

Chapter 12: Resources

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Louisiana's State-identified Measureable Result:

The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.

Chapter 12 Revisions and Updates:

Abbreviations and acronyms updated
Added DEC RPs
Updated Quick Facts and Resource Links



DEC Recommended Practices: Teaming and Collaboration Topic Area: Families are full **team** members checklist, item 5: Share information that is jargon-free, clear and simply stated so that all members can understand and participate in conversations and decisions.

Terms You Need to Know

ADL - Activities of Daily Living (feeding, dressing, toileting, etc.), the Adaptive subdomain of the Battelle Developmental Inventory and family concerns typically identify needs in ADLs which are addressed through the Individualized Family Services Plan.

APE - Adapted Physical Education (individualized to meet child's needs) and may be provided through IDEA, Part B.

Alternate Assessment - A Method of assessing progress of students who are not addressing high school graduation standards.

APR-Annual Performance Report is the report turned in by all states that reviews their performance on key Federal Indicators. The report requirements are outlined in the State Performance Plan. The APR is posted to the state's website.

BDI - Battelle Developmental Inventory

BDI-2 - Battelle Developmental Inventory, 2nd Edition

Benchmark-A general statement relating to a specific subject area

C.A – Chronological age (example: 2 years old = C.A 24 months)

CBA - Curriculum Based Assessment

CDA - Comprehensive Developmental Assessment

CAPTA - Child Abuse Prevention and Treatment Act

CARA - the reauthorized version of CAPTA which requires the Department of Children and Family Services to ensure the development of plans of safe care for children born with substance exposure.

CRT- Criterion-referenced testing

DD – Developmental Delay—one of the eligibility categories which makes a child eligible for EarlySteps

DEC - Division of Early Childhood with Council for Exceptional Children

DECRPs – The Division of Early Childhood Recommended Practices. These practices are Louisiana’s early intervention evidence-based practices. The implementation process for the DECRPs is outlined in the state’s systemic improvement plan, practice profiles which outline EarlySteps’ implementation of the practices and in the practice manual. The practices and accompanying materials can be found on the ECTA and DEC websites at:

<http://ectacenter.org/decrp/> and <https://www.dec-sped.org/dec-recommended-practices>

ECE - Early Childhood Education also called Early Care and Education. The system of child learning environments coordinated by the Louisiana Department of Education that includes child care, Early Head Start, Head Start, and Pre-kindergarten programs in the state.

EIDS – Early intervention data system—the online system used by EarlySteps for child records, service authorizations, etc. EIDS comprises the service matrix and provider account module called LAEIKIDS and EarlySteps Online.

EHDI – Early Hearing Detection and Intervention Program is coordinated through the Louisiana Department of Health, Office of Public Health to track and manage children who require follow up hearing screening and testing following a newborn hearing screening.

EPSDT – Early and Periodic, Screening, Testing and Diagnosis program- the “service package” for children who qualify for Medicaid. The services include developmental screening and services to meet child needs including therapies, applied behavior analysis, personal care services and other services a child needs.

ESYP - Extended School Year Program –refers to education services provided over the summer months; designed to maintain school year services; Part B eligibility requirements must be met For children exiting EarlySteps at age 3, who have their first IEP prior to the summer months, families should address the need for summer services as part of the development of the IEP.

FAPE - Free Appropriate Public Education – the term applies to IDEA, Part B services which are individualized to a specific child, provides access to the general curriculum, provided at public expense and without charge except for fees that are charged to all students.

FERPA – Family Educational Rights and Privacy Act-the act which governs privacy of educational records.

FSC - Family Support Coordinator or Family Service Coordination also sometimes called Service Coordinator or case manager

HIPAA – Health Insurance Portability and Accountability Act – the privacy law which governs security of health information.

IDEA - Individuals with Disabilities Education Improvement Act-IDEA is divided into several parts. Part C governs early intervention and Part B governs special education for children ages 3 through 22.

IEP - Individualized Education Program – the service plan which determines special education and related services and placement; developed jointly by family and school personnel for children ages 3-22 in special education.

IFSP - Individualized Family Service Plan – a service plan written annually and updated every six months by families and personnel serving infants and toddlers in the Early Intervention system which outlines services provided

LA4 - One of Louisiana’s 4-year-old Pre-K Programs. Other programs include: Title 1, NCCED, Even Start, and 8(g)

LDE – Louisiana Department of Education which oversees early childhood education, general education and special education (IDEA, Part B).

LDH – Louisiana Department of Health, the lead agency for the state’s IDEA, Part C early intervention program called EarlySteps

LEA - Local Education Agency (local school system)

LEAP - Louisiana’s Educational Assessment Program – a standardized test given annually to students

LDE – Louisiana Department of Education

LGE – Local governing entity—local government division subject to a state or political subdivision. The term is used to refer to the 10 “regional” human service districts/authorities which provide services such as behavioral health and developmental disabilities.

LRE - Least Restrictive environment

MDE - Multi-disciplinary evaluation – used by Pupil Appraisal to determine eligibility for services in IDEA Part B. Also referred to as a 1508 evaluation, named for the LDE bulletin with lists the requirements.

NRT - Norm-referenced testing

OCDD - Office for Citizens with Developmental Disabilities in LDH

OCDD/HSA/D - Office for Citizens with Developmental Disabilities/Human Service Authority/District. These offices are responsible for coordinating/providing services in behavioral health and developmental disabilities. Also referred to as LGEs.

ODR - Officially Designated Representative –the school board employee with the authority to sign an IEP, generally includes the school principal and designee(s)

OPH - Office of Public Health in the Louisiana Department of Health

OSEP – Office of Special Education Programs in the United States Department of Education. OSEP oversees the IDEA, Part B and Part C programs at the national level.

OT - Occupational Therapy – a therapy service which focuses on fine motor, perceptual, and/or sensory integration impairments which significantly interfere with learning.

Part B – IDEA Part B is the portion of the Individuals with Disabilities Education Improvement Act that authorizes special education services for children from ages 3-21 years.

Part C – IDEA Part C is the portion of the Individuals with Disabilities Education Improvement Act that authorizes early intervention systems and services for children ages birth to 3 years.

PAS - Pupil Appraisal Services – school board/local education agency assessment program and staff

PT - Physical Therapy – a therapy service for addressing gross motor limitations interfere significantly with a child’s development

SICC – State Interagency Coordinating Council. The IDEA, Part C advisory council appointed by the Governor to advise and assist the lead agency in the development and implementation of EarlySteps.

SBLC - School Building Level Committee – a committee of faculty members and other school personnel who review referrals/concerns for school-based and special education services for school-age children

Self-Contained Classroom - Special education placement option

SDE - State Department of Education, also called LDE or Louisiana Department of Education.

SP, SLP, ST – Speech Pathology, Speech-Language Pathology, Speech therapy services provided to address delays in communication including expressive and receptive language, voice, and fluency

SPOE - System Point of Entry-the regional offices which accept referrals and conduct intake and eligibility determination for children in EarlySteps. OCDD contracts with 10 SPOEs in Louisiana.

SPP – State Performance Plan—the state’s improvement plan for IDEA.

Additional acronyms can be found at:

<http://www.parentpals.com/2.0dictionary/dictnewsindex.html>.

Program Requirement Resources

The State Performance Plan is posted on the website. It outlines Louisiana’s quality improvement process on 9 indicators for successful implementation of IDEA. The Annual Performance Report is an annual report of the State Performance Plan which details the state’s ability to meet its implementation targets; it is posted to the EarlySteps website annually after February 1 each year.

The Application for Federal IDEA Part C funds is also posted to the website. It includes the federal portion of the EarlySteps budget as well as assurances for meeting federal requirements and Louisiana’s policies and policy changes. The application is submitted for public comment for 60 days prior to submission to the US Department of Education. Changes to the application/policies/assurances require public hearings held prior to submission. It is due in May of each year to OSEP.

The Practice Manual outlines EarlySteps implementation practices reflecting federal, state requirements and the DEC Recommended Practices which guide how early intervention is implemented in Louisiana. The practice manual includes policies and procedures for all early interventionists and guidance for families, including their rights. Each provider is responsible for being familiar with the Practice Manual and adhering to the policies and procedures outlined therein.

Periodically, Procedural Clarifications are posted to the website. Early interventionists are responsible for being aware of any procedural clarifications and incorporating the information contained therein into their practices. Notices of changes are sent via email from the state and regional offices staff.

Websites for the Practice Acts –

- Physical Therapy: <https://www.laptboard.org>
- Occupational Therapy: <https://www.lsbme.la.gov/>
- Speech-Language Pathology and Audiology: <https://www.lbespa.org>

- Registered Nurse: <https://www.lsbm.state.la.us>
- Licensed Practical Nurse: <https://www.lsbm.state.la.us>
- Licensed Social Work: <https://www.labswe.org>
- Applied Behavior Analysis certification board <https://lababoard.org/>

Website for Language Development and Pre-literacy Skills

Several websites are available that provide strategies to promote language development and pre-literacy skills. Examples of websites with literacy and language development activities for parents are listed below. Note: This is not an exhaustive list.

- Louisiana Department of Education <https://www.louisianabelieves.com/academics/louisiana-literacy>
- Zero to Three, a national organization that focuses on infant and toddler development, has a section devoted to parenting activities that promote language development <https://www.zerotothree.org/resources/for-families/>
- Parents as Teachers National Center, a national organization that focuses on parent education, has parent education newsletters and activities that describe activities to promote language development and literacy skills <https://parentsasteachers.org/parent-resources/>
- The American Speech and Hearing Association, the national organization for audiology and speech/language, also provides activities and strategies for parents to enhance language development <http://www.asha.org/public/speech/development/Parent-Stim-Activities.htm>
- The Public Broadcasting System (PBS) has a section devoted to public education on child development that includes strategies and activities related to language development and literacy <https://www.pbs.org/parents/learn-grow/all-ages/literacy>

Early Childhood Websites

Battelle Developmental Inventory (BDI-1 or BDI-2) <https://www.riversideinsights.com>

CEC (Council for Exceptional Children) <https://exceptionalchildren.org>

DEC (Division for Early Childhood) of the Council for Exceptional Children <https://www.dec-sped.org>

EarlySteps, Louisiana's Early Intervention System <https://ldh.la.gov/index.cfm/page/139/n/139>

HCPCS Code—Indicate the HCPCS code for the device. This is found on the provider matrix website: www.eikids.com/la/matrix/default.asp The HCPCS codes are under the Help tab.

NAEYC (National Association for the Education of Young Children) <https://www.naeyc.org>

ECTA (Early Childhood Technical Assistance Center) <https://ectacenter.org/>

NICHY The National Dissemination Center for Children with Disabilities

<https://www.fhi360.org/projects/national-dissemination-center-children-disabilities-nichcy>

OSEP (Office of Special Education Populations)

<https://www2.ed.gov/about/offices/list/osers/osep/index.html>

Resources for Transdisciplinary/Primary Service Provider Approach to Service Delivery

<http://www.coachinginearlychildhood.org/index.php>

<https://fpg.unc.edu/projects/national-early-childhood-technical-assistance-center-nectac>

<https://ceinternational1892.org/>

<http://www.ncrel.org/sdrs/areas/issues/students/earlycld/ea4lk28.htm>

<https://www.dec-sped.org>

Family Survey

Identifying and addressing family concerns, priorities and resources (CPRs) regarding their child is a key focus for early intervention in Louisiana. The state's systemic improvement plan was designed to address this priority as the way to improve child outcomes resulting from participation in early intervention. Throughout a family's experience in EarlySteps families are asked to give feedback to address their CPRs to ensure that their needs are being met. At exit from EarlySteps, families are asked to give feedback about their experience through a voluntary survey. This Family Survey asks each family about their perspectives on their participation in the early intervention system and capture information in areas such as the system's efforts to create meaningful partnerships with families, the services they received, and the ways in which parents and families were involved in the early intervention process. Data from the Family Survey is included in the State's APR. The survey is used to improve the process by which services are provided to infants and toddlers and their families who receive early intervention. The APR indicator which addresses this priority is:

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

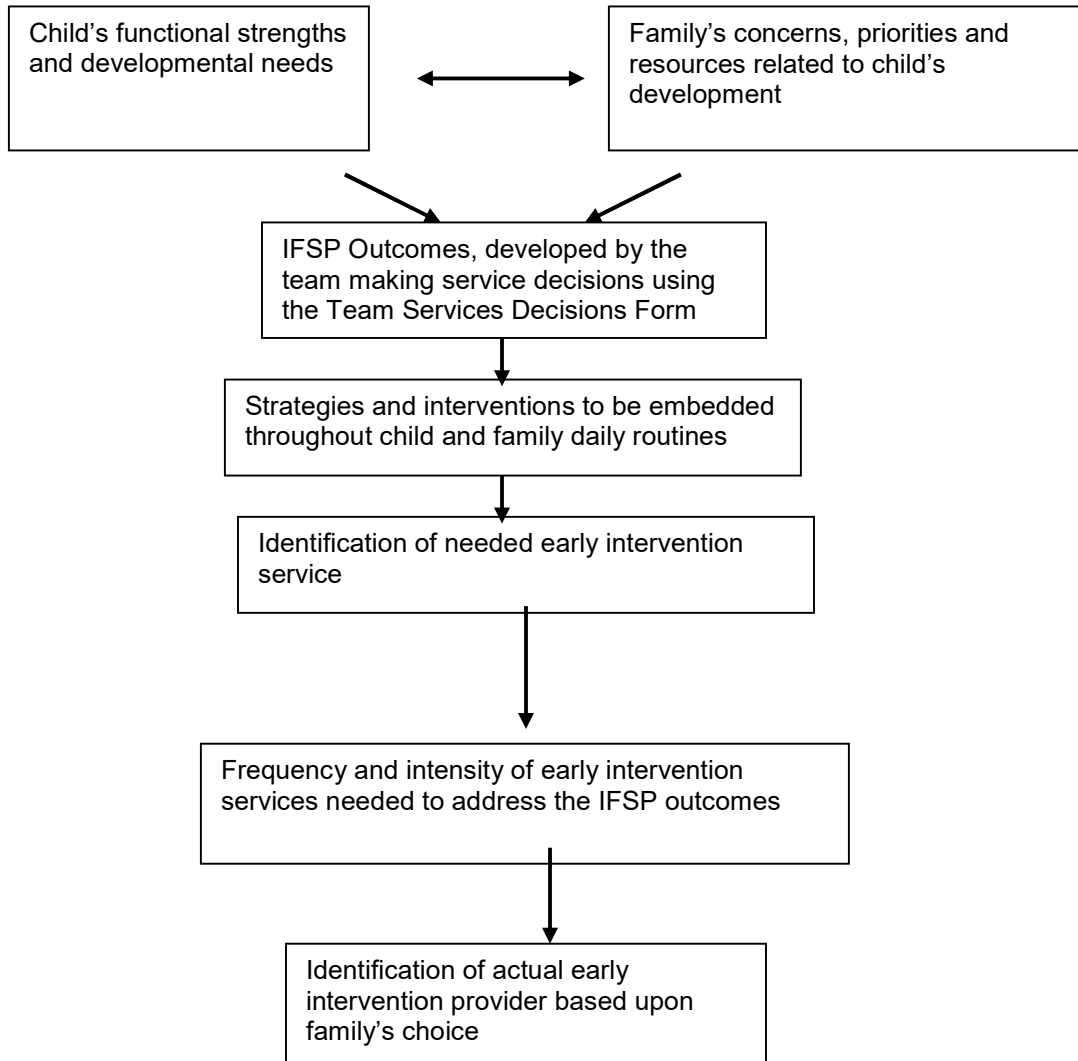
- A. Know their rights;
- B. Effectively communicate their children's needs;
and
- C. Help their children develop and learn.



DEC Recommended Practices- Family Topic Area – Family practices refer to ongoing activities that:

- (1) Promote the active participation of families in decision-making related to their child [assessment, planning, intervention];
- (2) Lead to the development of a service plan [for example, a set of goals for the family and child and the services and supports to achieve those goals]; or
- (3) Support families in achieving the goals they hold for their child and the other family members.

How EarlySteps Services are Determined



INS 10: Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

Professional Conduct

In Relation to Children

I will:

- View each child first as a child and value their unique abilities.
- Respect that each child is part of a family and incorporate this understanding in all my interactions with children and their families.
- Acknowledge the major role of play in development and be sensitive to children's rights to play, their needs for access, participation, stimulation, enjoyment, choice and preference and support needed to achieve these.
- Interact with children in ways which enhance their development and value their achievements.
- Identify, value and build upon the abilities and strengths of each child.
- Promote safe, healthy and stimulating environments that optimize children's well-being and development.
- Work to ensure that children are not discriminated against on the basis of ability, diagnosis, label, gender, religion, language, culture or national origin.
- Acknowledge and respect the cultural and linguistic diversity of children and families and adapt practices accordingly (e.g. cultural consultation/interpreters).
- Engage in practices that are respectful of and ensure the safety (emotional, physical and cultural) of children and in no way degrade, endanger, exploit, intimidate or harm them.
- Act on behalf of children to protect their physical and emotional well-being including making protective notifications where necessary. (i.e. referrals to child protection)
- Uphold appropriate privacy and confidentiality
- Uphold the principles of **team partnership**, participation and protection.

In Relation to Families / Caregivers

I will:

- Uphold the principles of **team partnership**, participation and protection.
- Respect each family's perspective and priorities for their child and make this the starting point for intervention.
- Develop collaborative partnerships with families respecting family expertise about the children and share my professional knowledge and understanding sensitively/respectfully.
- Work to develop positive relationships with families that are based on shared decision-making, mutual trust and open communication.
- Acknowledge and respect the uniqueness of each family, and the significance of its culture, customs, language, beliefs and the community context in which it operates.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
- Assist each family to develop a sense of trust and connection to the services in which their children participate.
- Maintain confidentiality and respect each family's right to privacy.
- Inform the family in a timely manner when delayed or unable to fulfill assignments.
- Acknowledge, respect and support families in their native language to the maximum extent possible.
- Respect the uniqueness of each child and family and avoid comparing children and families.

In Relation to Myself as a Professional I will:

- Engage in ongoing professional development and keep up-to-date with new developments in early intervention.
- Work within the boundaries of my profession and qualifications.
- Be an advocate for children, early intervention and the services/agencies that support the children and their families.
- Ensure my practices are culturally appropriate and actively promote anti-racist attitudes.
- Demonstrate in my behavior and language that children and families are not discriminated against.
- Ensure that I maintain professional standards in all documentation.
- Ensure that I maintain personal integrity, truthfulness and honesty in all professional activities.
- Commit to upholding the standards, values and practices expressed in the Code of Ethics of my profession.
- Reserve the option to decline or discontinue assignments if working conditions are unsafe or unhealthy.
- Conduct my business in a professional manner whether in private practice or in the employ of an agency or other entity.
- Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.
- Recognize the limits of my professional competence and promptly provide referrals to other appropriate qualified health professionals through the EarlySteps IFSP team process.
- Meeting all program requirements including timely and thorough documentation which facilitates team communication.

In Relation to Colleagues I will:

- Work to communicate effectively, act with integrity and build professional trust, respect and openness.
- Value the personal and professional strengths that my colleagues bring to the team.
- Support Early Interventionists having access to high quality professional support and development.
- Respect the perspectives that different disciplines bring to the understanding of the needs of each child, family, service and community.
- Maintain confidentiality.
- Actively support teaming by assisting and encouraging colleagues with the sharing of information and serving as mentors/consultants when appropriate.
- Support teaming by making recommendations for IFSP implementation at team meetings and through ongoing team communication.
- Support families having access to early intervention/special education training and professional support and development.
- Approach colleagues privately to discuss and resolve breaches of ethical or professional conduct through standard conflict resolution methods; file a formal complaint when such attempts have been unsuccessful or the breaches are harmful or habitual.

***This was adapted from the National Code of Ethics of the Early Intervention Association of Aotearoa New Zealand & the Registry for Interpreters for the Deaf**

The Louisiana Department of Health, Office for Citizens with Developmental Disabilities has procedures for receiving, investigating, and resolving complaints relating to violations of Part C requirements. This process is administered through EarlySteps. LDH ensures that the parents of eligible children receive their procedural safeguards upon referral and throughout their experience in the early intervention system.

The complaint process for EarlySteps can be found in the Practice Manual, Chapter 2, page 10. Complaints are initiated by a call or submitting information to the Regional Coordinator to initiate the complaint process.

Personal Safety Guidelines

All early interventionists must take common sense precautions to guard their safety when making visits in home and community settings. There are steps to take that will minimize the hazards that may be present in the field. The home visit has never been, nor ever will be, a totally controlled situation. The responsibility for personal safety rests with the individual provider making safe choices before, during, and after the home visit. Planning ahead and being prepared for difficult situations can decrease your risk.

- Keep an appointment calendar at your agency/home office listing which participants you plan to visit and stick to the order. If you have major changes in your itinerary during the day, call in a revised schedule to your agency or advise a family member if you are an independent provider.
- Arrange your work schedule so new or questionable visits are early in the day. You will be less likely to find loiterers congregating on street corners, and you won't get stuck in a potentially unsafe neighborhood after dark.
- Let your agency/home office know when you leave and when you return. If you plan to go home after your last visit, call your agency/home office when you finish.
- Call ahead to be sure your participant will be home for your visit.
- Know your neighborhoods. Be aware of locations where you can seek help. Go and introduce yourself. Example: fire station, police station, gas station, community buildings, apartment complex office.
- Lock or conceal your purse in the trunk of your car before leaving the office. Take only the items necessary to do your job. Select brochures, etc., that you will need each day and arrange them to fit in a briefcase or tote bag.
- Wear sensible clothes and shoes.
- Avoid wearing jewelry or any accessory that could be dangerous: necklace, scarves, etc.
- Carry a minimal amount of cash. Have change for a pay phone.
- Carry two sets of car keys: one set to use and one set to have in reserve and hidden in your briefcase or tote bag.
- Make sure the cellular phone is accessible and fully charged.

Use of a Car

- Keep your car in good repair. Have roadside assistance phone numbers to call for break downs.
- Always have enough gas.
- Be aware of weather conditions
- Carry an emergency flat tire repair kit or spare tire with you.
- Keep a flashlight and first aid kit in your car.
- Always wear your seatbelt.
- Always lock your car. Drive with car doors locked and windows rolled up.
- Carry your keys in your hand when leaving the office and the home visit.

Neighborhood Surveillance

While in your car:

- Pay attention to what's happening around you. Drive around the area and/or block where the client lives observing potential hiding places (e.g., bushes, fences, etc.), especially for a first visit.
- Avoid groups of people who appear to be loitering, drinking, fighting, etc.
- Pay attention to signs like "No Trespassing", "Beware of Dog"; they may be an indicator of the attitude of the resident toward strangers.
- Signs in windows like "Neighborhood Watch" are indicators that others in the community have an increased awareness of the neighborhood.

Parking and Leaving the Car

- Choose a parking place that is in the open and near a light source that offers the safest walking route to the dwelling.
- It is always better to park on the street than in a driveway or alley to avoid being blocked in.
- Back your car into o driveways.

- Park in the direction you want to go when you leave the home visit.
- Beware of dead-end streets.
- Do not leave anything of value inside your car.
- Always lock your car. Do not open your trunk prior to going inside the client's house. Onlookers may be tempted by the contents.
- Be cautious of animals: dogs, geese, etc., even if they appear to be restrained in some manner. Attract the attention of the homeowner if animals might be loose and/or pose a threat to your safety. Even if an animal appears friendly, don't look it in the eye or approach.
- Watch for rubble and broken glass when you park to avoid chances of getting a flat tire.

Approaching the Residence

- Maintain a self-confident, self-assured posture and attitude.
- Whenever possible, keep to the middle of the sidewalk and avoid dark alleyways or groups of loiterers.
- If a group is blocking the doorway to the participant's dwelling, look for another entrance. If there is not another entrance and the group seems hostile, walk away and reschedule your visit.
- If you are verbally confronted, maintain a professional manner. Repeat your response directly and don't attempt to answer verbal challenges.
- Pause at the door before knocking and listen. If you hear loud quarreling, sounds of fighting, or some other disturbance, leave immediately.
- Knock at the door, identify yourself, and use the participant's family name.
- Do not enter a home unless there is an adult present. If a child answers the door, tell the child to get his/her mother. If their mother or another adult caregiver is not in the home, you will then have to decide if Child Protective Services needs to be called.
- **TRUST YOUR INSTINCTS.** Do not enter homes when you suspect that an unsafe situation exists. Leave immediately if you ever feel yourself to be in danger. Always remember you are a guest in the participant's home.

Home Visiting

- Plan your visits in advance. If possible, make sure that the participant is expecting you and understands the general purpose of your visit. Carry any supplies with you that you plan to use on the home visit.
- Check the visits you scheduled to be sure you have the address, phone number, driving directions, and correct time of appointment.
- The participant is under no obligation to answer the door and let you in if you arrive unannounced.
- If you arrive and it appears that it is not a convenient time for your home visit, offer to reschedule the visit for another time.
- If other family members are present, you may ask if they want to go into another part of the house for your visit.
- If using an elevator, always send it to the basement before getting on so you don't end up with a stranger in a deserted basement. Stand next to the control panel and push all floors if you feel you need more chances to escape.
- Trust your instincts about people waiting to get on the elevator with you, or person already on the elevator. Wait for another elevator if necessary. If someone suspicious gets on with you, get off as soon as possible.

While in the Home

- Be alert to signs of violence or any sexual advances towards you, however subtle, from either a client or other persons in the home.
- Be courteous and professional when introducing yourself to the client. Tell them your name, the agency/home office you represent, and why you are there. Give them your business card and show, if necessary, official identification.
- Ask permission to be seated. Try to sit in a hard chair if possible to avoid wet stuffed chairs and insect infestations. Try to sit with your back towards a wall and close to a door.
- Ask permission to hold or handle a child before doing so; explain what you are doing so that the family member understands.
- Use the same principle inside the dwelling that you used outside. Don't assume a house animal won't bite.

- Be aware of other people in the dwelling and traffic in and out of the house. If weapons are visible (guns and knives), you may choose to leave and conduct the visit at another place or time.
- Before going to another room in the house or using a phone or sink, always ask permission. Remember you are a guest in their home. If it is a dark area of the house, have the client go first and turn on the lights.
- During the home visit, apply interviewing, intervention, and counseling techniques. Set goals and objectives for the visit and decide when, if necessary, it would be appropriate to make a return visit.
- Avoid revealing too much personal information about yourself or your family.

Leaving the Residence

- When you have completed the home visit, thank the participant for allowing you to come into her or his home and visit.
- Be aware of what is going on around you outside the dwelling and if things have changed. Do the activities affect you and your safety?
- Have your keys in your hand.
- Check inside and under your car before you get in.
- If someone is leaning up against your car or tampering with your car, return to the home and call for help.
- Get into your car quickly and lock the doors.
- Watch for small animals and children playing around or under your car before driving away.
- Watch for cars following when you leave. NEVER stop if someone tries to stop you or indicates you should pull over. Proceed to a well-lighted business or the nearest police or fire station for assistance.

If You Are In An Uncomfortable Situation

- Do not show fear.
- Try not to show any facial expression.
- Control your breathing.
- Speak slowly and lower the pitch of your voice.
- Maintain eye contact, but do not try to stare anyone down.
- Don't challenge, but be assertive, especially if crude comments are made.
- Check your watch; say you need to call your office because they are waiting for you to check in.
- Do not tolerate nonsense or crazy behavior, rudeness, or name-calling.
- Repeat why you are there.
- Stand up and leave if you are uncomfortable
- If you are in trouble, attract help any way you can. Scream, set off car alarm, or blow your car horn.
- Call 9-1-1 or police and tell them the type of incident, time of occurrence and location.
- Drug awareness—in not in imminent danger discuss impact of drug exposure (paraphernalia, activities) on children and parenting. Encourage families to seek help for substance abuse.

This video from the Oregon Health Authority, gives a good overview of home visiting safety:

https://www.youtube.com/watch?v=kL3r_3N_Qek&feature=youtu.be

Conclusion

Be prepared and rehearse ahead of time what you would do or say in an unsafe situation. You have a right to protect yourself from harm in all circumstances. You and your team members are the best resource for one another.

Referral to IFSP Process

Referral received at the SPOE Day 1	Intake Activities by Day 20	Eligibility Activities by Day 35	
Intake Coordinator makes Initial contact with family by Day 4	By Day 10 Meet with Family: -share information about EarlySteps in writing and verbally -obtain written consent to proceed and screen -Conduct ASQ -Notice of Action: Eligibility and IFSP Development -If family refuses consent, review parent's rights.	Step 1 Preparation for Eligibility Determination Meeting -Confer with parents regarding Eligibility Team, if needed (use Service Matrix); Evaluator must serve on team throughout time in EarlySteps -Send Team Meeting Announcement & copies of pertinent records (provider & Parent) -Complete requests for Authorization	Il a
Schedule meeting for an interview at the family's convenience	Complete and/or obtain : -LDH Application for services -Health History -Health Summary -Health Screenings -Signature for release of information that will aid with eligibility determination	Step 2 Eligibility Determination Team Meeting -Evaluation completed within 7 days of authorization -Results from CDA and other information gathered, reviewed, and eligibility determined by team -Confirm Medical Diagnosis -Notify the EI Consultant if needed for Informed Clinical Opinion -Complete Eligibility Determination form	C o s i i l
Acknowledge referral in writing by Day 20	Assist with completing application forms, appropriate screenings, and interest in other programs including Medicaid Waiver	If child is eligible for EarlySteps -Complete Family CPR -Select FSC If child is not eligible for EarlySteps -Make appropriate referrals -Parent's Rights -Notice of Action: Eligibility & IFSP Development (Initial refused/Child Not Eligible) -Give next 2 ASQs -Case Closure	F e i p n
Electronic Record Maintenance	Family selects a CDA provider Schedule Eligibility Evaluation	Step 3 Follow-up Documentation -Document all information in child's EI record -Place all forms/files in child's EI record	A a f i - b

Referral received at the SPOE Day 1	Intake Activities by Day 20	Eligibility Activities by Day 35	IFSP Development by Day 45
			from parent consent (no later than day 75)
Begin EI hard copy record	Notify LEA for children referred after age 2 years, 2 months.	Annual Re-Determination of Eligibility Role of the FSC	6 month Review
		Prior to Annual Eligibility Determination Meet with parent: -Notice of Action: Eligibility & IFSP Development (Annual Proposed) -Review provider monthly reports/contact notes -Discuss child's level of performance -Parent's Rights -Review LDH Application -Collect existing information, including Health Summary -Complete the request for authorization and schedule the CDA	IFSP must be reviewed within 6 months of initial/annual IFSP date (prior to expiration of service authorizations) Discuss transition
		Step 1 Preparation for Eligibility Determination Meeting -Eligibility Team same as IFSP team. Evaluator must serve on team. -Send Team Meeting Announcement & copies of pertinent records (provider & Parent)	Annual IFSP
		Step 2 Eligibility Determination Team Meeting -Multidisciplinary Assessment -Complete Eligibility Determination form -Complete the requests for Authorization	Annual IFSP must be completed within 12 months of initial/annual IFSP date and/or prior to expiration of service authorizations
		If child eligible for EarlySteps -Family CPR If child not eligible for EarlySteps -Make appropriate referrals -Parent's Rights -Notice of Action: Eligibility & IFSP Development (Annual Refused, child not eligible) -Give next 2 age-appropriate ASQs	

Referral received at the SPOE Day 1	Intake Activities by Day 20	Eligibility Activities by Day 35	IFSP Development by Day 45
		-Schedule transition meeting (before annual IFSP date) -Schedule Exit Evaluation (before case closure) -Case closure (after annual IFSP date)	
		Step 3 Follow-up Documentation -Document all information in child's EI record and upload to EarlySteps Online -Forward originals of forms to SPOE -Place copies of all forms/files in FSC record	

Universal Precautions

1. **Purpose:** The purpose of this policy is to provide information and procedures that will promote the health and safety of employees and clients and reduce the possibility of disease transmission during the delivery of early intervention services. This is good basic hygiene for use with every child and family regardless of diagnosis.
2. **Persons Affected:** This policy applies to all early intervention providers, service coordinators and SPOE staff. Any or all persons directly in contact with EarlySteps children and family members.
3. **Policy:** All staff will implement Universal Precautions (UPs) to prevent the spread of communicable disease between children, families, and providers. The UPs are implemented in a manner that respects the privacy of all parties. Early interventionists are not expected to change diapers or to clean up bodily fluids. This is the responsibility of the caregiver.
4. **Universal Precautions Defined:** The definition from the Center for Disease Control states that UPs are “a simple set of effective practices designed to protect health workers and patients from infection with a range of pathogens including blood borne viruses. These practices are used when caring for all patients regardless of diagnosis.”

You may have a child in your caseload that has an infectious disease. You may not know or have been informed of a diagnosis. The body fluids of all persons should be considered to contain potentially infectious agents. The term body fluids includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g. nasal drainage) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on the type of contact made with it. Universal precautions are an infection control method which requires employees to assume that all human blood and body fluids are infectious. Universal precautions include using chemical or functional barriers which prevent the spread of the infectious process, including hand washing, gloves, masks, and disinfecting solutions (bleach).

5. **Responsibility:** Each provider is responsible for ensuring compliance with this policy. .

Hand washing techniques – will be performed to prevent cross-contamination between clients and all EarlySteps providers

- Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly before and after client contact, if contaminated with body substances, before and after gloves are worn, and before preparing or eating food, as appropriate.
- Use soap, warm water and friction for hand washing. Lather and scrub for 15-30 seconds. Rinse well, beginning with fingertips, or dirty water runs off at the wrists. Dry hands on a paper towel. Use paper towels to turn off faucets.
- Use a waterless hand washing product for immediate use if hand washing facilities are not available in the home (i.e. Purell or other antibacterial solution). Hand washing facilities should be located as soon as possible after leaving the home.

Utilization of Gloves (when appropriate - *family needs to be informed of why you are utilizing precautions): the use of gloves (intact latex or vinyl) is important where the provider has cuts, abraded skin, chapped hands, dermatitis, etc., when examining abrasions or when client has the same.

- Gloves are to be worn by the provider when direct contact with any body substance is anticipated (blood, urine, pus, feces, saliva, drainage of any kind)
- Gloves are to be worn when contact with non-intact skin is anticipated
- Remove gloves by pulling down over hands so that the soiled surface is inside and dispose of immediately.
- Gloves should not be washed or disinfected for reuse.

Toy washing procedure

- The use of toys/equipment found within the home/child care environment should always be the first priority. This is to limit exposure to germs and to encourage family follow through with toys available to them.
- It may be necessary or beneficial for a provider to introduce new toys to a child. If it is determined to be clinically beneficial to bring toys into the home environment, they may be left at the home until the

child has mastered the skill introduced. The toy must be cleaned appropriately if used by another person between sessions.

Methods of Sterilization:

- Use of dishwasher is recommended
- Submerging toys in 1:10 bleach solution and rinse thoroughly under running water and **air dry**.
- Use of Clorox or similar wipes over all surfaces of the toy. One should never reuse these wipes.
- Separate clean from soiled toys during transport

(Information was obtained from New Jersey Department of Public Health)



INS 13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

EARLYSTEPS BEST PRACTICES GUIDELINES

PURPOSE OF GUIDELINES

The primary purpose of these guidelines is to assist support coordinators, providers and families in designing quality intervention for children using evidence-based best practices.

COMMON THEMES: Review of Literature

Based upon current literature and research in early intervention, there are a number of key themes that underlie the provision of high quality early intervention services. These common themes are as follow:

- Children learn best when:
 - participating in natural learning opportunities that occur in everyday routines and activities of children and families and as part of family and community life; and
 - interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills.
(Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001; McCollum & Yates, 1994)
- Parents have the greatest impact on their child's learning since parents know their child best and already intervene in their child's development everyday through planned or naturally occurring learning opportunities. (Jung, 2003)
- In translating these concepts into what happens during implementation of early intervention services, research shows that learning opportunities facilitated within the context of family and community life have greater impact on child progress than intervention sessions. (Jung, 2003; Dunst, 2004; Hanft, Rush & Shelden, 2004)
- Parents prefer interventions that are easy to do, fit into their daily lives, and support their child in learning skills that help them be a part of family and community life.
(Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002;)
- Embedding instruction in routines selected and preferred by families will greatly increase the likelihood that the family will repeat therapeutic activities independently. (Hanft & Pilkington, 2000; Woods, 2004)
- There is a direct correlation between families' perceptions of themselves as competent and empowered with the families' level of follow-through in facilitating learning opportunities throughout daily activities and routines. (Jung, 2003)

- Frequency and intensity of services need to be based on the amount of support the family needs in using natural learning opportunities throughout everyday routines and activities of family and community life since visits provided too frequently can be disempowering or send the message that the parent is not competent. (Jung, 2003; Dunst, 2004)
- Providing early intervention through a primary provider approach does not preclude other team members from consulting or interacting with the family or caregivers. (McWilliam, 2004)
- Team consultation and collaboration, regardless of the service delivery model, are critical to support family and caregiver competence, confidence and empowerment related to child learning. (Jung, 2003; McWilliam, 2003)
- Supports and services need to be tailored to meet the unique needs and characteristics of every child and family. (Zhang, C. & Bennett, T., 2000)
- “More is better”. This means more learning opportunities NOT more services. Learning is what happens between intervention visits - through child initiated play everyday routines and activities, through multiple repetitions and lots of practice - in the way that all young children learn and participate with families, friends, and other caregivers in their community. (Jung, 2003)

Effective early intervention services are not achieved by “taking clinical practice” into the child’s home. In fact, the roles of early intervention providers have changed. The provider is no longer viewed as “the expert with the toy bag” but as a resource and partner for families and caregivers, who are enhancing their child’s development and learning in the child’s environment. In this new role, the provider shares knowledge and resources with the child’s key caregivers and provides support to them in their day-to-day responsibilities of caring for their child and in **doing the things that are important to them**. The focus of each individual intervention session is on enhancing family capacity and competence in facilitating their child’s learning and **participation** in family and community life. Intervention sessions no longer focus only on the specific skills of the child but on **what’s working and what’s challenging for the child and family’s participation in their everyday routines and activities of community life**. Therefore, effective early intervention services incorporate opportunities to:

1. reflect with the family on what is working;
2. problem solve challenges;
3. help families adapt interactions, actions, routines, environment, and schedule and apply successful strategies to their challenges whenever possible.

According to Hanft, Rush and Shelden (2004), using these key strategies during intervention sessions can significantly enhance the family’s capacity and competence in successfully implementing strategies to meet IFSP outcomes.

The shift in early intervention practice is reflected throughout all contacts with children and families, beginning with the initial contact and continuing throughout evaluation and assessment, development and implementation of the IFSP, and early intervention services and supports. Implementing high quality IFSP services and supports is dependent on the quality of information gathered from early family contacts, team input during development of the IFSP, and the quality of information contained in the IFSP, especially in choosing outcomes and strategies based on interests and priorities of the child and family. The literature and recommended practices provide numerous frameworks and concepts for ensuring provision of high quality early intervention services.

(adapted from: Effective Practice Guidelines, Nevada Early Intervention Services 2005)

PRIMARY SERVICE PROVIDER APPROACH: An Effective Method of Teaming and Providing Early Intervention Services

The approach to service delivery in which one primary direct services provider works with the family is consistently recommended in the literature as the preferred method for the provision of early intervention services. (Hanson & Bruder, 2001; Harbin, Mc William, & Gallagher, 2000; Mc William, 2000; Mc William & Scott, 2001; Shelden & Rush, 2001). Other team members consult with the primary provider and/or with the family to suggest strategies and techniques to enhance progress towards outcomes. Determination of service provider is based on a match between the family's ability, priorities, needs, concerns, and IFSP outcomes and the provider's ability to assist the family (Guralnick, 1998).

(adapted from: Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places, Infant and Toddler Connection of Virginia, September, 2003)

When using the primary service provider approach, team members can play several roles. Usually one member (the primary service provider) will provide direct services and support to the family and other caregivers who are involved with the child. Other team members consult with both the family and each other. They do this by sharing their knowledge and resources and by helping each other, the family, and other caregivers learn new ways to support the child's learning and functional participation in everyday routines and activities. Current studies have shown that the primary service provider approach works well with young children and families in early intervention services (Shelden & Rush, 2004; McWilliam, 2001).

When families learn new ways to work and play with their child during normal daily activities and routines, new skills can be practiced with the child many times every day. The child and family do not always need to see many different specialists, but those specialists are available when needed as determined through the IFSP process. The IFSP team can decide when specialists are needed to help. This will usually take place when the team needs help in deciding what to work on next or determining what strategies will be most effective to achieve outcomes.

It is important to remember that although the family will be working with one primary service provider, the other team members will also provide support, consultation, and direct services based on the individual needs of the child and the parents, to meet the child's and family's outcomes. (adapted from: Effective Practice Guidelines, Nevada Early Intervention Services 2005)

The frequency of services is individualized to meet each child's and family's unique configuration of skills and interests, resources, priorities and needs including the family's need for guidance in relation to their child's development and current desired outcomes. Hanft and Feinberg (1997) note, "Research has been equivocal, and there has been little documentation that specific frequencies of intervention yield particular results on standardized developmental measures" (p. 29). The Dunst et al. (2001) example used above illustrates that more of a formal early intervention service may not necessarily lead to better outcomes for the child. In fact, frequent visiting and a focus on direct therapy by the service provider with the child can be counterproductive, leading families to believe that only early interventionists can make changes in the development of children with disabilities and that separate instructional time, outside of the daily routine is needed in order to accomplish outcomes (Jung, 2003). Believing such families is likely to perceive little reason to follow through with strategies suggested by the visiting professional.

A common misconception is that the approach to early intervention services delivery described above somehow means less service or quality service for children and families. On the contrary, this approach IS real intervention; and research indicates that it leads to real gains in child development; improvement in the family's feeling of competence in meeting their child's developmental needs; and attainment of meaningful functional outcomes for children in the context of their family and community (adapted from: Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places, Infant and Toddler Connection of Virginia, September, 2003)

Guidelines for Best Practice Service Delivery

Using current scientific research, it is not possible to accurately predict the optimal number of hours that will be effective for any given child. Effective services can and should vary from child to child and family to family. Additionally, the quality of the instructional exchanges, the competence of the interventionists and the degree of continuity across interventionists and settings may be more important than the total number of hours (Strain. et al., 1998).

Research does indicate that effective intervention is intense and requires involvement from both professionals and families. Following recommendations from other states and research, modifying them for Louisiana's EarlySteps System, and with consensus of the SICC Service Delivery System, Louisiana has set the following guidelines regarding service provision.

The IFSP team must plan EarlySteps supports to each eligible child and the family according to this Best Practices Guidelines process:

1. The IFSP team will design the IFSP by utilizing the Family Assessment of Concerns, Priorities and Resources and other developmental assessment information obtained in the eligibility/assessment process.
2. The IFSP team decision-making process for early intervention services delivery will be focused on supports necessary for the family to meet the child's developmental needs.
3. The IFSP team will follow the "Strategies to Achieve IFSP Outcomes" and "Determining Early Intervention Services" from the EarlySteps Practice Manual (Chapter 6 page 4-8) to determine strategies and activities to achieve IFSP outcomes. Outcomes are family-directed, based in family routines and in natural environments only. They are focused on increasing functional capability of the child as a family member, not on skill acquisition.
4. The IFSP team begins with discussions for service frequency up to 24 hours of service for a 6-month period for all direct early intervention services (excluding those services for which there is no cost to parents, for example, evaluation/assessment for eligibility and support coordination).
5. *The IFSP team will utilize the IFSP Team Services Decisions Discussion Process* for discussion and adjustments for the service delivery levels in a team meeting.

Questions & Answers

Who determines intensity and frequency needs?

The members of the IFSP team determine decisions about the intensity and frequency. Members of the team include families, support coordinators, early interventionists, evaluation/assessment team members, and other EarlySteps professionals and persons requested by the family. Information, assessments and recommendations from physicians, and other professionals outside of EarlySteps are considered with all other information and clinical opinions. Ultimately, the intensity and frequency of services are based on data-driven decision making based on child and family needs to meet the outcomes set forth in the IFSP. Therefore, it will be crucial that teams identify and write appropriate and relevant outcomes and objectively monitor progress for each.

Intensity/frequency recommendations also must consider the total hours per week that a child and family participate in activities, which in and of themselves provide opportunities for active engagement and learning (e.g. peer play groups, family recreation).



Quick Facts

Audiology Services

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a “disability and as requested by the family, the needs of the family to assist in the child’s development as identified by the IFSP team.

Audiology Services are defined as: services to identify children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;

- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibro-tactile devices, and evaluating the effectiveness of those devices.

What is the general role of an audiologist in EarlySteps?

- Consulting with the IFSP team through team meetings: families, service providers, and community agencies to assure effective provision of services and hearing needs
- Training parents, service providers, and caregivers regarding the child’s hearing status and recommended interventions
- Assisting with assistive technology devices, such as hearing aids
- Participating in the multidisciplinary team assessment of a child and his/her family and in the development of integrated goals and outcomes
- Conducting hearing screening and assessments and interpreting results to families/providers

What do audiology services in EarlySteps include?

- Identifying information about the child’s hearing, including type and degree of hearing loss, to the extent possible, for the child’s age
- Communicating to family members hearing test results to ensure that the parent understands the implications of the findings for speech/language development and educational needs
- Making appropriate recommendations for audiological management of the child based on the test results. This may include referral for medical assessment, referral for advanced testing, such as Auditory Brainstem Response (ABR) testing or recommendations for amplification.
- Selecting, fitting, and dispensing hearing aids or FM systems, maintaining properly fitting ear molds, and making adjustments in amplification as needed
- Supporting family and caregivers in use and care for hearing aids
- Providing information to parents about communications options available for a child, who are deaf or hard of hearing
- Working with other professionals to assure an understanding of the hearing loss and related issues

How does IFSP team decide if an audiology service is medical or developmental?

The IFSP team should first determine the purpose of the audiology service: who recommended the service and why was the service recommended. If the service is purely medical, it is not the responsibility of EarlySteps to provide the service, e.g., treatment for otitis media, surgery for cochlear implantation. The IFSP team must have determined and documented that the service or device is required to enable the child to benefit from full participation in the natural environment. If a child has had a complete audiological evaluation or newborn hearing screening prior to referral to EarlySteps, the Intake Coordinator at the SPOE should obtain parental permission to obtain all of those records prior to developing an IFSP, and in order to determine if there is a need for further audiological testing. An updated hearing screening or audiological evaluation is scheduled as part of a child’s age 3 transition.

What are some examples of appropriate audiology services in EarlySteps?

- Consulting with the IFSP team to explain hearing test results, implications and recommendations
- Providing an ABR or other diagnostic tests, if necessary
- Providing ATDs, such as hearing aids/FM systems, if recommended by the IFSP team
- Diagnosing the hearing status and fitting the appropriate ATD, training the family or other caregivers use of amplification or developmental auditory training with the child and family
- Consulting or training childcare workers, IFSP team members about hearing loss and implications for child development or how to maximize use of amplification

Who can provide audiology services?

An enrolled audiologist, who holds a current license in Audiology from the Louisiana Board of Examiners in Speech Pathology and Audiology (LBESPA) is eligible. Those who dispense hearing aids must also have a current license, which includes hearing aid dispensing. An EarlySteps enrolled Louisiana licensed audiologist must supervise audiologists with a provisional license, in accordance with current rules and regulations for supervision published by the LBESPA. The audiologist should have experience testing and working with infants and toddlers.

How is an audiologist reimbursed for hearing aids?

Hearing aids are billed by the provider and reimbursed according to the current Medicaid/EarlySteps rate. For the child enrolled in Medicaid and when the Medicaid Durable Medical Equipment (DME) program covers the hearing aids, the provider must arrange for and bill Medicaid for the device using their Medicaid DME number.

When hearing aids are not covered through the Medicaid DME program, hearing aids are billed through the CFO. Hearing aids are reimbursed according to current Medicaid approved rates. Parents may also choose to have the hearing aids covered through private insurance, if available. Act 816 of 2001 mandates hearing aid benefits for children covered by a Louisiana based insurance company at a maximum amount per ear. Each parent should check with their insurance provider.

Central Office must pre-approve any assistive technology items costing more than \$500. When \$500 or more per item of Part C federal or state funds are used toward the purchase of equipment and/or ATD, the equipment/devices are considered to be state property. Parents must be informed of this requirement.

Is a physician's order required for audiology services in EarlySteps?

The practice act for audiologists in Louisiana does not require a physician's order for services, but it is a federal requirement to require a physician's clearance prior to fitting a hearing aid on a child. It is the responsibility of the audiologist to obtain the physician's clearance for the hearing aid. The audiologist should maintain written documentation of medical clearance in the child's record.

If the family chooses to utilize insurance reimbursement for audiology services other than hearing aids, as a part of the "family cost participation", it is the responsibility of the family to obtain the physician referral/physician's order. The audiologist may assist the family by contacting the physician for the family.

What about audiology services in the natural environment?

Part C regulations state that services are to be provided in the natural environment, which includes the home and community settings that are natural and normal for the child's same-age peers who do not have a disability. In some cases, audiological testing services can be done in the natural setting and in other cases testing may need to be done in a facility with a sound-treated room. For example, many objective measures such as ABR and OAE can be done in the home or childcare settings. Additionally, training family and caregivers on use of amplification are best done in the natural environment. Reimbursement rates are based on the setting in which the service occurred.

How are audiology services reimbursed by EarlySteps?

Audiologists will bill for services to Medicaid's fiscal intermediary or to the EarlySteps CFO. Under EarlySteps, audiology services are those that meet the child's developmental needs. Codes for medical procedures (CPT) are used in billing only to document the procedures performed and for reimbursement. In EarlySteps, an audiologist may bill for activities based on the time required to do test procedures and for activities not reimbursed in other settings, such as parent training, consultation and team meetings. These activities must be included on the IFSP in order to be eligible for payment by EarlySteps.

Website: Louisiana Board of Examiners in Speech-Language Pathology and Audiology: www.lbespa.org



DEC Recommended Practice Topic Area-Environment 5: Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.



Quick Facts Counseling Services

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability. Services are designed to enhance the family's capacity to respond to their child's developmental needs and as identified by the Individualized Family Services Plan.

Counseling services are defined as: services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

General role of a counselor in EarlySteps:

- Consulting with parents to assist with his/her understanding of the child's special needs in order to enhance the child's development;
- Training parents and other caregivers to cope with stressors that pertain to the child's special needs;
- Training parents and other caregivers regarding understanding the child's special needs in order to enhance the child's development;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP; and,
- Conducting comprehensive observational assessments.

What do counseling services in EarlySteps include?

Counseling services are defined as services provided to assist the family of the child in understanding the special needs of the child in order to facilitate and enhance the child's development. (Psychologists and Social Workers may provide counseling as defined by state licensing requirements and Part C.) This Quick Fact addresses counseling provided by Licensed Counselors only.

Who can provide EarlySteps Counseling Services?

An individual, who hold a Master's Degree in either Counseling or Marriage and Family Counseling and is licensed by the State of Louisiana as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapy (LMFT), may enroll in EarlySteps. An individual, who is a counselor in a school setting, may enroll if they have a Master's Degree in School Counseling, hold a Louisiana Board of Education certification as a counselor in a school setting or Professional Counselor in a School Setting and are employed by a local education agency.

Examples of appropriate counseling services in Early Steps:

- Consulting with parents and other service providers concerning the child's special needs
- Family counseling to help the family respond appropriately to the child's developmental needs
- Counseling with parents to address adjustment and/or attachment issues of a child with a disability
- Assessing the parent's understanding of his/her child's special needs

What Early Steps services can a counselor perform?

- Attend IFSP team meetings
- Conduct an eligibility evaluation upon meeting system requirements
- Provide ongoing services as listed on the IFSP

What counseling services does Early Steps not include?

Counseling to address family separation, divorce, or custody is not provided by EarlySteps nor is long-term family counseling to address multiple issues. Family counseling must focus on assisting families in understanding the special needs of the child or enhance the family's capacity to respond to their child's developmental needs.

Should non-EarlySteps counseling services be listed on the IFSP?

Yes. Counseling services that affect family functioning that are not provided by EarlySteps should be listed on the "Other Services" section of the IFSP.

Should a counselor attend the IFSP meeting?

- As a team member, the counselor provider attend IFSP team meetings
- A counselor may also attend an IFSP team meetings to give information on the child's "other services," when invited to participate.(There is no EarlySteps reimbursement for this service.)

Must counseling services be provided in the natural environment?

Part C regulations state that services are to be provided in the natural environment, which includes the home and community settings that are natural and normal for the child's same-age peers who have no disability. Early intervention services that are provided to the parent only (child is not present) may be provided in settings outside of the natural environment. However, if the counseling service includes the child, the service must be provided in the natural environment. If the child is present and counseling services cannot be provided in the natural environment, a justification must be provided in the IFSP. Reimbursement rates are based on the setting in which the service occurred.

Is a physician's order required for counseling services in EarlySteps?

A physician's order for counseling services may not be necessary for EarlySteps services, unless required by the professional association which licenses counselors. However, a physician's order may be required if the family chooses to utilize their private insurance as a part of the "family cost participation." If the family chooses to utilize insurance for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The counselor may also assist the family by contacting the physician for the family.

Website: Louisiana Licenced Professional Counselors Board of Examiners: <http://www.lpcboard.org/>



Quick Facts

Developmental & Medical Services in Part C

Part C early intervention services are defined as those services that are designed to meet the developmental needs of an infant or toddler with a disability and to assist the family in meeting the developmental needs of their child. Early intervention is a system of comprehensive services that are to enhance development, reduce educational costs to society, and enhance the family's capacity to meet the needs of their infant or toddler with disabilities.

Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

Does Part C provide medical services?

Part C has three services that most people think of as medical services: medical services, health services, and nursing services. However, Part C's definitions of these services limit how these services are used within the Part C early intervention system. The definitions are listed below:

Medical services are defined as ... "those services that are only for diagnostic or evaluation (eligibility) purposes provided by a licensed physician to determine a child's developmental status and need for early intervention services."

Health Services are defined as ... "services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. The term includes:

- a) services such as clean intermittent catheterization, tracheotomy 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.

Nursing Services include:

- a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- b) provision of nursing care to prevent health problems, to restore or improve functioning, and to promote optimal health and development; and,
- c) administration of medications, treatments and regimens prescribed by a licensed physician.

How does an IFSP team decide if a service is medical or developmental?

The IFSP team should first determine the purpose of the service: Who recommended it (Did it come from a physician)? Why did the physician recommend the service? Was the child hospitalized when the recommendation was issued? What does the service entail (sedation, pain, constant medical supervision or monitoring)? Does the child have a medical condition that requires follow-up? Is the purpose of the service to keep the child alive?

The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes; does it fit within the strategies that the team identified?

Are medical services listed on the IFSP?

Yes, medical services that meet the EarlySteps definition are included on the IFSP. Medical services that are not the responsibility of Part C are listed on the "Other Services" section of the IFSP. These services may include 24 hour nursing care, home health nursing, personal care services, medical testing, medical follow-up, and routine medical care.

Does Part C, as part of rehabilitation, provide therapies after surgery?

No. The purpose of Part C services is to promote overall functioning in everyday settings. Short-term therapy needed after surgery is a medical service. (The service would not be needed had the child not required surgery.)

What medical services are not included in EarlySteps?

Those services that are:

- a) surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- b) *purely medical in nature (such as hospitalization for management of congenital heart ailments, nursing care for ongoing medical conditions, or the prescribing of drugs for any purpose);*
- c) devices necessary to control or treat a medical condition (catheters, syringes, feeding tubes, apnea monitors, etc.); or,
- d) medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.

Are home health services the same as Part C services?

No. Home health services are governed by Medicaid, medical necessity, and state rules. These services are prescribed by a physician for the treatment of medical conditions and are provided through a medical plan of care. Home health agencies must be licensed by the state.

While home health services are provided in the child’s home, Part C and Home Health are not synonymous. Part C services are designed by the IFSP team, which may or may not include a physician as an active member. The team identifies any necessary early intervention service needed to achieve the IFSP outcomes. Physician’s orders or prescriptions are generally not necessary to implement the IFSP, according to discipline specific licensing requirements. The required reviews of the IFSP are governed by the needs of the child and federal regulations and are different than the regularly scheduled home health plan of care review.

A Home health provider, who meets the Part C personnel standards, may enroll as Part C early intervention service provider.

Does Part C pay for Neonatal Intensive Care Follow-up Evaluations?

No. Most Neonatal Intensive Care units (NICU) conduct regularly scheduled developmental evaluations to track the developmental status of the child. The reasons are usually two-fold—one, to track developmental needs and recommend medical services that the child may require and two, to track developmental status for a variety of research efforts.

Part C only pays for those assessments that are identified as necessary for eligibility determination and for IFSP planning/implementation and progress monitoring. Once a child is receiving Part C services, the ongoing early intervention provider is expected to implement ongoing assessment techniques so that program planning can occur and progress can be reported. This ongoing assessment may be a formal instrument that the provider uses or can be informal checklists, observations, and etc.



Quick Facts Dietician Services

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and “are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.”

Nutrition services in EarlySteps include:

- conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables, feeding skills and feeding problems and food habits and food preferences,
- Developing and monitoring appropriate plans to address the nutritional needs of EarlySteps children
- Making referrals to appropriate community resources to carry out nutrition goals

General role of a registered dietitians in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services addressing food and nutrition needs;
- Training parents and other caregivers regarding their child’s growth and development, including nutritional risk factors associated with medical conditions, dietary needs associated with increase energy and nutrient needs, barriers to meeting nutritional needs which impact development. Dietary treatment to support a family’s needs specific to an established medical condition, use of medications, feeding problems and delays in development of feeding skills.
- Participating in the multidisciplinary team’s assessment of a child and a child’s family, and in the development of integrated goals and outcomes for the IFSP which address feeding and nutrition needs and the impact of other services on nutrition needs.

What do **dietician services** in EarlySteps include?

Dietician services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. Dietician services include:

- Conducting individual assessments in:
 - Nutritional history and dietary intake;
 - Anthropometrics, biochemical and clinical variables;
 - Feeding skills and feeding problems; and,
 - Food habits and food preferences
- Developing and monitoring appropriate plans to address the nutritional needs of children eligible based on assessment findings; and
- Making referrals to appropriate community resources to carry out nutritional goals.

How does an IFSP team decide if a registered dietitian service is medical or developmental?

The IFSP team should first determine the purpose of the service. If the service is purely medical, it is not an EarlySteps dietician service. The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes? Does it fit the strategies that the team identified?

Examples of appropriate registered dietitian services in EarlySteps:

- Conducting a nutritional assessment on a premature infant to provide input to the IFSP team.
- Participating on an IFSP team to explain child’s feeding/dietary issues to assist with IFSP development.
- Training child care providers on feeding a child with a cleft palate.

- Consultation with caregivers of a child with failure to thrive on ways to increase calories.
- Training the mother of a very low birth weight infant born prematurely on how to supplement formula to provide more calories.
- Informing and linking parent to community nutritional resources, such as Women, Infants and Children program (WIC), Commodity & Supplemental Food Programs and Emergency Food for Families.
- Training childcare staff on diet protocol for a child on a ketogenic diet.

What are the qualifications for a dietitian to participate in EarlySteps?

A Bachelor's Degree in Dietetics or Nutrition with internship and a license by the Louisiana Board of Examiners in Dietetics and Nutrition.

What EarlySteps services can a dietitian enroll to perform?

- Attend IFSP team meetings
- Provide assessment/evaluation
- Provide ongoing services as listed on the IFSP
- Consultation to the IFSP team

What dietitian services does EarlySteps not provide?

EarlySteps does not provide dietetic services for ongoing medical conditions.

Examples:

- Calculating and monitoring of medically prescribed diets
- Monitoring of weight
- Monitoring enteral/parenteral feedings

Should *non-EarlySteps* nutrition/feeding issues be listed on the IFSP?

Yes. Dietetic/nutrition services that are not the responsibility of EarlySteps to provide are listed in the "Other Services" section of the IFSP. These typically include medically prescribed diets as ordered by a physician to meet the medical needs of the child. In addition, children who receive WIC services, have nutrition consults at least once a year or more often based on need. The WIC nutritionist can provide information to assist with program planning for the IFSP. Some children see a nutritionist as part of Children's Special Health Services medical clinics. The nutritionist who works with CSHS can also assist the IFSP team in addressing outcomes. Both of these are also referral sources for family service coordinators and listed as "other services" on the IFSP.

Should a registered dietitian attend the IFSP meeting?

- As an IFSP team member, a dietitian attends IFSP meetings
- A dietitian may attend IFSP team meetings to give information on the child's "other services," when invited to participate. (There is no EarlySteps reimbursement for this service.)
- A dietitian does not have to be present at an IFSP meeting for dietetic services to be included on the IFSP, but it is best practice to attend.

Is a physician's order required for dietitian services in EarlySteps?

A physician's order for dietitian services may not be necessary for EarlySteps services. However, a physician's order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation" or if required according to state licensing requirements. If the family chooses to utilize insurance for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The dietitian should assist the family by providing necessary information that will facilitate securing the referral/physician's order. The dietitian may also assist the family by contacting the physician for the family.

Website: www.lbedn.org



Quick Facts Eligibility Criteria

Who is eligible for early intervention services?

A child birth to three is eligible for EarlySteps services if he/she meets the eligibility criteria. The 2 criteria categories for eligibility are:

1. Diagnosed Medical Condition
2. Developmental Delay

What medical conditions meet Louisiana's definition of "diagnosed medical condition"?

EarlySteps has a list of medical conditions having a high probability of resulting in a developmental delay or developmental disability. This list can be found on the EarlySteps website below or in the EarlySteps Practice Manual Chapter. Confirmation of medical diagnosis must come from documented medical information that confirms the medical diagnosis by the appropriate professional qualified to make such diagnosis.

What type of developmental delay meets the EarlySteps eligibility requirements?

Louisiana has adopted a rigorous definition of developmental delay in order to appropriately identify infants and toddlers with disabilities that are in need of services. To be eligible, the child must exhibit a developmental delay that meets or exceeds the criteria stated below. Children who are at risk for developmental delay due to environmental or other factors and do not exhibit a developmental delay that meets or exceeds the criteria stated below are not eligible for EarlySteps services.

Louisiana's definition of developmental delay for eligibility for EarlySteps services is:

Developmental delay of at least 1.5 standard deviations (SD) below the mean in two areas of development

- Cognitive development
- Physical development
- Communication development
- Social or emotional development
- Adaptive skills (also known as self-help or daily living skills)

Once a child has been determined eligible, is eligibility continuous until the child's third birthday?

No. Eligibility is determined annually.

Why is eligibility re-determined every year?

- Child and family outcomes are met services are no longer required.
- A child may no longer meet the developmental or established medical eligibility criteria. If a child is found to no longer meet the eligibility criteria, the family is given information regarding community resources.

Who determines eligibility?

A team determines eligibility in EarlySteps. Required members of the eligibility team include:

- Parent or parents of the child
- Other family members, as requested by the family
- An advocate or person outside of the family, if requested by the parent
- Intake Coordinator (initial eligibility) or Family Support Coordinator (annual re-determination)

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- The provider who conducted the assessment/evaluation developmental testing
- IFSP discipline-specific service team members

How is the eligibility team selected?

In selecting the eligibility team, the Intake Coordinator/Family Service Coordinator (IC/FSC) reviews the primary concerns of the family. The IC/FSC then assists the family in using the Service Matrix to select an individual provider for team membership. The parent signs a release for each of the team member for the sharing of information essential to the eligibility determination process. Once the family has chosen each eligibility team member, the IC/FSC processes any necessary authorizations through the System Point of Entry for the services rendered by those early interventionists.

What are the methods by which an EarlySteps enrolled provider may participate in EarlySteps eligibility team meetings?

EarlySteps providers may participate in the eligibility determination process in person, virtually, by telephone, by report or by a representative. Only those qualified early interventionists who, actually, attend (in person or virtually) the meeting may bill for the eligibility team meeting. In order to bill for an eligibility team meeting, the provider must be enrolled in the EarlySteps system.

What information is reviewed by the eligibility determination team?

Eligibility determination is made by a multidisciplinary team. The team reviews:

- Relevant medical information. This may include health history, health summary, medical records or other medical information.
- Parent input/family assessment
- Developmental screening conducted at intake
- Developmental Assessment in all 5 developmental domains
- Early interventionist service data—assessment, contact notes, progress reports
- The IFSP Team Decisions Process

What developmental assessment instruments are used in eligibility evaluations?

EarlySteps requires a statewide assessment tool for all eligibility evaluations. Since 2007, the tool has been the Battelle Developmental Inventory, 2nd edition.

What happens if the state-required assessment tool does not yield results that reflect child developmental needs?

The Informed Clinical Opinion process that may be used when the child has developmental needs that are not reflected by the BDI. There are 2 categories that may be used for Informed Clinical Opinion:

- **Developmental Delay:** Used when a child requires such significant adaptation to perform on a standardized instrument for which the results would be invalid or to assess development in areas not measured by the BDI.
- **Atypical Behavior:** Used when the child exhibits atypical behavior that cannot be measured by a standardized test and where a diagnosis has not been made that would establish medical eligibility. Atypical behaviors include:
 - **Abnormal sensory-motor responses, including:**
 - Abnormal tone
 - Limitations in joint range of motion
 - Abnormal reflexes or postural reactions
 - Oral-motor skills dysfunction, including feeding difficulties
 - **Affective or social disorders, including:**
 - Persistent failure to initiate or respond to most social interactions
 - Persistent fearfulness that does not respond to comforting by caregivers
 - Self-injurious or extremely aggressive behaviors
 - Extreme withdrawal
 - Unusual and persistent patterns of chronic sleep disturbances
 - Significant regressions in functioning
 - Inability to communicate emotional needs

What is the process once a child is determined to be eligible?

Once eligibility has been determined, the team prioritizes family concerns and priorities and completes the development of the IFSP.

What is the process if a child is determined to be ineligible?

The procedural safeguards are reviewed with the parent. The IC/FSC assists the parent in accessing other services by making referrals and giving the parent information on any community resources. If the family disagrees with the eligibility decision then procedural safeguards process is implemented.



Quick Facts The IFSP

What is an IFSP?

IFSP stands for an Individualized Family Service Plan. Part C regulations define the IFSP as: “a written plan for providing early intervention services to a child eligible under this part (Part C) and the child’s family.”

The written plan is the documentation of a team discussion and synthesis of information about the child and family. Early intervention services are those services that are designed to meet the developmental needs of an infant or toddler with a disability in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development or adaptive development. EarlySteps uses a standard form that contains all required IFSP elements.

Who develops the initial IFSP?

The initial IFSP team includes:

- The parent/parents of the child
- Other family members as requested by the parent
- An advocate or person outside the family, if the parent requests that person to participate
- The Intake Coordinator
- The Family Service Coordinator responsible for ongoing implementation the IFSP
- The eligibility evaluator
- Early intervention service providers as appropriate

How are team members notified of the meeting?

The intake or family service coordinator must send all team members a notice of the meeting at least 5 calendar days in advance of the meeting. The Team Meeting Notice form is used for this notification.

How are early intervention services determined?

The IFSP team discusses the information about the child’s abilities and the family’s concerns, priorities, and resources. Once outcomes are developed, the team discusses strategies that might be used to achieve those outcomes and the variety of resources available. The final determinations of which early intervention services will be provided are a result of this discussion. The IFSP team also must determine the intensity, frequency, and duration of the early intervention services selected.

How are providers for early intervention services selected?

After the initial IFSP is developed, the Intake Coordinator assists the family to select providers using Service Matrix. The Service Matrix is an on-line directory of Part C providers. The family selects providers by reviewing the description and checking availability. The family lets the Intake Coordinator know who has been selected and then the Intake Coordinator helps the family link with those providers. The Family Service Coordinator assists the family with the provider selection process when necessary for the implementation of the review or annual IFSP.

When are IFSPs reviewed?

IFSPs must be reviewed at least every 6 months or more frequently if circumstances require it. The purpose of the review is to assess progress toward the achievement of the outcomes and whether modifications or revisions are needed. IFSPs must be evaluated on an annual basis to review/revise its provisions as appropriate.

The only difference between the Initial IFSP team and the Annual IFSP team is that the intake coordinator from the System Point of Entry does not participate. Otherwise, the team composition is the same.

Who can change the IFSP?

Any member of the IFSP team may request a review or meeting. Changes that may affect an outcome (adding or deleting), the provision of an early intervention service (changing the frequency, intensity, and method, adding a

service, and/or terminating a service), and the location of a service (from a natural environment to a special purpose setting or vice versa) requires a meeting. Only the IFSP team can make these changes. Quarterly team meetings are ideal for any discussions regarding service decisions. Team meetings are conducted face-to-face or virtually.

Are there a minimum number of services a child must receive?

According to IDEA, Part C, each eligible child is to have an IFSP and service coordination. The service coordinator has the responsibility to coordinate and implement the provisions of the IFSP. There could be situations where a child is receiving only “other services”—those services that are not funded through Part C but are necessary for the child and family. The IFSP would then reflect outcomes related to the coordination of those other services and service coordination would be the only Part C early intervention service listed in the early intervention services section of the IFSP. It is the responsibility of the FSC to ensure that services are provided according to the IFSP and within 30 days of parent consent.

Who gets copies of the IFSP?

The Intake Coordinator and Family Service Coordinator are responsible for ensuring all IFSP team members, including the family, receive a copy of the IFSP and by uploading it in EarlySteps Online. The original IFSP is sent to the System Point of Entry for filing in the early intervention record.

Who takes the minutes of the IFSP meeting?

The Intake or Family Service Coordinator is responsible for ensuring that team meeting minutes are recorded and filed in their clinical record/uploaded. Another team member may volunteer to write the minutes and document the start and end time. Signatures, including electronic, of those present for the meetings are required as verification of attendance for reimbursement.

Who signs the IFSP?

The parent or guardian responsible for educational decisions must sign the IFSP. This serves as the consent for the provision of early intervention services. The listing of IFSP meeting participants in Section 9 is a listing of contributors and does not require signatures.



Quick Facts

Local Education Agencies, Local Governing Entities, and Transition

Interagency Agreements

The Louisiana Department of Health (LDH) and the Louisiana Department of Education (LDE) have an interagency agreement to establish and confirm the agreed upon obligations, responsibilities and timelines essential to ensure a coordinated system of early intervention services as required by IDEA, Part C. The goals of the agreement are to:

- Ensure that there is no unnecessary interruption to location and identification of potentially eligible children;
- Ensure that there is no unnecessary interruption to the development and implementation of Individualized Family Service Plans (IFSPs) for eligible children and their families;
- Ensure that all stakeholders have timely, accurate and meaningful information regarding the Part C system;
- Ensure that all appropriate and available resources are identified and utilized in the Part C system; and;
- Ensure that there is a mechanism for the swift identification and resolution of problems and issues.
- Ensure that children eligible for Part B services provided by the Department of Education transition and have an Individualized Education Plan in place by age 3.

What EarlySteps Services Can an LEA Provide while a child is in EarlySteps?

- Referring children who may be eligible for Part C to the appropriate EarlySteps System Point of Entry (SPOE) office;
- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services; and
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP and the IEP at age 3.

LEA providers can provide any of the 16 Part C services as long as:

- LEA personnel meet Early Steps personnel standards, and
- LEA personnel enroll with the Early Steps Central Finance Office (CFO) as a provider.

Funding of Early Steps Services Provided by LEAs

- LEAs receive Minimum Foundation Program (MFP) funds for providing Special Instruction for children from birth to age 3 years. Therefore, LEAs cannot bill or request funds from LDH for Special Instruction provided by the LEA.
- LEAs providing Special Instruction must enroll with the EarlySteps CFO and receive a service authorization for Special Instruction and must submit claims to the CFO for all Special Instruction services provided according to the IFSP and the service authorization.
- LEAs with staff/contractors that provide any of the other Part C services and/or evaluation, assessment and team meetings and want to obtain reimbursement from EarlySteps must enroll with the CFO. Before services are provided, LEAs will receive an authorization from the CFO. Payment will be made to the LEA upon receipt of the completed service invoice.
- It is critical for LEAs who enroll with the CFO to continuously update their availability and status on the Service Matrix. Family Service Coordinators will not be able to make referrals to LEAs for services if the Service Matrix information is not kept current.

Transition from Early Steps/IDEA Part C to Part B

- EarlySteps provides notification to the Louisiana Department of Education regarding children who may be eligible for Part B services at age 3 by submitting a list of those children between the ages of 2 years, 2 months of age to 3 years each month. The LDE disaggregates and provides the LEAs of each potentially eligible child in each LEA.
- LDH will notify LEAs of individual children transitioning from Part C when the child is 2 years, 2 months of age through 2 years, 9 months of age. If a child is initially referred to Part C after the age of 2 years, 9 months, the LEA will be notified as part of the Part C intake process and the eligibility/IDEA meeting will also be a transition meeting.
- LDH will ensure that between the ages of 2 years, 3 months and 2 years, 9 months, the Early Steps Family Service Coordinator (FSC) convenes a transition conference to discuss the transition process with the parents and other team members in order to develop a transition plan. LEA personnel must be invited to participate in this meeting. If the parents agree to eligibility determination for Part B, the Early Steps FSC shall obtain permission to release information to the LEA at this meeting so that pertinent information contained in the child's early intervention record can be provided to the LEA.
- The transition conference date is documented on the IFSP Transition page and in EarlySteps Online.

Child Find

- According to IDEA, LEAs are responsible for identifying children who may be eligible for services from birth to age 21 years.
- LDH and DOE will continue to work cooperatively in Child Find efforts state wide. LEAs and local EarlySteps personnel collaborate on Child Find efforts in each parish and community.
- LEAs are required to refer infants and toddlers who may be eligible for EarlySteps services within 2 days.
- LDH will provide appropriate data about Child Find to LEAs for Part B reporting.

Resolution of Problems

- LEAs should discuss or refer any issues or problems related to Part C with their Regional Early Steps Coordinator.

Transition to the LDH/OCDD Developmental Disability service system

The Office for Citizens with Developmental Disabilities (OCDD) is responsible for programmatic oversight of the DD Service System as implemented by the regional Human Service Districts/Authorities or LGEs in 10 regions of the state. To be eligible for these services a child is referred to the LGE at 2 years, 6 months of age and undergoes eligibility determination resulting in a Statement of Approval or a Statement of Denial of eligibility by the child's third birthday. To support this transition:

- Families are provided information, encouragement to refer, and are asked at intake and at any IFSP review or annual team meeting about their preference for referral to the DD system by the child's third birthday.
- The IC/FSC ensures that the decision is documented on the IFSP Transition page and updated in EarlySteps Online.
- Notice of the IFSP Transition Conference is sent to the LGE contact if the family wants to be referred to LGE system entry.
- A list of children ages 2 year, 6 months is sent to each LGE when families indicate their preference for the referral.



Quick Facts Natural Environments

The Individuals with Disabilities Education Act, Part C, states that: “To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings in which children without disabilities and their families participate.” Natural environments are settings that are natural or normal for the child’s age peers who have no disability and may include the home. Simply put, natural environments are the settings where families and children work, learn, and play.

This requirement of the law represents the philosophy in the field of early intervention that focuses on the acquisition of developmental skills that can be practiced throughout the day during typical routines of the child and family. It also reflects that inclusion in the community begins very early in the life of a child with disabilities and their family. Additionally, this approach to early intervention is consistent with child development. That is, that infants and toddlers learn through repeated practice and use of the skills required to function in the daily life. Learning occurs within the context of the environment. Early intervention that accounts for this concept supports the family’s ability to meet the developmental needs of their child, a focus of early intervention.

Natural environments are settings such as the home, child care centers, community playgrounds, libraries, recreation centers, grocery stores, parks, restaurants, etc.—research has identified over 250 typical family routines, settings, and activities that provide rich learning opportunities for infants and toddlers. Clinics, hospitals, therapist’s offices, rehabilitation centers and segregated centers are not considered to be natural environments according to the definition.

What does research indicate about providing early intervention in natural environments?

Intervention that is embedded within the routines of the family’s typical activities or routines promotes positive long-term outcomes for the child and family (Dunst, Herter, & Sheilds, 2000). Hanft and Feinberg (1997) cite studies that concluded that “intervention to improve specific motor or communication skills without attention to the generalization in daily life skills is ineffective”. Child-initiated instruction, activity-based approaches, and integrated interventions are as effective as or more effective than adult-initiated instruction, directive approaches, and pull-out therapy (Sheldon and Rush, 2001). Further, Hanft and Feinberg (1997) found evidence that parent involvement in intervention is a strong predictor of child outcomes. Typically developing children, disadvantaged children, and those with diagnosed conditions increased developmental skill acquisition when early intervention was provided in the home setting (Sheldon and Rush, 2001).

Inclusive settings result in: 1) improved quality of care for all children, 2) more numbers and variety of learning opportunities, and 3) readily available peer models (Sheldon and Rush, 2001).

Traditional services	Look like this in natural environments...
Child receives speech pathology services in a sound proof booth.	An auditory trainer is used at the childcare center with a child who has a hearing impairment. The speech pathologist works with the childcare provider to show her how to use the trainer and how to interact with the child for maximum communication.
The OT works with a toddler to climb a 3-step climber in the therapy room.	The OT works with the parent and child to climb the steps leading into the house.
The Special Instructor consults with an OT who recommends that an adaptive high chair be purchased.	The Special Instructor shows the childcare provider how to use a roll of material taped to a highchair tray to keep toys from falling off as the child practices reaching and grabbing.

Will children make better progress in settings with specialized equipment?

Some providers believe that intervention is more meaningful when in a clinic setting that has state-of-art equipment and few distractions. Research does not support that belief. Infants and toddlers with disabilities often have problems generalizing skills in different settings or situations. Using the toys and props that are found in the real life environments provide more opportunities for use, practice, and generalization of skills.

Is EarlySteps promoting that parents be therapists?

Parents do not want to be therapists nor do they want to arrange their lives to incorporate time to conduct “sessions” with their child. Early intervention should be helpful to families—not burdensome. Embedding intervention into the activities that parents do every day is not intrusive. This type of service delivery supports enhanced relationships between provider and parent and child. Early intervention providers have the knowledge and skills to show parents and other caregivers what to do to promote the child’s development. Examples of this include:

- A special instructor shows the parent how to present a toy so that the baby lifts his head
- An OT observes bath time and consults with the parent on how to position the child
- A speech pathologist observes interactions between caregiver and child to help the caregiver recognize communication cues from the baby
- The special instructor models stimulating language at the grocery store while the parent and child do the weekly shopping
- The PT meets the parents at the playground and demonstrates how to position the child on the swing and merry-go-round

Don’t parents prefer services in clinic settings? What about parent choice?

Research does not support the statement that parents prefer clinic settings. Findings show that home-based services are preferred by more parents than clinic-based services. Care providers want information that helps the child participate in the family and community (Sheldon & Rush, 2001). Parents have choices within the EarlySteps system but must make choices that are in compliance with the law. Parents may choose to supplement IFSP services with clinic services at their expense or to not participate in EarlySteps.

Can children enrolled in EarlySteps be served in a special purpose clinic?

IDEA, Part C provides that an early intervention service “...occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” The IFSP team must review the on-going assessment information and identify strategies that may increase progress towards the outcome. Moving to a more restrictive setting should be considered only after other intervention strategies have been tried and should only be done for a short period of time. Also, the IFSP team must have a plan to transition the child back into the natural environment for services.

Can a provider who serves only in a clinic setting enroll with the CFO?

Yes, but the provider needs to understand that there will be very few referrals from EarlySteps. The majority of children served in EarlySteps will be served in natural environments.

References:

Sheldon, ML & Rush, DD (2001). “The ten myths about providing early intervention services in natural environments” in *Infants and Young Children*; 14(1): 1-13.

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Quick Facts Nursing Services

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Nursing Services in EarlySteps are to:

- Assessment of health status the purpose of providing nursing care including the identification of patterns of human response to actual or potential health problems
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development

General role of nurses in Early Steps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services given a child's health status;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What do nursing services in EarlySteps include?

Nursing services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. Nursing services include:

- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and
- Provision of health services "necessary to enable a child to benefit from the other early intervention services," **during the time that the child is receiving other EarlySteps services**. The term includes services such as administration of medications, treatments and regimens prescribed by a licensed physician, clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.

How do IFSP teams decide if a nursing service is medical or developmental?

IFSP teams should first determine what is the purpose of the service. If the service is purely medical, it is not an Early Steps nursing service **unless** the service is necessary to enable a child to benefit from the other early intervention services **during** the time that the child is receiving other EarlySteps services. The team also needs to determine how the service is related to the IFSP outcomes. Does it fit with the IFSP outcomes? Does it fit the strategies that the team identified? **EarlySteps nursing services are typically short/intermittent in duration and directed at teaching a caregiver how to provide optimal care.**

Examples of appropriate nursing services in EarlySteps:

Assessing the dressing and other self-help skills of a child with spina bifida to assist in the development of the IFSP.

Training child care providers on feeding a child with a cleft palate.

Providing consultation with a child care facility to address accessibility for a child with cerebral palsy using a walker.

Providing health services, such as suctioning, during an EarlySteps intervention program to permit participation.

Training the mother of a very low birth weight infant born prematurely on feeding strategies.

Training a child care provider on oxygen management for an infant with bronchopulmonary dysplasia so that the child can participate in Early Steps services.

Participating on an IFSP team to explain child's medical or mental health condition to assist with IFSP development.

What EarlySteps services can nurses enroll to perform?

- Attend IFSP team meetings
- Provide health assessment/evaluation
- Provide consultation to the IFSP team
- Provide ongoing services as listed on the IFSP

What nursing services does EarlySteps not provide?

EarlySteps does not provide nursing services for ongoing medical conditions, such as those provided through home health.

Examples:

- Short or long-term health care for a child after a surgery
- Ongoing health assessments of a child after discharge from a NICU
- Health care of a child with a fragile medical condition
- Weight monitoring
- Extended hours nursing
- Home Health Nursing Services

Should non-EarlySteps nursing care be listed on the IFSP?

Yes. Nursing services that are not the responsibility of Early Steps to provide are listed in the “Other Services” section of the IFSP. These typically include nursing care as ordered by a physician to meet the medical needs of the child.

Should nurses attend the IFSP meeting?

- RNs, as any early interventionist on the IFSP attend IFSP meetings when providing EarlySteps services. It is not appropriate for an
- RNs and LPNs may attend IFSP team meetings to give information on the child’s “other services,” when invited to participate. There is no EarlySteps reimbursement for this service.
- A nurse does not have to be present at an IFSP meeting for nursing services to be included on the IFSP.

What does “direct supervision” mean for nurses in EarlySteps?

- RNs and LPNs must practice within the scope of practice of the Louisiana State Board of Nursing
- RNs must evaluate and assess all EarlySteps outcomes and strategies related to nursing services

Websites for the Practice Acts are listed below:

- Registered Nurse: <http://www.lsbnp.state.la.us/>



Quick Facts Occupational Therapy Services

Early Intervention Services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Occupational therapy includes 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 the child's functional ability to perform tasks in home, school, and community settings, and include—

- (i) Identification, assessment, and intervention;
- (ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

General role of occupational therapists in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of Community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and functional outcomes for the IFSP.

What do occupational therapy services in EarlySteps include?

Occupational therapy services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community and include:

- Identification, assessment and intervention;
- Adaptation of environment, and selection and design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and,
- Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.
- Addressing activities basic to daily life such as self-help skills/adaptive behavior, sensorimotor exploration and play, and postural development
- Consultation with IFSP team members

Non-traditional occupational therapy means the provision of occupational therapy through non-traditional means (e.g., horseback, aquatic therapy) and are not provided by EarlySteps.

How does the IFSP teams decide if a occupational therapy service is medical or developmental?

- A medical service, ordered by a physician, is a service that attempts to enhance the child's physical condition.
- Developmental services to encourage functional skill development.

For example, a child whose hands were severely burned in an accident will need treatment to address contractures stemming from the injury . Post surgical casting and splinting necessary to lessen the contractures are medical treatments, typically provided by a OT. The child may also be eligible for EarlySteps if the eligibility team determines that the child's limited use of his/her hands results in a developmental delay (fine motor and adaptive milestones for dressing self, eating with utensils,manipulating small toys, etc.). In addition to the medical

treatment, the child may also receive early intervention services from an OT to support parents on ways to facilitate the child's use of the hands in daily living routines.

Early intervention services through EarlySteps do not replace needed medical treatment. When children are receiving occupational therapy as a medical treatment and as an early intervention service under EarlySteps, the documentation must clearly show that these are not duplicative services. IFSP teams must first determine the purpose for the recommended service. EarlySteps provides early intervention services that increase the family's capacity to enhance their child's development. The team needs to determine how the service relates to the outcomes identified by the IFSP team. Does the service support the outcome? Can the service be incorporated into the daily routine of the child and family?

Examples of appropriate occupational therapy services in EarlySteps:

- Participating on an IFSP team to explain the child's developmental issues and to assist with IFSP development.
- Training family members on how to work with child to learn to climb the steps in the house.
- Training family members on how to present a toy so that the baby lifts his head.
- Training child care workers on feeding techniques to enhance oral motor skills in a child with oral-motor dysfunction.
- Observing and consulting with parent on how to position the child during bathtime.
- Consulting with team members on recommendations for adapted seating equipment to assist with proper positioning for feeding.
- Training care givers how to swaddle a premature infant to facilitate sleeping.

Who can provide occupational therapy services in EarlySteps?

An Occupational Therapist, who holds a current license from the Louisiana Board of Examiners for Occupational Therapy can enroll in EarlySteps to provide services.

Certified Occupational Therapy Assistants (COTAs), who hold a current license from the Louisiana Board of Examiners of Occupational Therapy, may provide services under the supervision of a licensed OT. The OT supervisor must also be enrolled in EarlySteps.

What EarlySteps services can OTs and COTAs enroll to perform?

- Attend IFSP team meetings (only OTs can participate in IFSP team meetings)
- Conduct eligibility assessment/evaluation (OT only)
- Provide assessment/evaluation (OT only)
- Provide ongoing services as listed on the IFSP

What occupational therapy services does EarlySteps not provide?

EarlySteps does not provide occupational therapy services for ongoing medical conditions.

Examples:

- Short term post-surgery therapy
- Casting to correct a medical condition

Should occupational therapists attend the IFSP meeting?

- Occupational therapists attend team meetings as a member of the IFSP services team.
- Occupational therapists attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- Occupational therapists do not have to be present at an IFSP meeting for occupational therapy services to be included on the IFSP.

Will EarlySteps reimburse occupational therapists for making assistive technology devices?

EarlySteps will pay for assistive technology services and device(s) to support the developmental need of a child. In order for an OT to be reimbursed by EarlySteps for assistive technology device(s): (1) the OT or agency must be enrolled as an EarlySteps Assistive Technology provider, and (2) the assistive technology device(s) must be listed on the IFSP and related to an IFSP outcome. An AT services authorization can be issued when support to evaluate the need/type of device and/or support to families and IFSP team members in the use of the device.

Example appropriate for EarlySteps reimbursement: Hand splint to assist child in fine motor activities

Example not appropriate for EarlySteps reimbursement: Hand splint to provide post-op positioning

Is a physician's order required for OT services in EarlySteps?

The OT Practice Act requires a physician's order or prescription to authorize the services. In addition, a physician order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation". If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The OT should assist the family by providing necessary information that will facilitate the referral/physician's order. The OT may also assist the family by contacting the physician for the family.

Website for the Louisiana Board of Examiners for Occupational Therapy: <https://www.lsbme.louisiana.gov>
The American OT Association has additional information regarding the role of occupational therapists in Early Intervention on their website.



Quick Facts Professional Conduct

Listed below are standards for professional conduct for all EarlySteps' interventionists. All interventionists are expected to maintain professional behavior while representing the EarlySteps system. EarlySteps also supports the Division of Early Childhood Ethical Practices statement (DEC, 2022).

Before Delivering Early Intervention Services

- The provider is expected to meet and maintain all licensing and credentialing requirements.
- The provider must have a criminal background check (CCCBC) from the Louisiana Department of Education to enroll and must update every 5 years.
- The provider must adhere to any ethical codes as established by the appropriate licensing board or certifying agency and/or EarlySteps.

While Delivering Early Intervention Services

- The provider must engage in behaviors and display attitudes, which support the values of EarlySteps. That is, early intervention services must be family-centered, inclusive, and culturally competent.
- The provider must maintain professional relationships and boundaries with each family served in EarlySteps.
- The provider will teach and consult with the parent or other primary caregiver present and actively involve them during the delivery of the service to support family priorities and IFSP outcomes.
- The provider is required to notify the parent/caregiver in advance of missed or late sessions. advanced notice is not possible due to unforeseen circumstances, immediate notification is required. The provider must document revisions to the IFSP-defined service authorization on the Contact Note.
- The provider, including Family Support Coordinators, may not bring children/minors or other individuals not directly involved in the provision of the service to the residence of the child or childcare center. The parent may not waive this policy.
- A provider may not solicit business from a parent or caregiver. A provider may not solicit business for his/her agency, other providers, spouse or immediate family.
- A provider may not sell or market products while representing EarlySteps.
- A provider may not lobby to a family within the system while representing EarlySteps.
- A provider must report suspicion of abuse or neglect to the Office of Community Services with the Department of Child and Family Services

While participating in professional development activities:

Professional development in EarlySteps includes orientation materials, learning activities, workshops, videoconferences, informational meetings, and other types of learning opportunities.

- Each provider is expected to participate in professional development.
- Each provider must attend required trainings and informational meetings.
- Each provider must be on time for all professional development and must remain for the entire event.
- Each provider must observe any "breaks" or meal times set by the presenter.
- Each provider must be respectful of colleagues and not disrupt the learning environment with sidebar conversations, outbursts, or other distracting noises.
- A provider may not conduct any other business activity while participating in professional development.



Quick Facts Psychological Services

Early Intervention services are designed to meet the developmental needs of an infant or toddler with a disability and are designed to enhance the family's capacity to respond to their child's developmental needs.

Psychological services are defined as services which include:

- (i) Administering psychological and developmental tests and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- (iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

General role of a psychologist in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies regarding behavioral or developmental issues to ensure the effective provision of early intervention services;
- Supporting parents and other caregivers regarding behavioral management techniques;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP, including interpretation of results of psychological or developmental tests.

What do psychological services in EarlySteps include?

Psychological services include:

- Administering psychological and developmental tests, as well as other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and cognitive and emotional development;
- Planning and managing a program of psychological services, including psychological counseling for children and parents regarding a developmental delay or disability, family counseling, consultation on child development, parent training and education programs such as sleep disorders, separation, feeding or behavior problems.
- Collaborating with other team members on meeting child and family needs

Who can provide EarlySteps Psychological Services?

Psychologists who hold a doctoral degree in psychology and are licensed by the State Board of Examiners of Psychologists and school psychologists who hold a Master's Degree and a level B certification in School Psychology and who are employed by a local education agency from the Louisiana Department of Education can provide psychological services for EarlySteps.

Examples of appropriate psychological services in EarlySteps:

- Conducting a developmental assessment with a child.
- Conducting a psychological assessment with a child who has been abused and exhibits developmental regression.
- Consulting with other service providers to provide behavioral management strategies for early intervention services.
- Interpreting psychological testing results.
- Consulting with the IFSP team to explain psychological test results and implications, and making appropriate recommendations for behavioral or developmental management of the child.
- Short-term play therapy for a child suffering the loss of a parent.
- Family counseling to help the family respond appropriately to the child's developmental needs.

- Diagnosis of autism or other psychological disorders following screening or family concerns

What Early Steps services can a psychologist enroll to perform?

- Attend IFSP team meetings
- Conduct eligibility assessment/evaluation
- Provide psychological assessments
- Consulting with IFSP team members
- Provide ongoing services as listed on the IFSP

What psychological services does Early Steps not provide?

EarlySteps does not provide family training, family counseling or a home visit that does not assist the family in understanding the special needs of the child or enhance the family's capacity to respond to their child's developmental needs. On-going psychological therapy for the parent only related to the parent's diagnosis is not provided through EarlySteps.

Should non-EarlySteps psychological services be listed on the IFSP?

Yes. Psychological services that affect family functioning that are not provided by Early Steps, and those that affect the child's ability to benefit from Early Intervention Services that are not provided by an EarlySteps provider should be listed in the "Other Services" section of the IFSP.

Should a psychologist attend the IFSP meeting?

- Attend IFSP meetings as a member of the provider team.
- Conduct eligibility assessment/evaluation
- Attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- Provide consultation to the IFSP team
- A psychologist does not have to be present at an IFSP meeting for psychological services to be included on the IFSP.

Must psychological services be provided in the natural environment?

Part C regulations state that services are to be provided in natural environments, including the home and community settings that are natural and normal for the child's age peers who have no disability. When psychological services cannot be provided in the natural environment a justification must be provided on the IFSP. Reimbursement rates are based on the setting in which the service is authorized according to the IFSP and where provided.

Is a physician order required for psychology services in EarlySteps?

A physician order for psychology may not be necessary for EarlySteps services. However, a physician's order may be required if the family chooses to utilize insurance reimbursement as a part of the "family cost participation" or as required by the licensing board or certifying agency. If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The psychologist should assist the family by providing necessary information that will facilitate the referral/physician's order. The psychologist may also assist the family by contacting the physician for the family.

Website for the Louisiana Psychological Association: <https://louisianapsychologicalassociation.org/>



Quick Facts Physical Therapy Services

Early Intervention Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Physical therapy services are defined as services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include--

- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

General role of a physical therapist in EarlySteps:

- Consulting with parents, service coordinators, other service providers, and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and their family, and in the development of integrated goals and outcomes for the IFSP.

What does physical therapy services in EarlySteps include?

Physical therapy services in EarlySteps are designed to meet the unique **developmental needs** of the child and **must not be purely medical in nature**. 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 are designed to improve the child's functional ability to perform tasks at home, in school, and in the community and include:

- Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- Obtaining, interpreting, integrating, and providing information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
- Providing individual services to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Non-traditional physical therapy which includes provision of physical therapy through non-traditional means (e.g., horseback, aquatic therapy) is not provided in EarlySteps.

How does an IFSP team decide if a physical therapy service is medical or developmental?

- A medical service, ordered by a physician, attempts to change a physical condition.
- A developmental service strengthens or develops functional skill development.

For example, a child born with club feet will need treatment to change the direction of the feet and lower limbs. The casting and splinting necessary for this condition are medical treatments, typically provided by a PT. The child may also be eligible for EarlySteps services if the eligibility team determines that the child's limited use of his lower limbs results in a developmental delay (reaching milestones for crawling, standing, etc.). In addition to the medical treatment, the child may also receive early intervention services such as a PT to train the parents on ways to facilitate crawling. Early intervention services through EarlySteps do not replace needed medical treatment. When children are receiving physical therapy as a medical treatment and as an early intervention service under EarlySteps, the documentation must clearly show that these services have different outcomes and are not duplicative.

An IFSP team should first determine the purpose of the service. EarlySteps provides early intervention services that increase the family's capacity to enhance their child's development. The team needs to

determine how the service relates to the IFSP outcomes. Does it support an IFSP outcome? Does it support the strategies that the team has identified?

Examples of appropriate physical therapy services in EarlySteps:

- Participating on an IFSP team to explain child's developmental issues to assist with IFSP development.
- Training a family member on how to work with his/her child with muscular dystrophy so the child learns how to climb the steps in the house.
- Training a family member of a child with spina bifida on how to use adaptive equipment in supporting gait development.
- Training a grandparent on how to assist a grandchild who has cerebral palsy to ride a tricycle at the park.
- Consulting with a child care worker on how to incorporate playground activities for a child who has a lower extremity prosthesis.
- Training a child care worker on activities that promote balance for a child with cerebral palsy.
- Consulting with team members on recommendations for adaptive gait equipment for a child with diplegia.

Who can provide physical therapy services in EarlySteps?

A Physical Therapist (PT), who hold a current license from the Louisiana State Board of Physical Therapy Examiners, may provide services.

A Physical Therapy Assistant (PTA), who holds a current license from the Louisiana State Board of Physical Therapy Examiners, may provide services under the services of a PT. The PT supervisor must be enrolled in EarlySteps.

What EarlySteps services can PTs and PTAs perform?

- Attend IFSP team meetings (PT only)
- Conduct eligibility assessment/evaluation (PT only)
- Provide assessment/evaluation (PT only)
- Provide consultation to the IFSP team
- Provide ongoing services as listed on the IFSP

What physical therapy services does EarlySteps not provide?

EarlySteps does not provide physical therapy services for ongoing medical conditions.

Example:

- Short term post-surgery therapy
- Serial casting to correct a medical condition

Should a physical therapist or a PTA attend the IFSP meeting?

- A Physical therapist attends IFSP meetings as a member of the IFSP team.
- A Physical therapist attends IFSP team meetings to give information on the child's "other services," when invited to participate. [There is no EarlySteps reimbursement for this service.]
- A Physical therapist does not have to be present at an IFSP meeting for physical therapy services to be included on the IFSP.
- A Physical therapist provides consultation to the IFSP team.

Will EarlySteps reimburse physical therapists for purchasing assistive technology devices?

EarlySteps will pay for assistive technology device(s) to enhance a developmental goal for a child. However, EarlySteps will not reimburse assistive technology devices that are solely to correct a medical condition. In order for a PT to be reimbursed by EarlySteps for assistive technology device(s):

- (1) The PT or agency must be enrolled as an EarlySteps Assistive Technology provider, and
- (2) The assistive technology device(s) must be listed on the IFSP and related to an IFSP outcome.
- (3) The PT can receive an authorization for AT services to assess the need for a device and/or support the child/family/team in the use of an AT device.

Examples of AT appropriate for EarlySteps reimbursement:

- Adaptations to high chairs and riding toys to correctly position or support an infant or toddler in a seated position
- Making switches and adapting toys for infant or toddler to use at childcare

Example of AT *not* appropriate for EarlySteps reimbursement:

- Resting leg splints for a child with spina bifida (medical service)
- Serial casting to correct a medical condition (medical service)

Is a physician's order required for PT services in EarlySteps?

The Louisiana Practice Act for Physical Therapy does not require a physician's order or prescription to provide PT services to children diagnosed with a developmental disability pursuant to the plan of care (IFSP).

However, a physician's order may be required if the family chooses to utilize insurance reimbursement to cover part of the "family cost participation." If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The PT should assist the family by providing necessary information that will facilitate the referral/physician's order. The PT may also assist the family by contacting the physician for the family.

Website for the Louisiana Board of Physical Therapy Examiners: <https://www.laptboard.org/>



Quick Facts Role of the Physician

Under Part C federal regulation there are two types of early intervention services that licensed physicians may provide in EarlySteps: **Medical Services and Health Services.**

- **Medical Services** are defined as “services only for diagnostic or evaluation purposes provided by a licensed physician to determine a child’s developmental status and need for early intervention services.”
- **Health Services** as those services necessary “to enable a child to benefit from the other early intervention services during the time the child is receiving the other early intervention services”. This includes services such as tracheostomy care, intermittent catheterization, tube feedings, etc. as well as physician consultation with other service providers concerning special health care needs that need to be addressed during the course of early intervention services.

What does it mean to be a physician provider in EarlySteps?

Physicians are encouraged to be active participants in the EarlySteps early intervention process for all of their eligible patients, because they have unique insight into the child’s medical and developmental needs. Some EarlySteps services that a physician provides can be reimbursed if the physician enrolls as an EarlySteps provider. This Fact Sheet reviews those physician services that are reimbursable under IDEA, Part C. Any services performed must be included in the IFSP to be authorized for payment.

What physician services are included in EarlySteps?

Physician services in EarlySteps are designed to meet the unique developmental needs of the child and must meet the definition above. Physician services include:

- Participation in IFSP meetings
- Diagnostic or evaluation services by a licensed physician to determine a child’s developmental status and need for early intervention services
- Consultation with other service providers concerning the special health care needs of eligible children that need to be addressed in the course of providing early intervention services

How does the IFSP team decide if a medical service is medical or developmental?

If the service is purely medical and does not meet the definition, it is not an EarlySteps service unless the service is necessary to enable a child to benefit from early intervention services. Diagnostic services are only covered if they provide necessary information for early intervention supports. If the service is developmental it should be related to IFSP strategies and outcomes. Ongoing medical care is not an EarlySteps service.

Examples of appropriate physician services in EarlySteps:

- Attending the IFSP meeting for a child with spina bifida to explain the child’s neurologic deficits, urologic needs, and risk of shunt malfunction to aid in choosing the appropriate intervention strategies and outcomes
- Attending an IFSP meeting of a child with Fragile X to explain the developmental consequences of Fragile X
- Attending an IFSP meeting to explain the medical needs of a child with Down Syndrome that may impact his ability to participate in a child care setting, such as congenital heart disease, vision or hearing problems, susceptibility to infections, or feeding problems
- Providing vision and hearing testing and referral as necessary to enable a child to benefit maximally from early intervention services
- Providing a developmental/ psychiatric assessment to aid in planning IFSP strategies and identification of early intervention services
- Providing a medical evaluation when knowledge of the medical diagnosis will aid in determining early intervention needs, such as prematurity.
- Meeting with early interventionists to discuss the management of an infant on an apnea monitor, nebulizer, ventilator, or oxygen regarding medical management during EarlySteps intervention activities

What physician services does EarlySteps not provide?

EarlySteps is not a medical insurance program and does not provide medical treatment.

Examples of services that EarlySteps does not pay for:

- Laboratory testing
- Genetics evaluations, which could be obtained from a LDH genetics clinic
- Routine child health care and medical visits for disease management
- Hospitalizations
- Medical treatments or surgical procedures, even if they enhance developmental potential such as cleft palate surgery, surgery or casting for club foot, ventriculoperitoneal shunt
- Weight monitoring, nutritional surveillance
- Phone call participation in IFSP meetings if not an enrolled EarlySteps provider
- Phone call consultation to EarlySteps providers regarding management of medical problems during early intervention

Should non-EarlySteps medical care be listed on the IFSP?

Yes. Medical services that are not provided by of EarlySteps are listed in the “Other Services” section of the IFSP. These may include medical procedures, subspecialty referrals, assistive technology devices that do not enable a child to benefit from early intervention services, nursing services to manage a chronic medical condition, or any medical services not provided by EarlySteps.

Should the physician attend the IFSP meeting?

- The physician should attend IFSP meetings for their patients when possible. A physician who has enrolled as an EarlySteps provider can be reimbursed for this time. Phone participation is helpful, but is not reimbursed by EarlySteps. The IFSP meeting can be held in the physician’s office if the family and team are agreeable and this will enable the physician to attend.
- A physician who cannot attend the IFSP meeting can communicate with the SPOE or the family to obtain a copy of the IFSP for review. This is not reimbursable but can be helpful in ensuring that developmental and family needs are met and that medical considerations have been taken into account.
- A physician does not have to be present at an IFSP meeting for medical or health services to be included on the IFSP.

Who can provide physician services?

The physician must be a doctor of medicine (MD) and either board eligible or board certified in an appropriate medical specialty. The physician must be licensed by the Louisiana Board of Medical Examiners as a physician.

Louisiana State Board of Medical Examiners: <https://www.lsbme.louisiana.gov/>



Quick Facts

Speech/Language Pathology Services

Early Interventions services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

SLP services in EarlySteps are defined as

- (i) Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- (iv) Provision of sign language, cued services, which if used with respect to infants and toddlers with disabilities who are hearing impaired, includes services to the infant or toddler with a disability and the family to teach sign language, cued language, and auditory/oral language, as well as to provide oral transliteration services, sign language, and cued language interpreting services.

What is the general role of a Speech/Language Pathologist in EarlySteps?

- Supporting parents, service providers, and caregivers regarding the child's speech and language development and recommended interventions,
- Participating in the multidisciplinary team assessment of a child and his/her family and in the development of integrated goals and outcomes,
- Consulting with families, service providers, and community agencies to assure effective provision of services
- Providing assessment and services for speech, language or other communication needs

What do Speech/Language Pathology services in EarlySteps include?

SLP services in EarlySteps are designed to meet the unique developmental needs of the child and include:

- Identifying information about the child's speech or language development,
- Communicating to family members assessment results to ensure they understand the implications of these findings for speech/language development and educational needs,
- Making appropriate recommendations for the child based on the test results. This may include instructing the family and other providers regarding speech and language development or making referrals to medical or other professional services necessary for the child's communication skills development,
- Providing direct therapeutic interventions and caregiver training with the family and the child,
- Recommending an augmentative communication device appropriate to the child's developmental age and speech/language delay, to include a functional evaluation of the child's communication needs in the child's customary environment.

How does the IFSP team decide if an SLP service is medical or developmental?

The IFSP team should first determine the purpose of the SLP service: who recommended the service and why was the service recommended? If the service is purely medical, it is not the responsibility of EarlySteps to provide the service, e.g., surgery for cleft lip and palate, swallowing assessments, such as Modified Barium Swallow Study. Swallowing therapy is appropriate for early intervention only if due to developmental delay and would be an EarlySteps covered service only if there is no other payor source. Additionally, the

Occupational Therapist and Speech/Language Pathologist cannot bill for swallowing therapy concurrently. The IFSP team must have determined and documented that the service or augmentative communication device would be required to enable the child to benefit from the other early intervention services.

What are some examples of appropriate SLP services in EarlySteps?

- Consulting with the IFSP team to explain assessment results, implications and recommendations
- Providing speech, language and oropharyngeal assessment and therapy when the child meets eligibility guidelines for EarlySteps
- Training the family, child and other providers on speech and language development or use of an augmentative communication device, if recommended by the IFSP team as needed for the child to benefit from other early intervention services (SLP must be enrolled as an assistive technology provider for EarlySteps)
- Consulting or training families, childcare workers or IFSP team members about speech and language delay and implications for child development, or how to encourage speech and language development

Who can provide SLP services?

An SLP, who has a master's degree in Speech-Language Pathology or Communication Disorders or equivalent as determined by LBESPA, the Certificate of Clinical Competence by ASHA, and licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology may provide services.

An SLP assistant or SLP assistant who has a bachelor's degree in Speech/Language Pathology and is licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology may provide services only under the supervision of an EarlySteps enrolled, fully licensed Speech-Language Pathologist, following supervision guidelines as outlined in current Louisiana licensure rules and regulations. The SLP assistant cannot work independently or provide independent SLP services in EarlySteps.

What EarlySteps services can an SLP enroll to perform?

- Attending IFSP meetings as a member of the IFSP team, but SLP's need not be present for SLP services to be included on the IFSP,
- Conducting eligibility assessment/evaluation (SLP only)
- Providing assessment and training with augmentative communication devices, if the SLP is an assistive technology enrolled provider.
- Providing SLP therapy and/or family and caregiver training in the natural environment, such as home or childcare settings

How is an augmentative communication device (ACD) funded?

- EarlySteps will pay for an ACD when the ACD is necessary for the child to benefit from early intervention services, is appropriate for the child's developmental age and needs, and is listed on the IFSP and related to an IFSP outcome.
- If the child is enrolled in Medicaid and the Medicaid Durable Medical Equipment (DME) program covers the ACD, then the provider **must** bill Medicaid for the device using their Medicaid provider number. When the ACD is not covered through the Medicaid DME program and/or the child is not Medicaid- eligible, the ACD is billed through the CFO. **Providers of ACDs must enroll with the CFO as an Assistive Technology Provider.** Medicaid covered ACDs are reimbursed according to current Medicaid approved rates.
- The EarlySteps Central Office **must** pre-approve all ACDs or other assistive technology devices costing more than \$500. When \$500 or more per item of Part C federal or state funds are used toward the purchase of equipment and/or assistive technology devices, the equipment or devices are considered to be state property. Parents should be informed of this requirement.
- ATD services are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty (SLP) rendering the service.

For procedures on obtaining an ACD for a child in EarlySteps, see the EarlySteps Practice Manual, Chapter 15—“Assistive Technology Devices and Services.”

Is a physician order required for SLP services in EarlySteps?

The practice act for SLP's in Louisiana does not require a physician order for services. However, a physician order may be required if the family chooses to utilize insurance reimbursement as a part of the “family cost participation”. If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician's order from the primary care physician. The SLP should

assist the family by providing necessary information that will facilitate the referral/physician's order. The SLP may also assist the family by contacting the physician for the family.

Louisiana Board of Examiners in Speech-Language Pathology and Audiology

<https://www.lbespa.org/>

The American Speech and Hearing Association has additional information about the roles and competencies of SLP's in early intervention on their website at <https://www.asha.org/>.



Quick Facts Social Work Services

Early Intervention Services are those services designed to meet the developmental needs of infants and toddlers with a disability and are designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Social work services in early intervention are defined as:

- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- (ii) Preparing a social or emotional developmental assessment of the child within the family context;
- (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- (iv) 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
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

General Role of the social worker in EarlySteps?

- Consulting with parents, service coordinators, and other service providers to insure effective provision of services;
- Training parents and other caregivers, such as other relatives and day care providers, in the provision of early intervention services;
- Participating in multidisciplinary team meetings, along with the family and other providers, to determine the eligibility status of the child and to assist in the development of the IFSP.

What do social worker services in EarlySteps include?

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the child within the family context;
- Providing individual and family-group counseling with parents and other family members and appropriate social skill-building activities with the child and parent;
- Working with those problems in a child 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,
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services

What are the qualifications of the social worker that works in EarlySteps?

A social worker who hold a master's degree in social work and is licensed by the Louisiana Board of Social Work Examiners as an LMSW or an LCSW may provide services. Also, A CSW with a master's degree in social work and employed by an agency and working under supervision as determined by the Louisiana Board of Social Work Examiners may provide services.

What are some examples of duties that a social worker performs in EarlySteps?

- Assessment of a family with a substantiated history of child abuse/neglect.
- Consulting with other IFSP team members concerning parent/child interaction
- Consulting with community agencies to find resources for a family
- Supporting parents on advocacy skill building to meet the needs of their child
- Supporting the family concerning the benefits of applying to other state/federal programs for assistance such as LaChip, SSI, or OCDD Flexible Family Funds
- Counseling a family who is having adjustment problems following the birth of a baby with a disability

What EarlySteps services can be performed by a social worker?

- Attend eligibility team or IFSP team meetings **(MSW only)**
- Conduct eligibility evaluation assessments **(MSW only)**
- Provide ongoing services as outlined in the IFSP

Should non-EarlySteps social work services be listed on the IFSP?

Yes. Social work services that are not the responsibility of EarlySteps to provide are listed in the “Other Services” section of the IFSP. (Example, services provided by a social worker or case manager with DCFS regarding child abuse may be listed on the IFSP as a non-EarlySteps service.)

Should the social worker attend the IFSP meeting?

The social worker may attend the IFSP meeting providing services as a member of the IFSP team. It is not appropriate for a CSW to attend as an IFSP team member. A CSW may attend the team meeting with the MSW supervisor. Only one social worker will be reimbursed for an IFSP team meeting.

- An MSW and a CSW may attend an IFSP team meeting to give information on the child’s “other services,” when invited to participate. There is not an EarlySteps reimbursement for this service.
- A social worker does not have to be present at an IFSP meeting for social services to be included on the IFSP.

Is a physician order required for social work services in EarlySteps?

A physician order for social work services may not be necessary for EarlySteps services. However, a physician order may be required if the family chooses to utilize insurance reimbursement as part of the “family cost participation.” If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician’s order from the primary care physician. The social worker should assist the family by providing necessary information that will facilitate the referral/physician’s order. The social worker may also assist the family by contacting the physician for the family.

What is CAPTA and what impact does this have upon EarlySteps?

Congress enacted the Child Abuse Prevention and Treatment Act to support improvement in the work of child protective services agencies, as well as enhanced multidisciplinary collaboration in the handling of reported child maltreatment cases. According the latest data from the U.S. Department of Health and Human Services, infants and toddlers account for over 27.7% of substantiated child maltreatment victims annually. Thus, Congress mandated state child protection agencies to make an IDEA, Part C referral in all cases involving substantiated victims of child maltreatment under the age of three and those with substance exposure to illegal substances. EarlySteps receives referrals from DCFS for children with substantiated cases of abuse or neglect. The eligibility determination process will establish a child’s eligibility for EarlySteps system.

Social Work Licensing Board: Louisiana State Board of Social Work Examiners

18550 Highland Road, Suite B

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Website: <https://www.labswe.org/>



Quick Facts Special Instruction

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and include to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Special Instruction services are defined as:

The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development

What does special instruction in EarlySteps include?

The following are the services that a special instructor may provide:

- a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- c) providing families with information, skills, and support related to enhancing the skill development of the child; and,
- d) working with the child to enhance his or her development.

Who can provide EarlySteps Special Instruction?

An individual who holds at least one of these credentials may enroll as a special instructor:

Bachelor's or Master's Degree **AND** Certification by the Louisiana Department of Education in at least one of the following:

- Noncategorical Preschool
- Early Intervention

A special Instructor for children with sensory impairments **must** meet the same criteria as above, except they must have certification by the Louisiana Department of Education in at least one of the following:

- Hearing Impaired
- Visually Impaired

Special instruction may also be provided by a Behavioral Consultant that holds a Master's Degree or PhD degree and license by the Louisiana Behavior Analyst Board.

Examples of appropriate EarlySteps Special Instruction:

- Educating and training a child's caregiver(s) in using typical play activities to foster skill acquisition, engaging the child in adaptive play, using toys with switches to foster learning cause and effect and mastery of motor skills.
- Consulting with the childcare provider to identify, develop, and embed modified developmentally appropriate activities so that a child with developmental delays participates successfully.
- Implementing modified interventions using a developmentally appropriate curriculum and conducting on-going data collection (assessment) on the rate of skill acquisition, fluency, maintenance and

- generalization of functional skills.
- Providing education and training to caregivers in how to encourage language by imitation, modeling, and prompting.
 - Consulting with the childcare provider to rearrange the environment so that a toddler with motor impairments can reach toys independently.
 - Educating and training caregivers how to reinforce desired behaviors such as giving eye contact or following a simple command when interacting with a toddler with autism.
 - Providing direct instruction to the child using teaching strategies that are validated, normalized and useful across settings.



Quick Facts Transportation

Transportation services in early intervention are defined as “transportation and related costs including the cost of travel (e.g. mileage, or travel by taxi, common carrier, or other means) and related costs (e.g.) tolls and parking expenses) that are necessary to enable a child eligible for the program and the child’s family to receive early intervention services.”

Early intervention services are typically provided in the places where infants and toddlers and their families live, work, and play. EarlySteps pays for transportation when the child must be transported in order to receive early intervention services at a community setting, a special purpose clinic or other setting. In these cases, there is no other way for early intervention to be provided without transporting the child.

Who can provide transportation services?

- Parent(s)
- Caregivers
- Transportation Providers

EarlySteps pays for transportation such as:

- Transporting the child to a sound-proof environment for audiological testing (for eligibility purposes)
- Transporting the child to a specialized setting for a specific early intervention methodology that the IFSP team has determined necessary for the child (decision based upon individual child needs and specific data regarding progress towards IFSP outcomes).

EarlySteps does not pay for transportation such as:

- Transporting the child to child care, even if early intervention services are provided in the child care setting
- Transporting the child to medical appointments
- Transporting the child to a hospital for medical appointments or emergency services

Parents/caregivers may be reimbursed for transportation costs when this service is authorized through the IFSP process, Section 7B. Parents/caregivers must enroll with the CFO in order to receive reimbursement. Enrollment is done with the regional coordinator in the region where the child is receiving EarlySteps services.

The family will be responsible for submitting a paper authorization to the CFO.



Quick Facts Vision Services

Early Intervention services are defined as those services designed to meet the developmental needs of an infant or toddler with a disability and are also designed to meet the needs of the family related to enhancing the family's capacity to respond to their child's developmental needs.

Vision services are defined as:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities.
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

General role of a vision provider in EarlySteps:

- Consulting with parents, service coordinators, other service providers and representatives of community agencies to ensure the effective provision of services;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP.

What do vision services in EarlySteps include?

Vision services in EarlySteps are designed to meet the unique **developmental needs** of the child and must not be purely medical in nature.

- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities;

How do IFSP teams decide if a vision service is medical or developmental?

IFSP teams should first determine:

- How the vision service addresses an IFSP outcome,
- Who recommended the service and why was the service recommended?
- If the service is purely medical, it is not an EarlySteps vision service unless the service is necessary to enable a child to benefit from the other early intervention services.
- The team also needs to determine if the service fits the strategies that the team identified?

If the child has had a complete vision assessment prior to referral to EarlySteps, the Intake Coordinator at the SPOE will obtain consent to access records prior to developing an IFSP. Based on these records, a determination may be made about the need for further vision testing.

Who can provide EarlySteps Vision Services?

The following professionals may provide vision services in EarlySteps:

- **Physician** who holds a Doctor of Medicine degree and is board eligible or board certified in an appropriate medical specialty and licensed by the Louisiana Board of Medical Examiners
- **Ophthalmologist** who holds a Doctor of Medicine degree and is Board Certified or Board Eligible in Ophthalmology
- **Optometrist** who holds a Doctor of Optometry degree and licensed by the Louisiana State Board of Optometry Examiners
- **Orientation and Mobility Specialist** who is certified by a National Organization for Blind and Visually Impaired
- **Special Instructor for Children with Sensory Impairments** who holds a bachelor's or master's

degree and have certification by the Louisiana Department of Education in Visually Impaired.

Examples of appropriate vision services in EarlySteps:

- Performing a vision screening and/or ophthalmological evaluation
- Communicating vision test results to family/IFSP team, to understand the child's vision function and implications of these findings for vision development and educational needs
- Consulting with the IFSP team to explain vision test results, implications, and make appropriate recommendations for visual management of the child
- Selecting, fitting and dispensing corrective equipment or assistive technology devices
- Providing information to parents about communications options available for children with visual impairments
- Training parents, other caregivers and providers on understanding of visual loss, educational implications, self-help skills for child, orientation and mobility, and training to activate or maximize child's visual motor abilities

What EarlySteps services can a vision provider enroll to perform?

- Attend IFSP team meetings
- Conduct eligibility assessment/evaluation
- Provide ongoing services as listed on the IFSP

What vision services does EarlySteps not provide?

EarlySteps does not provide vision services for ongoing medical conditions (i.e., medical disease) except to support the child/family functioning in the environment.

Should non-EarlySteps vision care be listed on the IFSP?

Yes. Vision services that are purely medical in nature are not the responsibility of EarlySteps to provide. These services should be listed in the "Other Services" section of the IFSP.

Should a vision provider attend the IFSP meeting?

- A vision provider attends IFSP meetings as a member of the IFSP team
- A vision provider may also attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no EarlySteps reimbursement for this service.
- A vision provider does not have to be present at an IFSP meeting for vision services to be included on the IFSP.

Does EarlySteps pay for assistive technology devices (ATDs), equipment and services?

- EarlySteps will pay for ATDs to enhance a developmental goal for a child. However, EarlySteps will not reimburse ATDs that are solely to correct a medical condition.
- The ATD **must** be listed on the IFSP and related to an IFSP outcome.
- If the child is enrolled in Medicaid and the Medicaid Durable Medical Equipment (DME) program covers the ATD, then the provider **must** bill Medicaid for the device using their Medicaid provider number. When the ATD is not covered through the Medicaid DME program and/or the child is not Medicaid-eligible, the ATD is billed through the CFO.
- **Providers of ATD must enroll with the CFO as an Assistive Technology Provider.**
- Medicaid covered ATDs are reimbursed according to current Medicaid approved rates.
- The EarlySteps Central Office must pre-approve all ATDs costing more than \$500. When \$500 or more per item of Part C federal or state funds are used toward the purchase of equipment and/or assistive technology devices, the equipment or devices are considered to be state property. Parents should be informed of this requirement.
- ATD services are billed by the provider and reimbursed according to the maximum rate that DHH has established for the provider specialty rendering the service.

For procedures on obtaining assistive technology for a child in EarlySteps, see the EarlySteps Practice Manual, Chapter 15—"Assistive Technology Devices and Services".

Is a physician ordered required for vision services in EarlySteps?

- A physician's order is required for eyeglasses.
- When the child has a Medicaid card, it is the responsibility of the ATD provider to submit the eyeglass prescription to Medicaid.
- If the child does not have a Medicaid card, it is the family's responsibility to obtain the prescription for

the eyeglasses. It is the responsibility of the service coordinator to submit the prescription to the CFO. Glasses must be listed on the IFSP and related to an IFSP outcome.

A physician order may not be required for vision services, other than eyeglasses. However, a physician order may be required if the family chooses to utilize insurance reimbursement as a part of the “family cost participation”. If the family chooses to utilize insurance reimbursement for EarlySteps services, it is the responsibility of the family to obtain a referral/physician’s order from the primary care physician. The vision provider should assist the family by providing necessary information that will facilitate the referral/physician’s order. The vision provider may also assist the family by contacting the physician for the family.

What about vision services in the natural environment?

Part C regulation states that services are to be provided in environments that are natural for the child’s age peers who have no disability. In some cases vision services can be done in the natural setting and in other cases testing may need to be done in a medical facility.

Louisiana State Board of Medical Examiners: <https://www.lsbme.la.gov/>

Louisiana State Board of Optometry Examiners: <http://laoptometryboard.com/>

Louisiana Department of Education: <https://www.louisianabelieves.com/>



Quick Facts

Family Service Coordination

Early Intervention Services are defined as those services designed to meet the developmental needs of each infant or toddler with a disability and are designed to assist families related to enhancing the child's development.

Family Service Coordination (FSC) is defined as the assistance and services provided by a service coordinator to a child eligible for EarlySteps and to the child's family; and includes:

(1) the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for--

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) 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.

(b) Specific service coordination activities. Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services

Family Service Coordination is also referred to as FSC, service coordination, support coordination, or case management.

Every child enrolled in EarlySteps will receive Family Service Coordination as part of the services detailed on the IFSP.

What is the general role of an FSC in EarlySteps:

- Consulting with parents and other service providers and representatives of community agencies to ensure the effective provision of services through team meetings, face-to-face visits and telephone calls;
- Training parents and other caregivers regarding the provision of services;
- Participating in the multidisciplinary team's assessment of a child and a child's family, and in the development of integrated goals and outcomes for the IFSP, including assessing family concerns, priorities and resources.

- Functioning as the team leader and coordinator for a child and family's IFSP team, including managing team activities, following up on team decisions, developing team meeting minutes and monitoring child and family outcomes
- Assisting families with understanding service delivery systems for children with disabilities including IDEA-Part B and services provided through the Office for Citizens with Developmental Disabilities.
- Providing or participating in supervision activities with FSC agency staff.
- Keeping current with knowledge of community resources to meet child and family needs as provided through EarlySteps as well as through external service systems, both formal and informal.

Who can provide FSC in EarlySteps?

FSC's must meet the provider qualifications detailed in the EarlySteps Practice Manual, Chapter 13. They must be employees of an agency which has a license to perform case management services to infants and toddlers with disabilities and is enrolled in EarlySteps.