

Appendix 18:

Early Intervention Service Definitions under Part C of IDEA

- a. **Assistive technology device and service** are defined as follows:
 - i. 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.
 - ii. 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 an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;
 - b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers 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 an infant or toddler with a disability or, if appropriate, that child's family; and
 - f) 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, infants and toddlers with disabilities.
 - iii. **Role of IFSP Team Relative to Assistive Technology**
 - a. Only the child's Individualized Family Service Plan team can make decisions regarding the appropriateness of assistive technology devices and/or services.
 - b. The decisions of the IFSP Team are considered final.
 - c. The IFSP must contain documentation of the AT Services as defined above.
 - d. Assistive Technology devices and/or services may be considered for any child who is eligible for BabyNet, regardless of age or time until exit from BabyNet.
 - e. If assistive technology devices/services are in place at the time of transition, documentation of the transition conference must address if the device will continue to be used by the child in his/or next environment.
 - iv. **Requirements for Use of Federal Funds**

If BabyNet Service Funds are used to pay for direct early intervention services, including assistive technology devices and services, the BabyNet Service Coordinator must make certain the payor of last resort requirements are met.
 - v. **Role of BabyNet State Office**

The role of BabyNet State Office is to monitor the IFSP Team's compliance with policy items I.15.a.iii-iv above.
- b. **Audiology services** include--
 - i. Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;

- ii. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - iii. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
 - iv. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
 - v. Provision of services for prevention of hearing loss; and
 - vi. Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- c. **Family training, counseling, and home visits** means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.
- d. **Health services** mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services during the time that the child is eligible to receive early intervention services. The term includes:
- i. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - ii. 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.
 - iii. The term does not include 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 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 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;
 - d) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
 - e) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.
- e. **Medical services** means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- f. **Nursing services** include--
- i. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - ii. The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - iii. The administration of medications, treatments, and regimens prescribed by a licensed physician.
- g. **Nutrition services** include--
- i. Conducting individual assessments in--

- a) Nutritional history and dietary intake;
- b) Anthropometric (head circumference, weight-to-height ratio), biochemical (e.g., bloodwork), and clinical variables (such as observational observation of the child, tracking of daily caloric intake);
- c) Feeding skills and feeding problems; and
- d) Food habits and food preferences;
- ii. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for BabyNet, based on the findings of the nutritional assessment; and
- iii. Making referrals to appropriate community resources to carry out nutrition goals.
- h. **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, and include--
 - i. Identification, assessment, and intervention;
 - ii. 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
 - iii. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- i. **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--
 - i. Screening, evaluation, and assessment of children to identify movement dysfunction;
 - ii. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - iii. Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.
- j. **Psychological services** include--
 - i. Administering psychological and developmental tests and other assessment procedures;
 - ii. Interpreting assessment results;
 - iii. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
 - iv. 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.
- k. **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.
- l. **Social work services** include--
 - i. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - ii. Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
 - iii. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
 - iv. 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 disability and

- the family of that child that affect the child's maximum utilization of early intervention services; and
- v. 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.
- m. **Special instruction** includes--
- i. 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;
 - ii. 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;
 - iii. Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - iv. Working with the infant or toddler with a disability to enhance the child's development.
- n. **Speech-language pathology services** include--
- i. 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;
 - ii. 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
 - iii. Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
- o. **Transportation and related costs** include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.
- p. **Vision services** mean--
- i. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
 - ii. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - iii. Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.