



**ANNOUNCEMENT: EI-10 # 08**  
**OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING**  
**BUREAU OF EARLY INTERVENTION SERVICES**

**ISSUE DATE: October 25, 2010**  
**EFFECTIVE DATE: October 25, 2010**  
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<b>SUBJECT:</b>	<b>Amended Behavior Supports Announcement for Young Children</b>
<b>TO:</b>	<b>Personnel Working To Provide Behavior Supports for Young Children</b>
<b>FROM:</b>	<b>Todd Klunk,</b> <b>Acting Deputy Secretary, Office of Child Development and Early Learning (OCDEL)</b>  <b>Sherry H. Snyder,</b> <b>Acting Deputy Secretary, Office of Mental Health and Substance Abuse Services (OMHSAS)</b>

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**PURPOSE:**

The purpose of this amended Announcement is to incorporate the recommendations of the Pennsylvania Early Childhood Mental Health Advisory Committee into the original Announcement EI-09 # 02 which defined how the Early Intervention and Behavioral Health Service Systems can work together in a cooperative, respectful and family responsive manner in order to provide services as needed for children from birth to five years of age.

**BACKGROUND:**

The Keystone STARS program and the PA Early Childhood Mental Health Advisory Committee have demonstrated the need for ongoing mental health consultation, collaboration and information about accessing behavioral health services. By this Announcement, OCDEL and OMHSAS are responding to the need to offer more information and resources to help families, counties, schools and providers understand how Early Intervention services and behavioral health services are available to support children with behavioral health needs.

The Pennsylvania Early Childhood Mental Health Advisory Committee developed recommendations to be added to the original joint Announcement. Committee members represented a broad range of stakeholders from all areas of the state (rural, suburban and urban) including county Early Intervention and mental health staff, managed care organizations and providers.

Throughout the Announcement, the term "behavioral health services" is used rather than "mental health services" to encompass a broader range of services. In young children, this may include services that address challenging behaviors in children with Autism Spectrum Disorder, as well as children with other delays or disabilities, who also have behavioral health needs.

OCDEL and OMHSAS share core principles for supporting children. Services and supports should be individualized, strength-based, child-centered, family-focused, community-based, and culturally competent. A child with behavioral health needs may qualify and benefit from the same or similar services from both systems, but those services should be coordinated to avoid duplication. Although progress has been made, additional work is needed throughout the Commonwealth to continue to

develop an appropriate response to the early childhood behavioral health needs of children birth to five. This Announcement is part of the ongoing collaboration between OCDEL and OMHSAS to assure that all children are receiving the necessary supports and services.

**DISCUSSION:**

Early Intervention is administered in accordance with PA Act 212, The Early Intervention Services System Act; 55 PA Code Chapter 4226, Early Intervention Services; 22 PA Code Chapter 14, Special Education Services and Programs; and the Individuals with Disabilities Education Act (IDEA). In Pennsylvania, OCDEL administers both the Infant/Toddler Early Intervention program (birth-three) and the Preschool Early Intervention program (three-five).

At the local level, the county Early Intervention programs implement services for infants and toddlers and their families. Early Intervention services for preschoolers are implemented by local Intermediate Units, local school districts or private providers.

Behavioral Health services for children with or at risk of developing severe emotional or behavioral disorders and their families are administered by OMHSAS primarily through county government utilizing the Medical Assistance program, including the HealthChoices behavioral health managed care program, the fee-for-service (FFS) delivery system and community-based funds. Services are implemented at the local level through the county Mental Health/Mental Retardation (MH/MR) programs or the Behavioral Health Managed Care Organizations or both.

**A. Early Intervention Services Defined:**

Early Intervention services and supports are designed to meet the needs of children with developmental delays or disabilities and the needs of the family related to enhancing the child's development in one or more of the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social and Emotional development
- Adaptive development

The first step in the Early Intervention process is to contact the local Infant/Toddler Early Intervention program or Preschool Early Intervention program. An evaluation will be completed to determine if a child is eligible for services. If a child is found eligible for services an Individualized Family Service Plan (IFSP) birth to three or an Individualized Education Program (IEP) three to five will be developed with the team.

The services listed below are provided to children from birth to five and may include, but are not limited to:

**For both Infants/Toddlers and Preschoolers:**

- Assistive technology devices and services: items or equipment used to increase, maintain, or improve functional capabilities of children with developmental delays or disabilities; services that directly assist children with developmental delays/disabilities in the selection, acquisition or use of an assistive technology device;

- Family training and counseling services: assist families of children with developmental delays or disabilities in understanding the special needs of and enhancing the development of the child;
- Social work services: counseling and home visits: identification, mobilization and coordination of community resources and services to enable children with developmental delays or disabilities and the family to receive the maximum benefit from Early Intervention services;
- Speech-language pathology services: address communicative or swallowing difficulties in the development of communication skills (speech, language, fluency and voice disorders); provide the family with ideas and suggestions on how to improve the child's communicative, cognitive or swallowing ability;
- Audiology services: identify hearing loss, determine the range, nature and degree of hearing loss and communication function; make referrals to medical and other services necessary for the habilitation or rehabilitation of hearing loss;
- Occupational therapy services: address the functional needs of children with developmental delays or disabilities related to adaptive equipment and adaptive behavior which includes feeding and eating skills, self care tasks and self regulation. Sensory, motor and postural development skills are also addressed to provide the family with ideas and suggestions on how to improve their child's functional abilities;
- Physical therapy services: provide screening, evaluation and assessments to identify movement dysfunction, provide the family with ideas and suggestions on how to improve the child's physical ability and effective environmental adaptations; address the promotion of sensorimotor function of children with developmental delays or disabilities;
- Psychological services: administer psychological and developmental tests and interpret assessment results; psychological counseling for children with developmental delays or disabilities and their parents; family counseling; consultation on child development; parent training; and educational programs;
- Medical services only for diagnostic or evaluation purposes: services provided by a licensed physician to determine a child's developmental status and need for Early Intervention services;
- Health services: services necessary to enable the child to benefit from other Early Intervention services, consultation by physicians with other service providers concerning the special health care needs of a child with a developmental delay or disability that will need to be addressed in the course of providing other Early Intervention services.

**For Infants and Toddlers Only:**

- Special Instruction: provides the family with information, skills and supports to enhance the skill development of the infant or toddler with a developmental delay or disability and design the learning environments and activities that promote the acquisition of skills by an

infant or toddler with a developmental delay or disability in a variety of developmental areas, including cognitive processes and social interaction, planned interaction of personnel, materials and time and space, to achieve the outcomes on the infant's or toddler's Individual Family Service Plan (IFSP);

- Service Coordination-services to locate, coordinate, and monitor Early Intervention services.

### **For Preschoolers Only:**

- Special Education: specially designed instruction to meet the unique needs of a child with a disability.

### **B. Behavioral Health Services Defined:**

Behavioral health services for children with serious emotional or behavioral disorders and their families are designed to address a broad array of behavioral challenges, including Pervasive Developmental Disorder/Autism. The following behavioral health services are available to young children for whom they are medically necessary, from the Medical Assistance funded behavior health system;

- Targeted case management, including intensive case management and resource coordination-services designed to coordinate and link children and their families to the array of therapeutic services and supports needed by the child and family;
- Psychiatric outpatient clinic services – individual, group or family psychotherapy, psychiatric and psychological evaluations, and medication management provided in a clinic by a multi-disciplinary team of professionals;
- Psychiatric and psychologist office visits-individual, group or family psychotherapy, psychiatric and psychological evaluations, and/or medication management performed by licensed psychiatrist or psychologist;
- Family-based mental health services – family-focused therapy and support delivered by a team of a mental health professional and a mental health worker in the home and community to address the behavioral health needs of the child;
- Behavioral Health Rehabilitation Services, including
  - Behavioral specialist consultation – consultation by a master's or doctoral level clinician to a behavioral health treatment team for the purpose of developing a specialized behavioral health plan that is often based on a functional behavioral assessment performed by the behavioral specialist over a period of several weeks in a variety of settings;
  - Mobile therapy – individual and family therapy provided by a master's level clinician in the home, school or community;

- Therapeutic staff support – one-to-one supportive interventions provided by a paraprofessional based on a treatment plan often developed from a functional behavioral assessment;
- Summer therapeutic activities program – a five-week therapeutic group program of recreational and other therapies, often operating 5 days per week for up to 6 hours per day, designed to meet the behavioral health needs of children who have been receiving other intensive behavioral health services during the school year;
- Other services that are not on the Medical Assistance Program Fee Schedule but may be authorized by submission of a service description based on the individualized needs of the child and family;
- Psychiatric partial hospitalization – individual, family and group therapy provided no more than 6 hours per day up to 5 days per week, including psychiatric and psychological evaluations and medication management;
- Therapeutic Services provided in a Community Residential Rehabilitation Host Home – out of-home therapeutic services in a family setting often with additional treatment services provided in the community;
- Inpatient Psychiatric Hospital Services – individual, family and group therapy provided in a hospital setting, including psychiatric and psychological evaluations and medication management.

## **PROCEDURES:**

### **A. Eligibility for Early Intervention Services:**

The Early Intervention program meets with the child and family to complete a multi-disciplinary team evaluation which determines the child's eligibility for Early Intervention services. Following an eligibility determination the team develops an IFSP/IEP and provides Early Intervention services and supports in the child's natural environment or least restrictive environment (LRE).

**Infants and Toddlers** are eligible for Early Intervention services when the infant/toddler has a:

1. 25% delay in one or more of the five developmental areas: 1) physical development, including vision and hearing; 2) cognitive development; 3) communication development; 4) social and emotional development and 5) adaptive development, or
2. 1.5 standard deviation below the mean on an accepted or recognized standardized test in one or more areas of development, or
3. Condition likely to result in a developmental delay, or
4. Clinical opinion determines eligibility when no standard evaluation tool adequately measures the child's delay.

**Preschoolers** are eligible for Early Intervention services when:

1. The child is diagnosed with one of the following:
  - Autism
  - Visual Impairments, including blindness
  - Hearing Impairments, including deafness
  - Intellectual Disabilities
  - Traumatic Brain Injury
  - Orthopedic Impairment
  - Other Health Impairment
  - Emotional Disturbance
  - Specific Learning Disability
  - Speech or Language Impairments, or
2. The child has a developmental delay evidenced by:
  - Delay of 25% in one or more areas of development or
  - 1.5 standard deviations below the mean on an accepted or recognized standardized test in one or more areas of development
3. The child meets the criteria in 1 or 2, above, and is in need of special education

**B. Eligibility for Behavioral Health Services**

Behavioral health services for children may be obtained by utilizing private medical insurance, Medical Assistance coverage, a combination of both, or in some cases, county funds. Families who have private insurance should follow the procedure of their own health plan. Since many private medical insurance plans do not cover all of the services that may be needed by children with special needs, or may have deductibles, co-pays, or service limits, Medical Assistance coverage may be needed to alleviate those costs. For those families who may need to access the public system, the first step is to contact the county MH/MR program for more information on what services are available to meet the child's needs and how to obtain services. Many of the services require a recommendation based on a psychological or psychiatric evaluation performed by a licensed psychologist or a physician, who is often a psychiatrist, but can be other physicians such as developmental pediatricians or pediatric neurologists.

If there is a need to enroll the child in Medical Assistance, a family may contact the County Assistance Office (CAO) in the county of residence or apply online using the Commonwealth of Pennsylvania ACCESS to Social Services (COMPASS) application: <https://www.humanservices.state.pa.us/compass/PGM/ASP/SC001.asp>. A child will be eligible for Medical Assistance if he or she meets the low-income guidelines of the program, or if he or she has a disability that meets the Social Security Administration's (SSA) disability standards.

The Department of Public Welfare has a special category of Medical Assistance for children who meet the SSA disability standards. The disability must be diagnosed by a physician or licensed psychologist and must be verified by the SSA or the Department Medical Review Team.

The SSA considers a child to be "disabled" if he or she has a medically determined physical or mental impairment which:

- A. Results in marked and severe functional limitations that can be expected to result in death;  
or,
- B. Has lasted or can be expected to last for a continuous period of not less than 12 months.

A child whose disability meets these standards will be eligible for Medical Assistance unless the child has substantial income in his or her own name (excluding child support or Social Security Benefits for minors).

The CAO will give the applicant a list of verification documents needed to process the application. An eligibility decision will be made after the CAO receives all required documentation. If the child is determined to be eligible, eligibility will be retroactive to three months prior to the date of application to assist with any unpaid medical bills. If eligibility is denied, the family can appeal by requesting a Fair Hearing.

Once a child is eligible for Medical Assistance, the child will receive services either in the Fee For Service (FFS) delivery system or through a HealthChoices Behavioral Health Managed Care Organization in the county in which the parent(s) reside(s). Medical reviewers will determine whether the services that have been recommended for the child are medically necessary. If determined to be medically necessary, services will be authorized for specific periods of time and may be reauthorized for additional time based on documentation of continued need for the service. If authorization is denied, the family can appeal. Once authorized, if services are reduced or terminated and the family appeals within 10 days, the services will continue pending the appeal process.

**C. Determining the Need for Behavioral Services and Supports for Young Children**

Staff who work in the Early Intervention and behavioral health fields must determine how to provide services for children who may be eligible for both Early Intervention and behavioral health services. Children who primarily need Early Intervention could also be eligible for significant behavioral supports from the behavioral health services system while a child who is receiving behavioral health services could display a developmental delay or a disability or other qualifying educational disability that warrants Early Intervention services. While decision-making should be individualized, children who have significant behavior support needs without having developmental delays or a disability should be referred for behavioral health services. Children who have developmental delays or a disability should be referred for Early Intervention services. Children with both developmental delays or a disability and significant need of behavioral supports should be referred for both Early Intervention services and behavioral health services.

**NEXT STEPS:**

Interagency Agreements are needed to assist county Early Intervention and behavioral health staff in coordinating services for young children who may be eligible for services in both systems. The goal of the agreements is to define roles and responsibilities that foster effective, productive and collaborative relationships between programs and prevent young children from falling through the cracks in the system. The local programs may determine the lead person that will be responsible in convening the group in developing the Interagency Agreement.

1. It is also recommended that each county convene a group of stakeholders to develop an interagency agreement on the joint Announcement. The groups should include representatives (preferably administrative leaders) from each county Mental Health Program, Infant/Toddler and Preschool Early Intervention Programs, Families, Children's Behavioral Health Service Coordinators and Providers, Early Intervention Service Coordination and Providers, county Children Youth and Families, Behavioral Health Managed Care Organizations, CASSP Coordinators, Early Childhood System and the PA Department of Health. It is also recommend that each county assign a behavioral health and/or Early Intervention staff member to coordinate this effort.
2. An Interagency Agreement should be developed and contain the following elements:
  - Timelines for implementation of this Announcement
  - Process for information-sharing between systems
  - Coordination of care between systems and individual child levels (refer to section C Determining the Need for Behavioral Services and Supports for Young Children)
  - Guidelines for how referrals will be handled between the system (refer to section C)
  - Determining the Need for Behavioral Services and Supports for Young Children
  - Dissemination of a variety of intervention options that might be used by the participating systems
  - Refocus current and ongoing training to promote the workforce development competencies at each level of the child serving system
  - Roles and responsibilities of both Early Intervention 0-5 and the Behavioral Health staff
  - Specifications for interagency planning meetings: e.g., schedule, participants, use of screening and assessment instruments (e.g., functional behavioral assessment), how to coordinate and not duplicate services when children are served in both systems
  - Development of a plan for children at the Tier 2 level of the Pyramid Model (children at risk) who do not have a behavioral health diagnosis or a qualifying score for Early Intervention
  - Post Interagency Agreement and any related information and resources on the Pennsylvania Network of Care web site ([www.pa.networkofcare.org](http://www.pa.networkofcare.org)).
3. Infant/Toddler and Preschool Early Intervention programs, MH/MR Administrators, and CASSP Coordinators should inform the families, Early Intervention providers, Behavioral Health Administrators and staff, Managed Care Organizations, and Pediatricians, of the coordinated efforts between Early Intervention and behavioral health services that are available to eligible young children.

**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)-265-8901, [ra-ocdintervention@state.pa.us](mailto:ra-ocdintervention@state.pa.us) or to the Office Mental Health and Substance Abuse Services at (717)-705-8289.**