Colorado Department of Human Services
Memorandum of Understanding

between

Division of Child Welfare
Office of Children, Youth and Family Services

and

Division of Developmental Disabilities
Office of Adult, Disability and Rehabilitation Services

Revised Spring 2009

MEMORANDUM OF UNDERSTANDING BETWEEN DIVISION FOR DEVELOPMENTAL DISABILITIES AND DIVISION OF CHILD WELFARE

Purpose

The purpose of this Memorandum of Understanding (MOU) is to clarify the roles and responsibilities of the Division of Child Welfare (DCW) and the Division for Developmental Disabilities (DDD) in administering the requirements of:

- Public Law 108-36 (Child Abuse and Protection and Treatment Act (CAPTA) as amended by Keeping Children and Families Safe Act of 2003);
- Public Law 108-446 (Individuals with Disabilities Education Improvement Act (IDEA), Part C); and
- Colorado Revised Statute 26-5-108

This agreement provides a framework for the local county Department of Human Services, Department of Social Services (DSS) child welfare staff who operate under contract with the Division of Child Welfare and local Community Centered Board (CCB) early intervention programs who operate under contract with the DDD to develop specific collaborative and cooperative interagency operating agreements. These agreements will establish a system of referral of children, birth through two years of age, who are the victim of a substantiated case of abuse or neglect to the local early intervention system for screening and evaluation for early intervention services.

Child welfare and early intervention (Part C) regulations require states to develop procedures for the referral of a child under three age years of age, who is a victim of a substantiated case of abuse or neglect, or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, to early intervention services. Implementation of this MOU will require interagency collaboration at the state and local level to ensure that families are notified of the possible early intervention supports and services available to them and a system of referral procedures is implemented.

Throughout this document, the term, "Child Welfare" will apply to services in local county DSS units in Colorado. "Early intervention services" and "Part C" will apply to the supports and services provided to infants and toddlers, birth through two years of age, in programs administered by CCBs. Infants and toddlers, birth through two years of age, deemed eligible for early intervention services due to a developmental delay or a physical or mental condition associated with a significant delay in development will hereafter be referred to as "young children." (See appendix A for a glossary of definitions)

Goal Statement

The purpose of this MOU is to affirm the roles and responsibilities of the Colorado Department of Human Services, Division of Child Welfare (DCW) and the Division for Developmental Disabilities (DDD) and to promulgate rules that will ensure implementation of CAPTA and IDEA, Part C within their respective programs and provide guidance for the development of local cooperative interagency operating agreements between all county DSS units and CCBs in order to:

1. Assure that all young children who are substantiated as a victim of child abuse or neglect are referred for developmental screening, and if appropriate evaluation for eligibility for early intervention services;

2. Assure that all families of young children who have been substantiated as having been abused or neglected or identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure receive information regarding the possible early intervention supports and services available to them;

3. Assure the involvement of parents and families in all supports and services; and,

4. Facilitate communication between and among families and agencies covered in this agreement.

Definitions

1. **Acting as a Parent**
   Someone "acting as a parent" for the purposes of making early intervention service decisions is limited to the following circumstances:
   WHEN ---
   The child is in the custody or guardianship of the DSS **AND** the child's parents are deceased, permanently absent or unable to be located or their parental rights have been terminated.
   OR
   The child is living with a primary caretaker other than the parents, such as a grandparent, stepparent, aunt/uncle, etc., and the child's parents are not available or unable to be located

   WHO --- The child's primary caretaker (foster parent, grandparent, stepparent, aunt/uncle, etc.) may "act as the parent" in making decisions and providing consent related to early intervention supports and services if they meet the following qualifications:
   - Has an ongoing, long-term parental relationship with the child, **and**
   - Is willing to make decisions required of parents regarding early intervention services, **and**
   - Has no interest that would conflict with the interests of the child.

2. **Court Case**
   Case in which the court has jurisdiction over a child protection matter. There are two types of court cases: (1) child is placed into the **legal custody** of DSS and lives in an out-of-home placement such as family foster care; and (2) child is under the **protective supervision** of DSS and resides in their own home with DSS and court oversight.

3. **Disposition**
   All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a risk assessment is completed, the worker makes a decision as to whether or not the allegations are confirmed based on the information they have gathered during their assessment. The report is then dispositioned as **founded/substantiated** (allegations of abuse/neglect have been confirmed, supported by a confession, worker eyewitness or confirming evidence) or **unfounded/unsubstantiated** (allegations of abuse/neglect have not confirmed or there is inadequate information to determine whether the allegations are confirmed or not).

4. **Early Intervention Services**
   According to 34 CFR, Sec. 303.12, early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost unless subject to fees according to a sliding fee schedule; and
- Meet State standards

5. **Parent**
   A parent, as defined in P.L. 108-446, for the purposes of making decisions related to early intervention supports and services includes:
   (a) A biological or adoptive parent
   (b) A foster parent
   (c) A guardian authorized to act on behalf of the parent, or authorized to make educational decisions
   (d) A person acting in the place of a parent (grandparent or stepparent with whom the child lives, or a person legally responsible for the child's welfare); or
   (e) Someone the court appoints with educational decision making authority

6. **Surrogate Parent**
   An individual who is appointed to represent the child's best interests regarding early intervention supports and services and provide consent as required under Part C of IDEA when the child's biological or adoptive parents are not known; after reasonable efforts, the parents cannot be found, or the child is a ward of the State and no foster parent is acting as a parent.

   To be appointed, a surrogate parent must meet the following qualifications:
   - Colorado resident,
   - 18 years of age, or older,
   - Have no interest that conflicts with the interests of the child,
   - NOT an employee of any state agency,
   - NOT employed by a public or private agency which provides services to the child or to any family members of the child (e.g., local DSS, local CCB)
   - Available to participate in the evaluation of a child and the development of an Individualized Family Service Plan (IFSP), and
   - Complete Surrogate Parent Training

   The local CCB Early Intervention Coordinator is responsible for the appointment of a surrogate parent when appropriate.

Responsibilities

Under state and federal law and regulations, eligible young children and families must have access to: (1) screening services, (2) multidisciplinary evaluations for eligibility and program planning, and (3) for eligible children, Individualized Family Service Plans (IFSP) which delineate the early intervention supports and services to meet the functional outcomes identified by the child and family's team.

Areas of Collaboration

Local interagency operating agreements must be established between CCBs and county DSS units as well as other community partners, as appropriate. DDD and DCW will provide guidance and directives to CCB early intervention programs and county DSS units, respectively, to develop local cooperative agreements within the context of this state MOU that will define responsibilities and specific areas of collaboration most appropriate to their local communities. Guidelines for developing an interagency operating agreement are provided in Appendix B. The method of collaboration employed should be tailored to the needs of each community to provide efficient and effective services for young children and families. This state level MOU is designed to be a framework for local interagency operating agreements and to assist the above-mentioned agencies in their collaborations. The following areas are to be addressed in all local agreements.

A. COMMUNICATION

County DSS units should participate in Local Interagency Coordinating Councils (LICC) that each CCB is required to have for the purpose of establishing and maintaining ongoing communication among the local community system of early intervention supports and services. Effective LICCs established by CCBs include representatives from Early Head Start grantees, health care, human service, local education agencies (e.g., Child Find), and early intervention providers, family members, and other community providers. Purposes of such councils are: 1) to provide a forum for essential early intervention partners to develop written interagency operating agreements in areas appropriate for their communities, 2) to effectively implement a coordinated child identification process, 3) to better utilize available funding sources and other existing resources, and 4) to maintain a coordinated and comprehensive system of early intervention services.

Local interagency operating agreements should address strategies for ensuring ongoing and reciprocal communication to ensure implementation of these requirements and effective support to the young children and their families.

B. CHILD IDENTIFICATION

DDD, as the lead agency under IDEA, Part C is required to assure that the State has a comprehensive child identification system that identifies and evaluates children, birth through two years of age, who are potentially eligible for early intervention services. In Colorado, the Colorado Department of Education (CDE), through their administrative units (school districts and Boards of Cooperative Educational Services or BOCES), participate in the child identification process by providing screening and evaluations of young children. At the local level, CCBs are responsible for providing public awareness, a referral process, service coordination, and ensuring that the initial IFSP meeting is completed within the 45 day timeline. The child identification process must be available to families throughout the calendar year.

In order to assure an effective child identification system, each community should have a collaborative and coordinated process for identification of all eligible children, birth through two years of age, that is compliant with all pertinent state and federal regulations. County DSS units are required to participate in the development of procedures to ensure the referral of children under the age of three years who are victims of substantiated abuse or neglect. Local interagency operating agreements should establish these procedures and should explore a variety of strategies for screening children who may require evaluation for eligibility.

There are four different types of case status, including; 1) No Child Welfare Case is Opened, 2) Founded/Substantiated Report and No Case Opened, 3) Founded/Substantiated Report with Open Case (no court), and 4) Founded/ Substantiated Report with Open Court Case (either Legal Custody or Protective Supervision). Each status requires a slightly different response between the DSS worker and the CCB service coordinator.

1. **No Child Welfare Case is Opened**. When a case is not opened because a report is unfounded/unsubstantiated, a referral to early intervention services is not required. However, if there are concerns regarding the child's development, the county DSS staff is encouraged to make a referral to the local CCB and must give the parent information about the early intervention system, including local contact information. No further action is required by the county DSS.

   County DSS Staff Responsibilities:
   - See stated above.

   CCB Staff Responsibilities:
   - Parents may or may not contact the CCB about services. If the parents do not contact the CCB, the early intervention program is not required to take any further action.

2. **Founded/Substantiated Report and No Case Opened**. When a report of child abuse or neglect is dispositioned as founded/substantiated on a child under the age of three years, the county DSS staff will make a referral to the local CCB based on procedures established by the local interagency operating agreement.

   County DSS Staff Responsibilities:
   - Inform the child's parent(s) that a referral to the early intervention system is required by federal law;
   - Complete and submit a referral to the local CCB early intervention program based on procedures established by the local interagency operating agreement and indicating the referral is based on a substantiated disposition; and,
   - Provide the early intervention program with appropriate contact information for parent(s).

   CCB Staff Responsibilities:
   - Assign a service coordinator to the child and family within three business days of receipt of the referral;
   - Make diligent efforts to locate the child/parent to initiate intake, and contact the local education agency for screening and evaluation procedures established by the local interagency operating agreement;
   - Document efforts to locate family; and,
   - Document reason for referral in the Community Contract and Management System (CCMSweb) database.

3. **Founded/Substantiated Report with Open Case and Founded/Substantiated Report with Open Court Involvement**. When a report of child abuse or neglect is dispositioned as founded/substantiated on a child under the age of three years and is opened within the county DSS unit, the county staff will make a referral to the local CCB based on procedures established by the local interagency operating agreement.

County DSS Staff Responsibilities:

- Inform the child's parent(s) that a referral to the early intervention system is required by federal and state law;
- Request a signed consent for release of information for the local CCB responsible for early intervention services. If a parent refuses to sign the release of information, the parent is informed that the referral is required under federal and state laws. It is recommended that under these circumstances, only the demographic and contact information be shared with the local CCB. DSS agencies are encouraged to develop policies addressing information that can be shared when no release of information is signed [note: sections 48.981(7)(a)2 or 48.981 (7)(a)17, as well as CRS Title 19-1-103 (77.5), 19-1-307, and 26-5-108 give DSS authority or the circumstances under which case record information can be shared.
- Complete and submit a referral to the local CCB early intervention program based on procedures established by the local interagency operating agreement and indicating the referral is based on a substantiated disposition;
- Local agencies may jointly develop policy that clarifies whether the referral should be written or orally transmitted.
- Provide the early intervention program with appropriate contact information for parent(s);
- Provide appropriate information to support the screening and evaluation for eligibility process, such as appropriate medical information, previous screening/evaluation reports, observations, etc.;
- If the child is found eligible for early intervention services, participate in the development and review of the IFSP and include appropriate information in the county DSS plan for the child and family;
- Monitor and evaluate the family's follow through with their plan;
- Participate in ongoing exchange of information with CCB staff related to the child's services and developmental progress; and,
- When case closure appears to be appropriate, complete procedures for closure and notify the early intervention program of the case disposition. The family may choose to continue early intervention services without county DSS involvement.

CCB Staff Responsibilities:

- Assign a service coordinator to the family within three business days of receipt of the referral;
- Document reason for referral in the CCMSweb database;
- Make diligent efforts to locate the child/parent to initiate intake, and contact the local education agency for screening and evaluation procedures established by the local interagency operating agreement;
- Document efforts to locate family, and if unable to locate family, notify the county DSS staff to determine if family's residence has changed or if there are other suggestions for contacting the family;
- Once the family is contacted, implement intake, screening and evaluation procedures as established by the local interagency operating agreement;
- **If the child is found <u>not</u> eligible** for early intervention services, provide the family with community referral information regarding other resources, supports, and services to meet the needs of the child and family and determine the need for re-screening and/or re-evaluation of the child. Notify the DSS case worker of the results of the eligibility determination;
- **If the child is found eligible** for early intervention services, develop an Individualized

Family Service Plan with the family and invite the county DSS staff to attend and participate. Notify the DSS case worker of the results of the eligibility determination;

- Participate in ongoing exchange of information with the county DSS staff related to the child's services and developmental progress; and,
- Document parental participation and child progress.

F. JOINT PLANNING FOR IFSP

An Individualized Family Service Plan (IFSP) for all young children, birth through two years of age, must be developed within 45 days of the initial referral and must be reviewed at least every six months. Participants should include the child's parents or legal guardians, the appropriate personnel from the local assessment team, early intervention program, county DSS staff as appropriate, and others as appropriate, following all requirements in state and federal rules and regulations.

G. COUNTY DSS SUPPORTS AND SERVICES

A referral to the early intervention agency must be made within three days after child abuse/neglect has been substantiated. The caseworker will document all activities associated with the referral in Trails.

H. EARLY INTERVENTION AND RELATED SERVICES

Individual services articulated on the IFSP should be incorporated into the daily routines and activities of all young children and the general and special education program staff members should routinely consult with and confer with each other. A multidisciplinary team model encourages collaboration, cooperation, and provision of services and ensures that interventions are supported and enriched throughout the child's day. Allowable early intervention services are those services that are:

1. Designed to meet the developmental needs of a young child or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the young child's family;
3. Provided in conformity with an IFSP;
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in the Early Intervention Colorado State Plan;
7. Provided in the natural environments of the young child and the family including the family's home and/or community settings in which young children without disabilities participate, unless otherwise justified on the IFSP; and,
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

In Colorado, there are 14 allowable Early Intervention Services that may be utilized to meet individual child and family outcomes on IFSPs (see appendix C for descriptions of these services).

I. DATA COLLECTION AND MANAGEMENT SYSTEMS

Effort should be made to develop compatible systems for collecting, reporting, and transfer of information about young children referred, served and services provided. The use of common or similar forms and processes would facilitate communication between agencies. Annual data reporting and ongoing assessment information should be shared in a timely manner. All information sharing must be

in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Protection Act (FERPA).

Fiscal and Administrative Considerations

The local CCB and county DSS should work together to develop a coordinated service plan for each child and family that gives consideration to the early intervention services and supports necessary to reach the child and family's outcomes as well as additional services and supports that may be funded under other funding sources.

Implementation and Evaluation

DDD will disseminate this agreement to CCBs. DCW will disseminate this agreement to county DSS units. Dissemination of this agreement is for the purpose of facilitating the development of local written agreements and contracts. These local interagency operating agreements and contracts should assure collaboration and coordination of supports and services for young children.

DDD and DCW will jointly provide technical assistance in the development and implementation of local interagency operating agreements or contracts.

Interagency collaboration and cooperation are considered to be an important component in quality early intervention supports and services. DDD and the DCW, through its technical assistance system, will review the development and implementation of local interagency operating agreements or contracts as part of the DDD program quality review process.

Local agencies and providers are encouraged to proactively address conflicts and disputes at the local level. When all local options have been exhausted, conflicts between CCBs and county DSS units should be referred to the Early Intervention Colorado Dispute Resolution Coordinator at the DDD to insure timely resolution.

This agreement will remain in effect until amended or terminated. Annually, representatives of DDD and the DCW will review this agreement and make joint recommendations for necessary modifications.

Signatures of Parties to Agreement

Sharon S. Jacksi, Ph.D

Sharon S. Jacksi, Ph.D., Director
Division for Developmental Disabilities

3-10-09
Date

LDMalone

Lloyd Malone, Director
Division of Child Welfare

4/9/09
Date

APPENDIX A

GLOSSARY OF TERMS

Child Abuse Prevention and Treatment Act (CAPTA): The CAPTA State Grant program provides States with flexible funds to improve their child protective service systems (CPS). Reauthorized by the Keeping Children and Families Safe Act of 2003, the program requires States to provide assurances in their five-year Child and Family Services plan that the State is operating a Statewide child abuse and neglect program that includes several new programmatic requirements such as:

- Policies and procedures that address the needs of drug-exposed infants;
- Triage procedures for referral of children not at imminent risk of harm to community or preventative services;
- Notification of an individual who is the subject of an investigation about the allegations made against them;
- Training for CPS workers on their legal duties and parents' rights; and
- Provisions to refer children under age three who are involved in a substantiated case to early intervention services under IDEA Part C.

Colorado Department of Human Services (CDHS)/Division for Developmental Disabilities (DDD): Administers the early intervention programs for infants and toddlers, birth through two years of age, and the federal Individuals with Disabilities Education Act (IDEA), Part C grant through local Community Centered Boards.

Colorado Department of Human Services (CDHS)/Division of Child Welfare (DCW): Is located in the Office of Children, Youth and Family Services and administers a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Taken together, these programs comprise the main thrust of Colorado's effort to meet the needs of children who must be placed or are at risk of placement outside of their homes for reasons of protection or community safety. The delivery of Child Welfare Services in Colorado is primarily a state-supervised, county administered system.

Community Centered Board (CCB): Twenty local non-profit agencies contracted with CDHS/DDD to coordinate and provide services to people of all ages with developmental disabilities, including early intervention services for children birth through two years of age.

County Department of Human Services/Department of Social Services (DSS): Colorado is a state-supervised, county-administered system for the traditional social services, including programs such as public assistance and child welfare services. CDHS oversees the state's 64 county departments of social/human services.

IDEA: The Special Education law covering children and students birth through twenty-one years of age. The initials represent the 2004 Individuals with Disabilities Education Improvement Act (P.L. 108-446).

IFSP: Individualized Family Service Plan is a process for assisting a family to develop a written plan for providing early intervention supports and services to a child who is eligible for early intervention services and the child's family. The purpose of the IFSP process is to identify and organize the formal and informal community resources that can facilitate achievement of a family's goals for their child and themselves.

Multidisciplinary Evaluation Team: A team of two or more licensed/qualified professionals from various disciplines and parents who work collaboratively throughout the evaluation process by providing opportunities for team members to contribute information relevant to their own area of expertise, as well as educating one another in the skills of their areas of knowledge, so that all team members may contribute ideas/information which promotes a holistic view of the child.

Part C: Part C of the Individuals with Disabilities Education Improvement Act (P.L. 108-446) addresses infants and toddlers, birth through two years of age, with developmental delays or disabilities, or physical or mental conditions with a high probability of resulting in significant delays in development.

APPENDIX B

Interagency Operating Agreement Template
For
Implementation of CAPTA & IDEA Requirements for the Referral of Children 0-3 with a Substantiated Case of Abuse/Neglect

I. Purpose of Agreement

Describe the purpose of the agreement the partners are developing

II. Partners Who Participated in Development of Agreement

List the partners who participated through various strategies in the development of the agreement

Roles and Responsibilities of Partners

Identify the various roles and responsibilities of partners who participated in the development of the agreement. What will each system/person be expected to do?

a. Early Intervention/Part C System
   i. Administrators
   ii. Service Coordinators
   iii. Service Providers
b. Child Welfare System
   i. Administrators
   ii. Intake Coordinators
   iii. Case Managers
c. Other Partners
   i. School Districts
   ii. Diagnostic & Evaluation (D&E) Clinics
   iii. Head Start/Early Head Start
   iv. Health Department
   v. Primary Health Care Providers
   vi. Mental Health Partners
   vii. Others
d. Families – responsibilities regarding consent, notice, procedural safeguards, etc.

VI. Description of Process and Procedures

a. Referral
   i. How will a referral be made?
   ii. What form will be used for referrals?
   iii. What documentation of referral sent and received is needed?
b. Screening
   i. Who will complete screenings of children?
   ii. What screening tool(s) will be used?
   iii. Who will interpret screening results?
c. Evaluation and Assessment
   i. Description of local early intervention evaluation and assessment system
   ii. How will other partners involved with family be included in the evaluation and assessment process?

d. Individualized Family Service Plan (IFSP) Participation and DevelopmentDescription of local early intervention IFSP process
    i. How will other partners involved with the family be included in the IFSP process?
e. Service Delivery, Progress Reporting, Ongoing Teaming
    i. How will other partners involved with a family be included in ongoing service delivery, progress reporting and teaming?
f. Transition Planning
    i. How will other partners involved with a family be included in transition planning?

VI. Strategies to Ensure Ongoing and Thorough Communication Among Partners

What system will be used to make referral, e.g., phone, fax, e-mail, on-line?

a. What form will be used for referrals?
b. How will referral status be communicated back to referral source?
c. How will information regarding results of screening be communicated to involved partners?
d. What will be the general flow of information and communication from referral to screening to evaluation/assessment to IFSP among Child Welfare staff, Early Intervention staff, Child Find staff, etc.?
e. How will partners be included in the evaluation, assessment and IFSP process?
f. How will partners be updated on progress, changes, etc.?
g. How will the community assess the success/challenges ongoing of the system established?
h. How will the child's physician be kept informed of the child's status within early intervention?
i. What joint training or other collaboration is needed?
j. How will confidentiality be addressed and assured?

VII. Signatures

Obtain signatures of all partners involved in the development of agreement.

APPENDIX C

ALLOWABLE EARLY INTERVENTION SERVICES

General Definition

Allowable early intervention services are those services that are:

1. Designed to meet the developmental needs of an infant or toddler with a developmental delay or the needs of the family related to enhancing the infant's or toddler's development;
2. Selected in collaboration with the infant's or toddler's family;
3. Provided in conformity with an Individualized Family Service Plan (IFSP);
4. Based on appropriate evidence-based practices and related to functional outcomes;
5. Provided under public supervision to assure, through monitoring, that services are provided in accordance with these requirements;
6. Provided by qualified personnel as defined in Colorado's Part C State Plan;
7. Provided in the natural environments of the infant or toddler and the family, including the family's home and/or community settings in which infants and toddlers without disabilities participate, unless otherwise justified on the IFSP; and,
8. Provided in a culturally relevant manner, including the use of an interpreter if needed.

Role of Service Providers

All early intervention service providers are responsible for:

1. Consulting with parents, service coordinators, other service providers and representatives of other community agencies where the infant or toddler participates to assure the effective provision and coordination of early intervention services;
2. Providing direct services as identified on the IFSP, including supporting parents and others to participate in the implementation of the IFSP;
3. Participating in the on-going assessment of an infant or toddler and in the development and review of integrated goals and outcomes for the individualized family service plan; and,
4. Collaborating with service coordinators when recommending referrals for other services.

Types of Allowable Early Intervention Services

1) Assistive Technology.

   a) Assistive Technology Services: services that directly assist an infant or toddler with a disability or the family, other caregivers or other service providers in the selection, acquisition or use of assistive technology in the following ways (this may include high technology or low technology, see addendum for more information):
      i) The functional evaluation of the needs of an infant or toddler with a disability in his or her usual environments.
      ii) The selection, acquisition, modification or customization and maintenance of assistive technology.
      iii) Training or technical assistance for an infant or toddler with a disability, the family, other caregivers or other service providers on the use of assistive technology determined to be appropriate.

iii) Training or technical assistance for an infant or toddler with a disability, the family, other caregivers or other service providers on the use of assistive technology determined to be appropriate.
iv) Collaboration with the family and other early intervention service providers identified on an infant or toddler's IFSP.

b) Assistive Technology Devices: items or pieces of equipment, whether acquired commercially, modified or customized, that are used to increase, maintain or improve the functional capabilities of an infant or toddler with a disability in his or her usual environments;
c) Assistive Technology Devices ARE NOT: devices that are primarily intended to treat a medical condition or to meet life sustaining needs or medical devices that are surgically implanted or the replacement of such devices (see addendum for clarification and examples);

2) Audiology Services

a) Identification and ongoing assessment of an infant or toddler with an auditory impairment and determination of the range, nature and degree of hearing loss and communication function;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Provision of services including auditory training, aural rehabilitation, sign language and cued language services and other training to increase the functional communication skills of an infant or toddler with a significant hearing loss;
e) Determination of an infant's or toddler's need for individual amplification, such as a hearing aid, and selecting, fitting and dispensing appropriate amplification and evaluating the effectiveness of the amplification;
f) Family training, education and support provided to assist the family of an infant or toddler with a significant hearing loss in understanding his or her functional developmental needs related to the hearing loss and to enhance his or her development.

3) Developmental Intervention

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability;
e) Providing consultation on child development to families, other caregivers and other service providers;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

4) Health Services

a) Services provided by a licensed health care professional to determine an infant's or toddler's developmental status and need for early intervention services only when such determination cannot be otherwise made;
b) Assessment to determine an infant's or toddler's health status and special health care needs that will impact the provision of other early intervention services;
c) Collaboration with the family and other early intervention service providers identified on an infant's or toddler's IFSP;
d) When necessary, provide referral for community services, health or other professional services;
e) Consultation by health care professionals with family members or other service providers who are identified on an infant's or toddler's IFSP concerning the special health care needs of the infant or toddler that will impact the provision of other early intervention services;
f) Provision of required medical care, under specific circumstances when such care is not otherwise available, when needed by the infant or toddler or family in order to participate in another early intervention service (see addendum for examples);
g) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her special health care needs and the health needs of other family members and the impact on the provision of early intervention services.
h) Health services ARE NOT: hospital or home health care required due to an infant's or toddler's health status; services that are surgical in nature, that are primarily intended to treat a medical condition, or that are routinely recommended for all infants and toddlers.

5) Nutrition Services

a) Assessment of the nutritional and feeding status of an infant or toddler with a disability related to his or her development;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to develop, implement and monitor appropriate plans to address the nutritional needs of an infant or toddler with a disability related to his or her development;
e) Referrals to appropriate community resources to carry out nutritional plans;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to nutrition and feeding and to enhance his or her development.

6) Occupational Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior, play and oral-motor functioning;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;

f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

7) Physical Therapy

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a disability;
e) Design or acquisition of assistive and orthotic devices to promote mobility and participation for an infant or toddler with a disability;
f) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

8) Psychological Services

a) Intervention services to address the development, cognition, behavior or social-emotional status of an infant or toddler with a disability;
b) Administering psychological and developmental tests and other assessment procedures to address the development, cognition, behavior and social emotional status of an infant or toddler;
c) Obtaining, integrating and interpreting test results and other information about an infant's or toddler's development and behavior and about his or her family and living situation related to learning, social-emotional development and behavior;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
g) Integrating test results to recommend a program of psychological services for an infant or toddler with a disability or the family related to the infant's or toddler's disability and enhancing his or her development;
h) Providing consultation on child development to families, other caregivers and other service providers;
i) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to development, cognition, behavior or social-emotional functioning and to enhance his or her development.

9) Respite Care

a) Short-term temporary care, in or out of the home, for an infant or toddler with a disability that is needed by the family in order to participate in another service identified on the IFSP.
b) Respite Care as an allowable early intervention service IS NOT assistance that is customarily needed by all families to provide temporary relief or an opportunity to perform routine family

chores or for recreation for the family or care for siblings of the infant or toddler with a disability.

10) Service Coordination

a) Assistance provided to an infant or toddler with a disability or the family that is in addition to the basic requirements of a Service Coordinator as defined in Part C regulations, 34 CFR Section 303.22;
b) Service Coordination as an additional early intervention service may include the coordination of extraordinary services related to significant medical, neurological or mental health conditions (see addendum for examples).

11) Social Emotional Intervention

a) Assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction;
b) Making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction;
c) Preparing a social or emotional developmental assessment of an infant or toddler within the family context;
d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
e) When necessary, provide referral for community services, health or other professional services;
f) Providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development;
g) Providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
h) Addressing issues in the living or care giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddler's development;
i) Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services;
j) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to social and emotional development and to enhance his or her development.

12) Speech-Language Pathology

a) Assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language services and oral motor functioning, including the identification of specific communication disorders;
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment and activities to promote speech and language development and participation of an infant or toddler with a disability;
e) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

13) Transportation

Reimbursement for reasonable and most appropriate travel expenses, including mileage, taxis, common carriers, tolls or parking, necessary to enable an infant or toddler with a disability and the family to receive early intervention services (see addendum for examples).

14) Vision Services

a) Assessment and intervention services to address the functional developmental needs of an infant or toddler with a significant vision impairment with an emphasis on sensory development, communication skills development, orientation and mobility skill development and adaptive skills training
b) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
c) When necessary, provide referral for community services, health or other professional services;
d) Consultation to adapt the environment to promote development, access and participation of an infant or toddler with a significant vision impairment;
e) Family training, education and support provided to assist the family of an infant or toddler with a significant vision impairment in understanding his or her functional developmental needs related to the vision impairment and to enhance his or her development.

Addendum to Allowable Early Intervention Services: Examples and Additional Clarifications

1. Assistive Technology

When determining whether or not an assistive technology device or service is an allowable early intervention service, ask this question: "If the assistive technology were removed, would it have an impact on the infant's or toddler's **development** and not on the **medical condition?"**

Assistive technology may include High Technology or Low Technology:

High Technology: For example, the IFSP may include an orthotic device that will assist the infant or toddler to learn to walk. That would be an assistive technology device that is an allowable early intervention service that is directly related to the child's development. Once the infant or toddler is walking the physician may recommend a similar orthotic device to maintain the structure of the foot. That would be related to the infant or toddler's medical condition and would not be an allowable early intervention service.

Low Technology: For example, the IFSP may include PECS (Picture Exchange Communication System) to address a child's outcome around communication or consulting with a family for adaptation of the bath time routine to assist a child to sit in the bathtub using common items found around the house.

4. Health Services

Examples of when health services may be an allowable early intervention service:

- When the parent typically provides the health service, such as suctioning, in the home and the parent can only benefit from another early intervention service, such as instruction from a physical therapist, if the health service (i.e., the suctioning) is provided by another service provider during the instruction so that the parent can give his or her full attention to the instruction by the physical therapist.
- When an infant typically receives health services, such as IV monitoring, at home from a home health provider and the IFSP justifies that the infant receive an early intervention service, such as audiology, in another setting, the health service may need to be provided by another provider during the time that the infant is receiving the audiology service.

9. Respite

Respite is used in order for the child/family to receive another EI service that is directly related to a specific developmental outcome as identified on the IFSP. For example, a parent may need respite in order to attend a sign language class.

10. Service Coordination

Coordination of extraordinary services related to significant medical, neurological or mental health conditions, which may include, but is not limited to, HCP Care Coordination, WRAP Facilitation.

13. Transportation

Transportation may be an allowable early intervention service, if it is directly related to attaining IFSP outcomes. Examples are:

i) Vision or hearing testing requiring specialized equipment;
ii) A parent attending a specialized signing class at the local community college;
iii) A parent attending other limited specialized training;
Obtaining health services that meet the definition of an allowable early intervention services