e., Physician and nurse practitioners in the context of implementation of the IFSP.

Non-covered Services:

On-going nursing services related to sustaining life and services provided by a nurse during an inpatient hospitalization since these are not early intervention services.

Local Practice Guidance or Clarification

Nursing services are not early intervention services when they are constant rather than intermittent in nature, and when they are intensive or involve life-threatening situations that require constant vigilance. Extensive nursing care or a nursing service related to sustaining life is considered outside the intent and definition of early intervention services.

The fact that on-going nursing services do not meet the criteria for a Part C nursing service, and therefore are not covered by BCW, does not necessarily mean that a child doesn't need routine nursing services. These should be listed on the IFSP under "other" services and appropriate non BCW funding should be identified to cover these nursing/medical needs.

G. Nutrition Services

Nutrition Services include:

Conducting individual assessments in:

1. Nutritional history and dietary intake;
2. Anthropometric, biochemical, and clinical variables;
3. Feeding skills and feeding problems;
4. Food habits and food preferences;
5. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section;
6. Making referrals to appropriate community resources to carry out nutrition goals." (34 CFR §303.13 (b)(7))

PROCEDURES FOR IMPLEMENTATION

Examples of Covered Services:

1. An individual assessment, including the child's nutritional history and dietary intake, various anthropometric, biochemical and clinical variables.
2. An individual assessment of feeding skills, feeding problems, including food habits and preferences.
3. The development and monitoring of an appropriate plan to address the nutritional needs of the eligible child.
4. Referrals to appropriate agencies to access community resources necessary to carry out the nutritional goals.

Examples of Non-covered Services:

1. Purchase of formula, commercially prepared infant foods or dietary supplements, including specialized infant formulas.
2. Devices, such as infant scales, that are used to control or monitor nutritional status are not Part C covered services.

H. Occupational Therapy

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 where the child spends a portion or all of his/her day. These services 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
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability. (34 CFR §303.13 (b)(8))
4. Collaboration with the family to identify locations, activity settings and learning opportunities based on the unique strengths and priorities of the child and family
5. Training and support to family members and other primary care providers in the implementation of the IFSP
6. Environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.

The identification and incorporation of materials, equipment, and supplies related to the provision of Occupational Therapy services should follow the procedures and guidelines set forth in the Assistive Technology section of this document.

I. Physical Therapy

Physical Therapy services are designed to improve the child's functional ability to perform tasks at home, and in other environments including community programs where the child spends a portion or all of his/her day.

Physical Therapy services address 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." (Title 34 CFR §303.13 (b)(9))
4. Collaborating with the family to identify locations, activity settings and learning opportunities based on the unique strengths and priorities of the child and family.
5. Training and support to family members and other primary care providers in the implementation of the IFSP
6. Environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.

J. Psychological Services

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.” (34 CFR §303.13 (b)(10))

K. Service Coordination

1. **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.
 - a. Each infant or toddler with a disability and the child's family must be provided with one Service Coordinator who is responsible for:
 - (i) Coordinating all services required under this part across agency lines; and
 - (ii) Serving as the single point of contact for carrying out the activities
 - b. Service coordination is an active, ongoing process that involves:
 - (i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part;
 - (ii) Coordinating the other services identified in the IFSP under §303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.
2. **Specific Service Coordination Services** include:
 - a. 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;
 - b. 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;
 - c. Coordinating evaluations and assessments;
 - d. Facilitating and participating in the development, review, and evaluation of IFSPs;
 - e. Conducting referral and other activities to assist families in identifying available EIS providers;
 - f. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
 - g. Conducting follow-up activities to determine that appropriate Part C services are being provided;
 - h. Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources;
 - i. Coordinating the funding sources for services required under this part; and
 - j. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

PROCEDURES FOR IMPLEMENTATION

See the Service Coordination chapter in this document for detailed procedures for implementation.

L. Social Work Services

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 family context;
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
5. disability and the family of that child that affect the child's maximum utilization of early intervention services; and
6. 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. (34 CFR §303.13 (b)(13))

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Examples of Covered Services -

1. Family assessment, training, and services related to the child's ability to utilize early intervention services.
2. Parent counseling (individual or in small groups) focused on skill building and assisting a family to meet the developmental needs of their child.
3. Identification, mobilization, and coordination of community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Note: This is usually covered under Service Coordination.

M. Special Instruction

Special Instruction includes—

1. The design of learning environments and activities that promote the infant's 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. (Title 34 CFR §303.13 (b) (14))

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Special Instruction is the “Special Education” component of Part C. It is above and beyond educational efforts aimed at typically developing children and thus must be developed and managed by professionals with specialized education and experience. (See Special Instruction more details regarding Special Instruction implementation.)

Special Instruction includes:

1. The systematic planning and coordination of people, materials, and places to assist in identifying learning environments that offer learning opportunities in which thinking, moving, communicating, playing, and living appropriately with family and friends might be encouraged and promoted;
2. Collaboration with the family to identify locations, activity settings, and learning opportunities built upon the unique strengths and priorities of the child and family. Curriculum planning materials are used for the ongoing assessment of each child’s progress toward meeting stated outcomes strategies must be developmentally

appropriate, culturally relevant, child and family directed, care provider responsive, play-based, and delivered in natural settings. The goals and objectives are determined through the use of functional, developmentally appropriate assessments and curriculum, systematic observation, and data collection that lead to achieving the outcomes and measuring successes as identified in the IFSP;

3. Activities with the family and caregivers to support the child through approaches described above to enhance the child's development and meet outcomes; and
4. Activities with the family in order to strengthen and reinforce the family's knowledge and ability to enhance their child's skill development within home and community. This is achieved through a systematic process that is responsive to cultural uniqueness, providing families with skills, support, resources, and unbiased information.

N. Speech-Language Pathology

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. (34 CFR §303.12 (b)(15))

Sign Language and Cued Language Services include:

1. Teaching sign language, cued language, and auditory/oral language,
2. Providing oral transliteration services (such as amplification), and
3. Providing sign and cued language interpretation. (34 CFR §303.13 (b) (12)).

Local Practice Guidance or Clarification

Speech-Language Pathology services are designed to identify or diagnose communicative or oropharyngeal disorders and delays in the development of communication skills. This includes collaboration with the family to identify locations, activity settings, and learning opportunities based on the unique strengths and priorities of the child and family. These services are designed to improve the child's functional ability to communicate at home and in other environments, including community programs where the child spends a portion or all of his/her day.

Communication approaches and methods used by individual children will vary significantly and will mean different forms of communication for individual children. These services include assessment, plan development, monitoring, training, and support to family members and other primary care providers in the implementation of the IFSP. The identification and incorporation of materials, equipment, and supplies related to the provision of Speech-Language Pathology services should follow the procedures and guidelines set forth in the Assistive Technology section of this document.

O. Transportation and Related Costs

Transportation and related costs include the cost of travel and other related costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services. (34 CFR §303.13 (b) (16))

PROCEDURES FOR IMPLEMENTATION

Examples of Covered Services:

1. Travel and related costs to and from appointments for early intervention services included in the IFSP (such as audiology, family counseling, etc.). This includes mileage, bus fare, cab fare, and related costs, such as tolls and parking expenses.
2. Payment shall be for one round trip per authorized early intervention service. For example, mileage from the family's home and return to the home.

Examples of Non-Covered Services:

1. Transportation for Medicaid eligible children unless the IFSP documents that there is no Medicaid provider of transportation.
2. Equipment, such as car seats.
3. Transportation to services listed under "Other Services" on the IFSP, such as well-child clinics or the hospital (for admission).
4. Transportation to an inclusive, community-based child care program, such as day care, preschool, or Parents Morning Out program, or other community activity (parks, playground, McDonalds, YMCA, library, etc.), where a child may receive early intervention services during some part of the day or during participation in activities at that site.

Local Practice Guidance or Clarification

Local lead agencies are encouraged to ensure safe transportation arrangements for eligible children, including assurances that state seat belt and license requirements are met in each instance. Specific training for transportation providers may be a covered service, if such training is necessary to ensure safe and reliable transportation of the child to enable the child to receive early intervention services. BCW funds may not be used to support "other" transportation costs, such as transportation to appointments or services listed in the "Other" section of the IFSP. In the instance where there is no Medicaid provider of transportation documented in the IFSP, the local lead agency may use BCW funds to support transportation costs for up to 12 weeks, and should work with the transportation broker to resolve the issue. Local lead agencies also are encouraged to recruit new transportation providers. If after twelve (12) weeks, no Medicaid providers are recruited or their schedules are not consistent with scheduled IFSP appointments, the Early Intervention record must include documentation for use of BCW funds to continue. In the event that a Medicaid transportation issue is unresolved after 12 weeks, the local lead agency must thoroughly document the situation and all steps taken, and forward this information to the State Babies Can't Wait Office.

Family Reimbursement

1. Through a Special Situation Payment Request (SSPR).
2. Family must be in BIBS and an EFT completed.

P. Vision Services

Vision Services include:

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;
3. Communication skills training, orientation and mobility training for all environments (including independent living skills)
4. Visual training and additional training necessary to activate visual motor abilities. (34 CFR §303.13 (b)(17))

Q. Interpretation/Translation Services

1. **Native Language**, when used with respect to an individual with limited English means:
 - a. The language normally used by child or the parents of the child;
 - b. For evaluations and assessments conducted pursuant to §303.321(a) (5) and (a) (6), the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.
2. **Native Language**, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication). (34 CFR §303.25).

PROCEDURES FOR IMPLEMENTATION

Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language, in accordance with the definition of native language in Title 34 CFR §303.25. Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed, in accordance with the definition of native language in Title 34 CFR §303.25.

Funds may be used for interpreting or translation services for evaluation and assessment purposes, and when necessary for IFSP development, administering procedural safeguards, direct services (when necessary) and family training (when necessary within the context of the IFSP services).

Local Practice Guidance or Clarification

Local lead agencies may also choose to use a provider with an executed state term contract or a state level contract with the Department/District.

600.2 – Provider 60 Day Approval Rule to Provide Services

Pursuant to providers not being able to become credentialed by Medicaid in a timely manner and in order to allow Babies Can't Wait to meet Federal Regulations, the State Office created the "Provider 60 Day Approval Form to Provide Services" form.

- A. This form is to be used to seek approval from the State Office to allow a provider 60 days to **only see children who either have no health plan or have private insurance** while they are waiting on their pending Medicaid number:
- B. **NOTE:** Providers **cannot** see Medicaid or Care Managed Organization (CMO) children until they have their Medicaid number.
- C. The "Provider 60 Day Approval Form to Provide Services" can be obtained from the provider's EIC.