



ANNOUNCEMENT: EI-12 #02
OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING
BUREAU OF EARLY INTERVENTION SERVICES

ISSUE DATE: April 11, 2012
EFFECTIVE DATE: July 1, 2012
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SUBJECT:	Updates to Early Intervention Policy Based on Requirements in IDEA Part C Regulations
TO:	Infant/Toddler Early Intervention Leadership
FROM:	Barbara G. Minzenberg, Ph.D. Deputy Secretary, Office of Child Development & Early Learning

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PURPOSE:

The purpose of this announcement is to provide guidance on the new requirements under regulations for Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004 published on September 28, 2011. This Announcement updates ELS/EI-06 #06 *Guidance on the Individuals with Disabilities Education Act of 2004 (IDEA)*. As of the issuance date of this Announcement, ELS/EI-06 #06 shall be obsolete.

BACKGROUND:

The Pennsylvania Early Intervention (EI) Program is implemented in compliance with the IDEA as amended by Public Law, 108-446, the Pennsylvania Early Intervention Services System Act, Pennsylvania Act 212-1990, and Title 55, Chapter 4226 Early Intervention Services.

Many of the requirements of the 2004 IDEA amendments are included in Chapter 4226 and Office of Child Development and Early Learning (OCDEL) Announcements. However, the reauthorization of IDEA and the subsequent promulgation of federal Part C regulations on September 28, 2011 have clarified or established additional requirements. All requirements in Chapter 4226 remain in effect. The information contained within this announcement supplements those requirements in Chapter 4226.

Many of the requirements detailed in the Part C IDEA regulations are currently in practice in Pennsylvania and/or reflect only minor wording changes. Other requirements and definitions are new and shall require Infant/Toddler EI Programs to revise existing policies and procedures.

DISCUSSION:

I. Definition Revisions

Local Infant/Toddler EI Programs shall ensure the use of the following definitions. Although the language has been revised from current definitions in Chapter 4226, current practice shall not be affected.

- Early Intervention Services at 34 CFR §303.13 – the definitions for assistive technology device, speech language pathology services, transportation and related costs, and vision services have been modified.
- Health services at 34 CFR §303.16 – the term adds a clarifying statement that health services do not include services that are related to the implementation, optimization (mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant and additional provisions related to these devices.
- Natural environments at 34 CFR §303.26 – replaces the term “normal” with typical.
- Service coordination services (case management) at 34 CFR §303.34 – clarifies the role of the service coordinator and the additional responsibilities of the service coordinator, related to the facilitation of transition planning for infants and toddlers.

II. New Definitions

With the promulgation of Part C regulations, there were new definitions established that do not currently exist in Chapter 4226. The definitions listed below, while new; do not have an impact on the current provision of EI services in Pennsylvania. The words and terms below have the following meanings:

Early Intervention service provider or EIS provider: means an entity (whether public, private, profit or nonprofit) or an individual that provides EI services, whether or not the entity or individual receives Federal funds under Part C of the Act. An EIS provider is responsible for:

- 1) participating in the evaluation, 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;
- 2) providing EI services in accordance with the IFSP of the infant or toddler with a disability; and
- 3) consulting with and training parents and others regarding the provision of the EI services described in the IFSP of the infant or toddler with a disability.

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.

Qualified Personnel: registered dietitians and vision specialists, including ophthalmologists and optometrists are included as qualified personnel.

Native language: when used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of IDEA), means--

- 1) the language normally used by that individual, or, in the case of an infant or toddler, the language normally used by the parents of the infant or toddler, except as provided in (2) below; and
- 2) for evaluations and assessments, the language normally used by the infant or toddler, if determined developmentally appropriate for the infant or toddler by qualified personnel conducting the evaluation or assessment.

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).

Infant or Toddler with a disability: adds to the definition examples of conditions that have a high probability of resulting in developmental delay, including chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

Multidisciplinary means the involvement of two or more separate disciplines or professions, and with respect to evaluation and assessments of the child and family, may include one individual who is qualified in more than one discipline or profession. The IFSP Team must include the involvement of the parent and two or more individuals from separate disciplines or professions and one of these individuals shall be the service coordinator.

III. New Regulatory Requirements Related to Child Find

The comprehensive Childfind system shall be an effective and coordinated effort by local Infant/Toddler EI Programs, as well as the other agencies responsible for administering various education, health, and social service programs. In addition to the agencies identified in §4226.24(b)(1-6), Local Infant/Toddler EI Programs shall coordinate Childfind efforts with the following:

- Local County Children and Youth Agencies;
- Child care programs;
- Programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 1001 et seq.) such as programs preventing family violence and family domestic shelters;
- Department of Health Early Hearing Detection and Intervention (EHDI) systems;
- Children's Health Insurance Program (CHIP);
- Other state or federally funded early childhood or home visiting programs.

The Individuals with Disabilities Education Act (IDEA) in its 2004 reauthorization strengthened requirements for states for the referral, identification and evaluation of all eligible children, specifically children who are homeless; in foster care and wards of the state; have been the subject of a substantiated case of abuse or neglect; identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure; and Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State. Local Infant/Toddler EI programs have the proactive responsibility for all children, including the populations mentioned, to identify children eligible for EI services and to ensure that potentially eligible children are evaluated and receive needed EI services in a timely manner and that families receive the procedural protections available through the EI system.

Each local Infant/Toddler EI Program shall conduct awareness activities and ensure that child find practices focus on the following:

- the early identification of infants and toddlers with disabilities;

- providing information to the public and parents of infants and toddlers through primary referral sources on the availability of EI services;
- the manner in which to request EI services;
- providing information to parents of toddlers with disabilities of the availability of transition services not fewer than 90 days prior to the toddler's third birthday.

Primary referral sources include in addition to those identified §4226.24: child welfare agencies; including child protective service and foster care; homeless family shelters; and domestic violence shelters and agencies; schools; child care and early learning programs; other public health or social agencies; and clinics and health care providers.

IV. New Regulatory Requirements Related to the Individual Family Service Plan (IFSP)

In additions to the requirements outlined in Chapter 4226.71-75, local Infant/Toddler EI Programs shall review and modify local policies to assure implementation of the following IFSP requirements for all children referred and determined eligible:

- The standardized IFSP format, including all the required components shall continue to be used.
- The timeline for providing EI services as defined in Chapter 4226.75 shall start at the parent's consent for the IFSP service(s).
- The IFSP shall include the statement of the infant or toddler's present level of functioning based on the information from the infant or toddler's evaluation and assessment.
- The measurable results and outcomes on the IFSP shall also address pre-literacy and language skills as developmentally appropriate for the infant or toddler.
- The determination of appropriate setting for providing EI services for an infant or toddler, including the justification for not providing EI services in a natural environment shall be based on the child's measurable outcomes.

NEXT STEPS

1. Infant/Toddler EI Programs shall review existing policies and procedures to assure that they are consistent with this Announcement and shall take steps to assure that they are in compliance.
2. Infant/Toddler EI Programs shall ensure that all staff and providers review the information included in this Announcement and new or revised local procedures.

Comments and Questions Regarding this Announcement Should be Directed to the Office of Child Development and Early Learning, Bureau of Early Intervention Services at 717-346-9320 or ra-ocdintervention@state.pa.us