

North Carolina Infant-Toddler Program Policy

Infant-Toddler Program Services

Introduction

The Infant-Toddler Program offers early intervention services designed to meet the needs of each eligible child and family. Some services are required, and some services are recommended. Services are selected in collaboration with the family, provided by persons qualified to serve the child, provided in the natural environment for the child, and based on scientifically, peer-reviewed research, to the extent practicable. There may be a charge for some of these services.

Provision of Services

1. Early intervention 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 to families, except where the law provides for a system of payments by families, 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 to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including:
 - i. physical development;
 - ii. cognitive development;
 - iii. communication development;
 - iv. social and emotional development; or
 - v. adaptive development;
 - e. meet the standards of the State in which the early intervention services are provided;
 - f. are provided by qualified personnel; and
 - g. are provided in natural environments of the child and family, to the maximum extent appropriate.
2. The provision of required services is the responsibility of the local Children's Developmental Services Agency. Required services and their definitions are determined by federal regulations and must be made available if:
 - a. needed by the child to meet his developmental needs as identified by the Individualized Family Service Plan team or by the family in order to enhance their capacity to meet the child's developmental needs;

- b. desired by the family; and
 - c. identified on the Individualized Family Service Plan by the Individualized Family Service Plan team.
3. Third-party payers, such as public and private insurance companies, may authorize or reimburse service providers for more visits or place limitations on the frequency and intensity of services and may specify the number of contacts by a service provider. The entitlement of the Infant-Toddler Program guarantees that the required services must be made available as determined by the Individualized Family Service Plan team, as defined by the Infant-Toddler Program, and listed on the Individualized Family Service Plan regardless of service levels approved by funding sources. Some of the required Infant-Toddler Program services, such as service coordination, may be billed to funding sources under a different service name and with a slightly different definition. Service providers must pay close attention to the service definitions of both the Infant-Toddler Program and any funding sources used. Services billed to a public or private insurance company must meet the full public or private insurance service definition and all related requirements.
 4. Early intervention service provider or EIS provider means an entity (whether public, private, or nonprofit) or an individual that provides early intervention services under Part C, whether or not the entity or individual receives Federal funds under Part C, and may include, where appropriate, the ITP as a public agency responsible for providing early intervention services to eligible infants and toddlers. An EIS provider is responsible for:
 - a. Participating in the multidisciplinary individualized family service plan (IFSP) Team’s ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant’s or toddler’s family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP;
 - b. Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and
 - c. Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability.

Qualified Personnel

1. The ITP requires all personnel to meet State-approved or State recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the individuals are conducting evaluations or assessments or providing early intervention services.
2. The following are the types of qualified personnel who provide early intervention services:
 - Audiologists
 - Family therapists
 - Nurses
 - Occupational therapists
 - Orientation and mobility specialists

- Pediatricians and other physicians for diagnostic and evaluation purposes
 - Physical therapists
 - Psychologists
 - Registered dietitians
 - Social workers
 - Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness)
 - Speech and language pathologists
 - Vision specialists, including ophthalmologists and optometrists
3. The services and personnel identified and defined in this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in this section or of another type of personnel that may provide early intervention services, provided such personnel meet the definition above.

Required Services under the Infant-Toddler Program

1. Assistive Technology Services and Devices
2. Audiology Services
3. Family Training, Counseling, and Home Visits
4. Health Services
5. Medical Services
6. Nursing Services
7. Nutrition Services
8. Occupational Therapy
9. Physical Therapy
10. Psychological Services
11. Respite Services
12. Service Coordination
13. Sign Language and Cued Language Services
14. Social Work Services
15. Special Instruction
16. Speech-Language Pathology
17. Transportation
18. Vision Services

Infant-Toddler Program Service Definitions

Each of the required services is described on the following pages. Definitions are based on federal Infant-Toddler Program regulations as described in the Individuals with Disabilities Education Act. These definitions may be slightly different than those definitions used by the public insurance company or other third-party payers for billing purposes. Occasionally, minor changes in wording have been made in order to clarify interpretation by the North Carolina Infant-Toddler Program.

1. **Assistive Technology Services and Devices.** Assistive technology services are services that assist in the selection, development, and training in the use of an assistive technology device. Assistive technology services include:
 - a. evaluation of the needs of a child with a disability, including a functional evaluation of the child's customary environment;
 - b. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for 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 and technical assistance for a child with a disability or, if appropriate, that child's family; and
 - f. training and technical assistance for professionals (including individuals providing early intervention services) or other individuals who may provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Assistive Technology Devices include any items, pieces of equipment or product systems whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve the functional capabilities of children with disabilities. 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.

2. **Audiology Services** includes any services or equipment that may be needed to address a child's needs with relation to his auditory skills. Audiology services include:
 - a. identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
 - b. determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - c. referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - d. provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;

- e. provision of services for prevention of hearing loss; and
- f. determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

3. Family Training, Counseling and Home Visits are those services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under the Infant-Toddler Program in understanding the special needs of the child and enhancing the child's development. These services are formal, therapeutic interventions and specifically designed to meet the emotional needs of children and their families.

4. Health Services means those services necessary to enable a child to benefit from the other early intervention services under the Infant-Toddler Program during the time that the child is eligible to receive early intervention services.

Health services include:

- a. clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- b. consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

Health services do not include:

- a. services that are surgical in nature (e.g., cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- b. services that are purely medical in nature (e.g., hospitalization for management of congenital heart ailments, or the prescription of any medicine or drugs for any purpose); or
- c. services related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

Nothing in 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.

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.

- a. devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
- b. medical-health services (e.g., immunizations, regular well-baby care) that are routinely recommended for all children.

These services may be provided by physicians or nurses and are differentiated from required medical services in that health services are those that identify and address special needs as outlined above and are not diagnostic or evaluative in nature.

5. **Medical Services** in the Infant-Toddler Program refers to services only for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
6. **Nursing Services** means those services necessary to enable a child to benefit from the other early intervention services under the Infant-Toddler Program during the time that the child is eligible to receive early intervention services:
 - a. assessment of a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - b. provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development of the child; and
 - c. administration of medications, treatments, and regimens prescribed by a licensed physician.
7. **Nutrition Services** include:
 - a. conducting individual assessments in:
 - i. nutritional history and dietary intake;
 - ii. anthropometric, biochemical, and clinical variables;
 - iii. feeding skills and feeding problems; and
 - iv. food habits and food preferences.
 - b. developing and monitoring appropriate plans to address the nutritional needs of children eligible under the Infant-Toddler Program, based on the individual assessment; and
 - c. making referrals to appropriate community resources to carry out nutritional goals.
8. **Occupational Therapy** includes the services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve a child's functional ability to perform tasks in home, school, and community settings. These services include:
 - a. identification, assessment, and intervention;
 - b. 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
 - c. prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
9. **Physical Therapy** includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
 - a. screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

- b. obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- c. providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10. Psychological Services include:

- a. administering psychological and developmental tests and other assessment procedures;
- b. interpreting assessment results;
- c. obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- d. 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.

11. Respite Services means a time-limited, intermittent family support service that enables parents to participate in or receive other early intervention services in order to meet the outcomes on the child's and family's Individualized Family Service Plan. Examples include the parent participating in sign language classes in order to assist the child in developing communication skills, meeting with a psychologist to design appropriate behavioral management strategies when the child is exhibiting inappropriate behavior, attending Individualized Family Service Plan meetings and reviews, and obtaining counseling or psychological services for himself.

12. Service Coordination means assistance and services, including procedural safeguards, provided by a Service Coordinator to a child eligible under the Infant-Toddler Program, or in the process of eligibility determination and the child's family that include:

- a. coordinating and monitoring the delivery of all services across agency lines;
- b. serving as a single point of contact in helping the parent to obtain the services and assistance needed;
- c. assisting parents of eligible children in identifying and gaining access to the early intervention services and other services identified in the Individualized Family Service Plan;
- d. making referrals to providers for needed services including assisting families in scheduling appointments, if needed;
- e. 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;
- f. coordinating evaluations and assessments;
- g. facilitating and participating in the development, review, and evaluation of IFSPs;
- h. conducting referral and other activities to assist families in identifying available service providers;
- i. coordinating, facilitating, and monitoring the delivery of services to ensure that the services are provided in a timely manner;

- j. conducting follow-up activities to determine that appropriate part C services are being provided;
- k. informing families of their rights and procedural safeguards;
- l. coordinating the funding sources for services; and
- m. facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

13. Sign Language and Cued Language Services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

14. Social Work Services include:

- a. making home visits to evaluate a child's living conditions and patterns of parent-child interactions;
- b. preparing a social or emotional developmental assessment of the child within the family context;
- c. providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- d. 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
- e. identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

15. Special Instruction includes:

- a. 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;
- b. 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;
- c. providing families with information, skills, and support related to enhancing the skill development of the child; and
- d. working with the infant or toddler with a disability to enhance the child's development.

16. Speech-Language Pathology includes:

- a. identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

- b. referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in the development of communication skills; and
- c. provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in the development of communication skills.

17. Transportation and related costs include the cost of travel (e.g., mileage reimbursement, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under the Infant-Toddler Program and the child's family to receive early intervention services.

18. Vision Services include:

- a. evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- b. referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- c. communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.