

## Definitions of 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. (*For additional information, see Policy Bulletin #24 - Service Planning and Delivery.*)

The provision of required services is the responsibility of the Children's Developmental Services Agency. Required services and their definitions are determined by federal regulations and must be made available if:

- 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;
- desired by the family, and
- identified on the Individualized Family Service Plan by the Individualized Family Service Plan team.

Third-party payers, such as Medicaid and 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 Medicaid must meet the full Medicaid service definition and all related requirements.

Recommended services are those identified as needed, but not defined as required by the Infant-Toddler Program. However, these services often are of great benefit to the child and family and are to be included in the Individualized Family Service Plan. The Service Coordinator should help families access these services if they are needed and available.

### Required Services under the Infant-Toddler Program

1. Assistive Technology Services and Devices
2. Audiological Services
3. Community Based Rehabilitative Services

4. Early Identification and Screening
5. Evaluations and Assessments
6. Family Counseling and Therapy Services
7. Health Services
8. Medical Services
9. Nursing Services
10. Nutrition Services
11. Occupational Therapy
12. Physical Therapy
13. Psychological Services
14. Respite Services
15. Service Coordination
16. Social Work Services
17. Speech-Language Therapy
18. Transportation
19. Vision Services

*The North Carolina Interagency Agreement for the Provision of Services to Children With or At-Risk for Disabilities Ages Birth Through Five and Their Families Under Parts C and B of IDEA* also lists Parent Training and Information as a required service. Although this is a state level systems responsibility and not a discrete service required to be provided by local agencies or listed on the Individualized Family Service Plan, it is expected that parent education and sharing of information will be integrated into the provision of all required and recommended 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 Medicaid 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.** An 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 children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:
  - 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 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 or technical assistance for a child with disabilities or, if appropriate, that child's family, and
- f. training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

If a child eligible for services under the Infant-Toddler Program has assistive technology needs listed on the Individualized Family Service Plan and the family is not eligible for Medicaid, Children's Special Health Services, or private insurance, there are available funds to support the purchase of devices and technical assistance as outlined above. *(For complete information, see Policy Bulletin #27 - North Carolina Assistive Technology Funds.)*

2. **Audiological Services** includes any services or equipment that may be needed to address a child's needs with relation to his auditory skills. Audiological 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,
  - c. by use of audiological evaluation procedures;
  - d. referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
  - e. provision of auditory training, aural rehabilitation, speech reading, signed language and cued language, listening device orientation and training, and other services;
  - f. provision of services for prevention of hearing loss, and
  - g. 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.

Communication and hearing devices may be considered assistive technology devices with funding potentially available through the North Carolina Infant-Toddler Program Assistive Technology project. *(For additional information, see Policy Bulletin #27 - North Carolina Assistive Technology Funds.)*

3. **Community Based Rehabilitative Services** are services provided in order to correct, reduce, or prevent further deterioration of identified deficits in a child's mental or physical health or to restore the developmental capacity of children who are felt to be at risk for such deficits because of specific medical, biological, or environmental risk factors. These services must involve face-to-face encounters, be medically necessary, within the scope of practice of the provider, and intended to maximize the reduction of identified disabilities or deficits and restore the recipient to his best possible functioning level in the areas of cognitive, communication, social-emotional, adaptive, and physical development. These services include direct hands-on treatment with the child and provision of collaboration with and instruction to parents and other caregivers in assisting them in identifying, planning, and maintaining a regimen related to regaining the child's functioning. Services may be provided in clinical settings, the child's home, child care center, or other natural environment.

Community based rehabilitative services include:

- a. planning and developing with the parents and other caregivers individualized intervention strategies for the child in developmental areas identified as needing intervention;
  - b. providing direct hands-on intervention with the child, and
  - c. demonstrating and teaching these intervention strategies to the child's caregivers.
4. **Early Identification and Screening** is the procedure used to ensure that all children with disabilities or who are at risk for developmental delay, regardless of the severity or type, and who are in need of special education and related services are identified, located, and evaluated. This includes public awareness and child find activities such as sharing information about the Infant-Toddler Program with primary referral sources (e.g., physicians, child care providers). (*For additional information, see Policy Bulletin #31 - Child Find and Public Awareness.*)

5. **Evaluation and Assessment** include:

- a. **Evaluation**, which is defined as the procedure to determine:
  - a child's initial and continuing eligibility for the Infant-Toddler Program;
  - the child's level of functioning in each of the following developmental areas:
    - cognitive development
    - physical development, including gross and fine motor function,
    - vision, and hearing
    - communication development
    - social-emotional development
    - adaptive development, and
  - a medical perspective of the child's development, including a review of pertinent records related to the child's current health status and medical history.

- b. **Assessment**, which is defined as the ongoing procedure used throughout the period of a child's eligibility in the Infant-Toddler Program to determine:
- the child's unique strengths and needs in each of the developmental areas and the services appropriate to meet those needs, and
  - the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.
6. **Family Counseling and Therapy** 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.
7. **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 receiving the other 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);
- c. devices necessary to control or treat a medical condition, or
- d. 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.

8. **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.
9. **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 receiving the other 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.
10. **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.
11. **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.
12. **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.
13. **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.
14. **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. (*For additional information, see Policy Bulletin #26 - Transportation and Respite.*)
15. **Service Coordination** means assistance and services 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, including evaluation, medical and health services, across agency lines;
  - b. serving as a single point of contact in helping the parent to obtain the services and assistance they need;
  - c. assessing child and family concerns, priorities and resources on an on-going basis;
  - d. initiating the Individualized Family Service Plan process and taking responsibility for the development, implementation, and reviews of the Individualized Family Service Plan;

- e. 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;
- f. facilitating the timely delivery of available services;
- g. continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;
- h. facilitating the transition (including the development of a transition plan) of the child from the Infant-Toddler Program to the Preschool Program or other programs by the age of three;
- i. assessing the service coordination needs of the child and family on an on-going basis, and
- j. informing families of the availability of advocacy services and all child and family rights and procedural safeguards under the Infant-Toddler Program, and assisting with dispute resolution, if needed.

*(For additional information, see Policy Bulletin #4 - Infant-Toddler Program Service Coordination.)*

16. **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.

17. **Speech-language Therapy** includes:

- a. identification of children with communicative or oropharyngeal 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 oropharyngeal disorders and delays in the development of communication skills, and

- c. provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in the development of communication skills.
18. **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. (*For additional information, see Policy Bulletin #26- Transportation and Respite.*)
19. **Vision Services** include:
- a. evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
  - 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, independent living skills, and additional training necessary to activate visual motor abilities. It also includes Braille inventory training to determine appropriate reading medium, (regular print, large print, or Braille) and providing intervention to assist the child in developing skills in the appropriate medium.

### Examples of Recommended Services under the Infant-Toddler Program

1. **Alternative Residential Placement** - provision of living arrangements outside the child's home, such as specialized foster care.
2. **Before and After School/Summer Care** - provision of recreational and educational activities for children during the summer months when schools are not in operation or immediately before or after the school day.
3. **Child Care Services** - provision of regularly scheduled protection, care, and developmental experiences for children for a portion of the day in the child's own home, in the home of a caregiver, in a child care facility, or neighborhood preschool program.

Exception: Federal regulations stipulate that if the Individualized Family Service Plan indicates a certain amount of participation in a child care setting is necessary for the provision of any Infant-Toddler Program service, then financial assistance, subject to sliding scale fees, must be made available for that portion of the child care costs. (*For additional information, see Policy Bulletin #24 - Service Planning and Delivery.*)

4. **Financial Assistance** - provision of financial help to meet basic life needs such as shelter, food, etc. and to obtain services and equipment to meet a child's special needs. Help can be given in a variety of ways and received from a variety of sources.

5. **Genetic Services** - provision of diagnostic, counseling, and educational services to determine and understand the cause of specific problems or disorders, strategies for follow-up, and the risk of recurrence.
6. **Housing** - provision of shelter to ensure a stable, safe, and secure environment for the child and family.
7. **Immunizations** - provision of vaccines to protect children from preventable illnesses.
8. **In-Home Support** - provision of support services in the child's home, including personal assistance in such areas as feeding and dressing.
9. **Parent Support Program** - a formal or informal opportunity for parents to share information, gain new knowledge, support each other, advocate for themselves and their children, etc.
10. **Well-Child Care** - regular, periodic checks by a qualified health care professional to monitor a child's development and health status, provide immunizations, etc.
11. **WIC - Women, Infants and Children** - provision of nutrition education, supplemental foods (including formula), breastfeeding promotion and support, and referrals to health care providers for women, infants, and children.