

# Early Intervention Services

## Early intervention services (34 CFR §§ 303.13, 303.16, 303.31, 303.34 and 303.203(a))

**(a) General. Early intervention services** means developmental services that—

- (1) Are provided under public supervision;
- (2) Are selected in collaboration with the parents;
- (3) Are provided at no cost, except, subject to §§ 303.520 and 303.521, (Alabama's system of payments by families);
- (4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including—
  - (i) Physical development;
  - (ii) Cognitive development;
  - (iii) Communication development;
  - (iv) Social or emotional development; or
  - (v) Adaptive development;
- (5) Meet the standards of Alabama, the state in which the early intervention services are provided, including the requirements of part C of the Act;
- (6) Include services identified under paragraph (b) of this section;
- (7) Are provided by *qualified personnel* (as that term is defined in § 303.31), including the types of personnel listed in paragraph (c) of this section and as defined by Alabama's *Standards for Serving Young Children with Disabilities and Their Families in Alabama (ICC approved personnel standards)*. Parents have a right to the service as noted within the IFSP; however, they do not have the right to a specific provider;
- (8) To the maximum extent appropriate, are provided in natural environments, and as defined by federal regulations and Alabama policy.
- (9) Are provided in conformity with an IFSP adopted in accordance with section 636 of the Act and § 303.20.

**(b) Types of early intervention services.** Subject to paragraph (d) of this section, early intervention services include the following services defined in this paragraph:

**(1) Assistive technology device and service** are defined as follows:

- (i) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (*e.g.*, mapping), maintenance, or replacement of that device.
- (ii) Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes—

- (A) The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;
- (B) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
- (C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (D) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (E) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
- (F) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

**(2) Audiology services include—**

- (i) Identification of children with auditory impairments, 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 an infant or toddler with a disability who has an auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**(3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.**

**(4) Health services means (a) services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services.**

**(b) The term includes—**

- (1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- (2) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

**(c) The term does not include—**

- (1) Services that are—

(i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);

(ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or

(iii) Related to the implementation, optimization (*e.g.*, mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.

(A) Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (*e.g.*, cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.

(B) Nothing in this part prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (*e.g.*, cochlear implant) of an infant or toddler with a disability are functioning properly;

(2) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

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

**(6) Nursing services** include—

(i) 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;

(ii) The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and (iii) The administration of medications, treatments, and regimens prescribed by a licensed physician.

**(7) Nutrition services** include—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and

(iii) Making referrals to appropriate community resources to carry out nutrition goals.

**(8) Occupational therapy** includes services to address the functional needs of an infant or toddler with a disability 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.

Treatment Approach	Clinic-Based	Early Intervention
	<p>Remediation of deficits to improve occupation (daily living skills)</p> <p><b>Therapist generated:</b> OT evaluates child and determines goals for treatment.</p> <p><b>Clinical setting:</b> Includes in-patient and out-patient hospital settings and private practice.</p> <p>Direct, hands-on, using specific treatment techniques and parent education.</p>	<p>Occupation (daily living skills) leading to improved performance</p> <p><b>Family generated:</b> IFSP team, including the parent(s), determines need for OT evaluation. Problem areas identified in evaluation are discussed by the team and relevant goals are added to IFSP.</p> <p><b>Natural Environment:</b> Includes the home of the family or other caregiver, daycare setting or other community setting.</p> <p>Direct, hands on treatment, family/caregiver education and planning. Planning includes activities for the home interventionist to carry out.</p>
Splinting and Casting	<p>Improve active and passive range of motion for overall function; Example: constraint therapy</p>	<p>Provide functional splinting for participation in daily activities; e.g. provide a joe cool splint to improve grasp pattern for independence with finger feeding. Ensure follow through with splinting provided by outpatient therapist as appropriate to meet functional IFSP outcomes.</p>
Positioning	<p>Specific treatment techniques to improve quality of movement and permit proper positioning. Example: Using a therapy wedge for prone positioning.</p>	<p>Adaptation, modification or provision of positioning devices utilizing and instructing family on specific techniques to achieve proper positioning for functional activities. Example: Demonstrating how to use rolled towels to achieve proper positioning in a high chair.</p>
Sensory Integration	<p>Direct, one on one treatment to address sensory issues; Example: vestibular swing.</p>	<p>Demonstrate/instruct caregivers on sensory techniques and strategies. Example: Educate/demonstrate tactile play to decrease tactile sensitivity so child will allow hugs from parents.</p>
Feeding	<p>Direct, one on one treatment to address oral motor skills and/or oral motor defensiveness. Example: Use the Z vibe to improve oral motor skills.</p>	<p>Instruct and demonstrate feeding techniques to caregiver during meal and snack time. Demonstrate oral motor activities required to improve feeding skills. Example: Demonstrate ways to improve oral motor strength; such as, blowing cotton ball</p>

		across table with a straw so child can use straw in cup.
Fine Motor	Utilizing specific activities to increase strength, dexterity, range of motion and endurance to increase fine motor skills. Example: Kineso taping to improve use of specific muscles.	Active participation in age appropriate activities to improve coordination and strength as related to IFSP goals. Example: Playing with toy hammer and nails to improve coordination and the child's ability to turn the palm of the hand upward or forward as required for scooping with a spoon.
Adaptive Equipment and Assistive Technology	Assessment and training of adaptive equipment and assistive technology. Example: Evaluation of how a communication device will be accessed, e.g. head controls, mouth, eye gaze or hand.	Provide and/or educate family on adaptations and modifications for home environment. Provide/educate family on assistive technology that allows child to access environment and interact with toys. Fabricate or provide adaptive equipment to meet IFSP outcomes. Example: Provide simple switch adapted to child's toy to allow child to play independently.

**(9) Physical therapy** includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

- (i) Screening, evaluation, and assessment of children 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.

Treatment Approach	Clinic-Based	Early Intervention
	<p>Identify and reduce deficits in motor function through direct treatment of child</p> <p><b>Therapist generated:</b> PT evaluates child and determines goals for treatment.</p> <p>Goals emphasize measurable changes in strength, range of motion (ROM), balance, etc. to improve gross motor skills</p>	<p>Equip and support family to enhance child's overall development</p> <p><b>Family generated:</b> IFSP team, including the parent(s), determines need for PT evaluation. Problem areas identified in evaluation are discussed by the team and relevant goals are added to IFSP.</p> <p>Goals emphasize improvement in function and development within family's routines</p> <p><b>Natural Environment:</b> Includes the</p>

	<b>Clinic Setting:</b> Takes place in in-patient, out-patient and private practice settings	home of family or other caregiver, daycare setting or other community setting
Splinting and Casting	Improve active and passive range of motion for overall function. Example: Serial casting to increase ankle range.	Functional splinting for participation in daily activities. Example: Train family to use long sitting with weighted bean bags over knees to stretch hamstrings during quiet playtime.
Positioning	Use of specific Rx techniques or devices with emphasis on ideal alignment to reduce tone, prevent contracture, and improve quality of movement. Example: Order corner chair to align and help develop more independent sitting.	Adaptation and modification of family's equipment, toys and furniture with emphasis on maximizing participation and independence in family's activities. Example: Show family how to use corner of sofa, laundry basket, etc. to provide support to develop independent sitting.
Gross Motor	Use of specific handling and Rx techniques to increase strength, ROM, endurance, balance, coordination to improve gross motor skills; e.g. balance bar. Example: Use of therapy equipment; such as, bungees to improve balance and movement.	Emphasis on active participation in age-appropriate activities with modification and support as needed to develop/improve gross motor (GM) skills within the family or daycare routine; e.g. couch, coffee table, etc. Example: Training parent with techniques to assist child in walking up/down steps into home on a daily basis with family.
Adaptive Equipment and Assistive Technology	Assessment and training for use of specific assistive technology devices. Example: Provide weekly training in use of walker.	Adaptations and modifications for home environment. Assistive technology to access environment and interact with toys. Adaptive equipment to increase independence with activities of daily living. Example: Make shoe holders to hold feet on tricycle pedals and train parents regarding how to help child learn to ride on driveway at home.

**(10) Psychological services 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.

**(11) Service coordination services** (a) *General.* (1) *Service coordination services* mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

(2) Each infant or toddler with a disability and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services required under this part across agency lines; and

(ii) Serving as the single point of contact for carrying out the activities described in paragraphs (a) (3) and (b) of this section.

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

(i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and

(ii) Coordinating the other services identified in the IFSP under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

(b) *Specific service coordination services.* Service coordination services include—

(1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

(2) Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided;

(3) Coordinating evaluations and assessments;

(4) Facilitating and participating in the development, review, and evaluation of IFSPs;

(5) Conducting referral and other activities to assist families in identifying available EIS providers;

(6) Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;

(7) Conducting follow-up activities to determine that appropriate part C services are being provided;

(8) Informing families of their rights and procedural safeguards, as set forth in 34 C.F.R. Part 303 and related resources;

(9) Coordinating the funding sources for services required under this part; and

(10) Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

(c) *Use of the term service coordination or service coordination services.* The lead agency's or an EIS provider's use of the term *service coordination* or *service coordination services* does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act—Medicaid), for purposes of claims in compliance with the requirements of §§ 303.501 through 303.521 (Payor of last resort provisions).

**(12) Sign language and cued language services** include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

**(13) Social work services** include—

- (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 infant or toddler 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 infant or toddler and parents;
- (iv) Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child’s maximum utilization of early intervention services; and
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

**(14) Special instruction** includes—

- (i) The design of learning environments and activities that promote the infant’s or toddler’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 IFSP for the infant or toddler with a disability;
- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (iv) Working with the infant or toddler with a disability to enhance the child’s development.

**(15) Speech-language pathology services** include—

- (i) Identification of children with communication 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 communication or language disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

Treatment Approach	Clinic-Based	Early Intervention
	Diagnosis and treatment of speech and language disorders, swallowing disorders, orofacial myofunctional disorders and hearing impairment	Guide caregivers to incorporate strategies into daily activities to improve/enhance cognitive/social/functional communication and feeding skills



	<p><b>Therapist generated:</b> ST evaluation to determine goals for treatment</p> <p><b>Clinical setting:</b> Includes in-patient and out-patient</p>	<p><b>Family generated:</b> IFSP team, including the parent(s), determines need for ST evaluation. Problem areas identified in evaluation are discussed by the team and relevant goals are added to IFSP.</p> <p><b>Natural Environment:</b> Includes the home of family or other caregiver, daycare setting or other community setting</p>
Oral Motor	Target exercises for oral musculature strengthening and control. Example: Complete 15 repetitions of an oral motor exercise to target lip strength and range of motion.	Train family to utilize common objects in daily activities for increased oral motor function. Example: Suggest that child drink from a straw twice a day to increase lip closure and strength.
Auditory Based Services (Auditory Verbal Therapy (AVT), Auditory-Oral, Auditory-Aural, Oral-Aural, etc.)	Following device selection, parents choose communication mode for child. Treatment of child with parent present-AVT. Parents trained in AVT activities. Other treatment approaches do not always require parents to be present. Example for AVT: Discuss and outline methods to use to teach target word/concept: “a dog says bow wow”. Example for other Auditory Based Services: Direct vocabulary acquisition instruction, “say the word umbrella”.	Engage child and parent in speaking and listening activities. Equip, instruct and guide parents to create environments that facilitate listening (loudness level in home discussed: TV too loud, dog barking, microwave buzzing, etc.) and spoken language during the child’s daily activities. Example: Will demonstrate ways to teach target words/concepts in daily routines: target concept is “a dog says bow wow”, ST would demonstrate ways to play with child’s dog toy, play with family dog, read child’s book about a dog.
Language	Select and train for a communication system i.e. verbal or augmentative. Example: Child names pictures of common objects on flashcards or on a computer.	Train family to use parent selected communication system in daily routines to improve understanding of spoken language and child’s ability to express wants and needs. Example: ST suggests that parents put food/toys out of reach to create situations where child is encouraged to use words to ask for desired items during the day.
Swallowing	Perform MBS (modified barium swallow); make recommendations for diet consistency, positioning, feeding methods, and equipment. Provide family training. Example: Administer NMES (Neuromuscular electrical stimulation) AKA Vital Stim	Assist family during meals to follow established protocol. Train family for swallow safety/ aspiration risks and precautions; positioning; nutritional considerations and feeding equipment. Assist family in securing necessary positioning and feeding

	to improve swallow safety and efficiency.	equipment. Example: Encourage family to use a textured spoon during feedings to improve ability to tolerate textured foods.
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**(16) Transportation and related costs** include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive early intervention services.

**(17) Vision services** mean—

- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- (iii) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

**(c) *Qualified personnel.*** The following are the types of qualified personnel who provide early intervention services in Alabama:

- (1) Audiologists.
- (2) Family therapists.
- (3) Nurses.
- (4) Occupational therapists.
- (5) Orientation and mobility specialists.
- (6) Pediatricians and other physicians for diagnostic and evaluation purposes.
- (7) Physical therapists.
- (8) Psychologists.
- (9) Registered dietitians.
- (10) Social workers.
- (11) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness).
- (12) Speech and language pathologists.
- (13) Vision specialists, including ophthalmologists and optometrists.

**(d) *Other services.*** The services and personnel identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in paragraph (a) of this section or of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the requirements in § 303.31 and as defined by the Alabama approved ICC personnel standards.

**Qualified personnel (§303.31)**

*Qualified personnel* means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

**Timely Delivery of Services:** Each early Intervention service identified on the IFSP must be implemented within thirty (30) calendar days from the begin date of the service. The exception to this policy would be documented exceptional circumstances on behalf of the family.