

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES POLICY AND PROCEDURES		
Baby Watch Early Intervention Program Policy: 1.B.9	Page 1 of 8	
STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES		
<p>RATIONALE: To provide effective and high-quality early intervention (EI) services to all Utah families, regardless of geographic location</p> <p><i>Related Policies, Applicable Standards, Statutes:</i></p> <p>34 CFR § 303.13: Early intervention services 34 CFR § 303.16: Health services 34 CFR § 303.34: Service coordination services (case management) 34 CFR § 303.203: Statewide system and description of services 34 CFR § 303.207: Availability of resources 34 CFR § 303.212: Additional information and assurances Baby Watch Policy 1A7: Child Find Baby Watch Policy 1C1: System of Payment and Fees</p>		
Original Effective: 7/01/2013, 7/1/2019	Revision: February 2023	Next Review Due: 3 years after

I. DESCRIPTION

How Baby Watch ensures that services and resources are made equitably available and accessible under Part C for all populations and geographic areas of the state

This policy supersedes any previous department policy governing this subject matter. It does not supplant any existing federal, state, or department laws/policies to which the department shall adhere.

II. DEFINITIONS

Access: The degree to which a product, device, service, or environment is available to as many people as possible.

DHHS or department: Utah Department of Health and Human Services and collectively all its operational units.

Equity: The creation of opportunities for historically underserved populations to have access to resources and opportunities capable of closing achievement gaps in all areas of study.

Homeless Child: As described by the McKinney-Vento Homeless Assistance Act, children who lack a fixed, regular, and adequate nighttime residence.

Individualized Family Service Plan (IFSP): As described in §303.20, a written plan for providing early intervention services to an infant or toddler with a disability and their family.

Individuals with Disabilities Education Act (IDEA): As established by Public Law 94-142 and amended most recently in Public Law 108- 446, a federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

Infant or Toddler with a Disability (Child): As described in §303.21, an individual under three years of age who needs early intervention services because the individual 1) is experiencing a developmental delay in one or more of the following developmental domains a) Cognitive b) Physical, including vision and hearing, c) Communication, d) Social-emotional and e) Adaptive, OR 2) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

OU: Operational units within DHHS, including divisions, offices, or standalone operations whose director reports to the executive director, deputy director, assistant deputy director, or division director.

Parent: As described in §303.27, a biological or adoptive parent of a child; a foster parent; a guardian generally authorized to act as the child’s parent or authorized to make EI, educational, health, or developmental decisions for the child; an individual acting in the place of a biological or adoptive parent with whom the child lives or an individual who is legally responsible for the child’s welfare; or a surrogate parent.

Qualified Personnel: As described in §303.31, personnel who have met state-approved or recognized certification, registration, licensing, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations and assessments, or providing EI services.

III. POLICY

- A. EI services are 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 the Sliding Fee Schedule posted on the Baby Watch website
 - 4. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family, as identified by the IFSP team in any one or more of the following areas:
 - a) Physical development
 - b) Cognitive development
 - c) Communication development
 - d) Social or emotional development
 - e) Adaptive development
 - 5. Meet the standards of Utah Part C requirement
 - 6. Are provided by qualified personnel
 - 7. To the maximum extent appropriate, are provided in natural environments

8. Are provided in conformity with an IFSP
- B. EI services include the following defined services:
1. 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.
 2. Assistive technology service means any service that directly assists a child in the selection, acquisition, or use of an assistive technology device, such as:
 - a) The evaluation of the needs of a child, including a functional evaluation of the child in the child's customary environment
 - b) Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques
 - c) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
 - d) Referral for medical and other services necessary for the habilitation or rehabilitation of a child with a disability who has an auditory impairment
 - e) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services
 - f) Provision of services for prevention of hearing loss
 - g) 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 a child with a disability in understanding the special needs of the child and enhancing the child's development
 4. Health services are services necessary to enable an otherwise eligible child to benefit from the other EI services while eligible, to include:
 - a) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services
 - b) Consultation by physicians with other service providers concerning the special health care needs of a child with disabilities that will need to be addressed in the course of providing other EI services
 5. Health services shall not include services that are:
 - a) Surgical in nature (e.g., cleft palate surgery, surgery for clubfoot or shunting of hydrocephalus)
 - b) Purely medical in nature (e.g., hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose)

- c) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant
 - d) Nothing in this section limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive the EI services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes
 - e) Nothing in this section prevents the EI program personnel from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of a child are functioning properly
 - f) Devices (e.g., heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition
 - g) Medical/health services (e.g., immunizations and regular well-baby care) that are routinely recommended for all children
6. Medical services: services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for EI services.
7. 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) The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development
 - c) The administration of medications, treatments, and regimens prescribed by a licensed physician.
8. Nutrition services include:
- a) Conducting assessments of: i) the child's nutritional history and dietary intake; ii) anthropometric, biochemical, and clinical variables; iii) feeding skills and feeding problems; and iv) food habits and food preferences
 - b) Developing and monitoring of appropriate plans to address the nutritional needs of children eligible under Part C, based on the findings of the assessments above
 - c) Making referrals to appropriate community resources to carry out nutrition goals.
9. Occupational therapy includes those services designed to address the functional needs of a child related to adaptive development, adaptive behavior, play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home; and community settings and include:
- a) Identification, assessment, and intervention; adaptation of the environment, and selection, design, and fabrication of assistive and

orthotic devices to facilitate development and promote the acquisition of functional skills

- b) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability
10. Physical therapy includes those services identified to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation and include:
- a) Screening, evaluation, and assessment of children to identify movement dysfunction
 - b) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems
 - c) Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems
11. Psychological services include:
- a) Administering psychological and developmental tests and other assessment procedures
 - b) Interpreting assessment results
 - c) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development
 - d) 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
12. Service coordination services are provided by a service coordinator to assist and enable a child and his/her family in receiving appropriate services and applicable rights, including procedural safeguards, required under Part C. Each child and family will be provided with at least one service coordinator, serving as the single point of contact for carrying out the activities required under Part C and across agency lines. Service coordination is an active, ongoing process. Services include:
- a) Assisting parents of a child in obtaining access to needed EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for a child and his/her family
 - b) Coordinating the provision of EI services and other services (e.g., educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided
 - c) Coordinating evaluations and assessments
 - d) Facilitating and participating in IFSP development, review, and evaluation

- e) Conducting referral and other activities to assist the family in identifying available EI program personnel
- f) Coordinating, facilitating, and monitoring the delivery of services required under Part C to ensure the services are provided in a timely manner
- g) Conducting follow-up activities to determine that appropriate Part C services are being provided
- h) Informing the family of their rights and procedural safeguards and related resources
- i) Coordinating the funding sources for services required under Part C
- j) Facilitating the development of a transition plan to preschool or to other services.

13. Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (e.g., amplification), and providing sign and cued language interpretation.

14. Social work services include:

- a) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction
- b) Preparing a social or emotional developmental assessment of the child within the family context
- c) Providing individual and family/group counseling with parents and other family members, and appropriate social skill-building activities with the child and his/her parents
- d) Working with those problems in the living situation (home, community, and any center where EI services are provided) of a child and family for which affect the child's maximum utilization of EI services
- e) Identifying, mobilizing, and coordinating community resources and services to enable the child and his/her family to receive maximum benefit from EI services.

15. Special instruction includes:

- 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 IFSP for the child
- c) Providing families with information, skills, and support related to enhancing the skill development of the child
- d) Working with the child to enhance his/her development

16. Speech-language pathology services include:

- a) Identification of a child 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

- b) Referral for medical or other professional services necessary for the habilitation or rehabilitation of a child with communication or language disorders and delays in development of communication skills
 - c) Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
- 17. Transportation and related costs include the cost of travel and other costs that are necessary to enable a child and his/her family to receive EI services.
- 18. Vision services include:
 - a) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development
 - b) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both
 - c) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.
- 19. Nothing in this section prohibits the identification in the IFSP of another type of service as an EI service, provided that the service meets the criteria identified above.
- C. Qualified Personnel who provides EI services under Part C may consist of the following:
 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/visual impairments
 12. Speech-language pathologists
 13. Vision specialists, including ophthalmologists and optometrists
 14. Other personnel: The personnel identified in this section do not comprise an exhaustive list of the types of qualified personnel that may provide EI services.
 15. Nothing in this section prohibits the identification of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the highly qualified personnel requirements.
- D. Availability of Resources
 1. Local EI programs serve urban, rural, and frontier service areas.

2. Baby Watch shall ensure that resources are made available under Part C to all service areas through grants to local EI programs covering all 29 counties within the State of Utah
 3. Baby Watch shall ensure Part C funds are distributed appropriately to all local EI programs.
 4. Baby Watch shall review fund allocations at least annually
- E. Equitable Access and Participation
1. Baby Watch ensures that appropriate EI services are available to all eligible children and their families by:
 - a) Ensuring that the public is informed about early intervention services and that parents know how to make referrals
 - b) Conducting child find activities including outreach and public awareness
 - c) Maintaining the Central Directory function that includes a coordinated system of information and referral services
 - d) Educating primary referral sources, hospitals, healthcare providers, and parents
 2. Baby Watch ensures that traditionally underserved groups, including Native Americans, other racial and ethnic minorities, low income, homeless, rural families, and children with disabilities who are in foster care, are meaningfully involved in the planning and implementation of all requirements of Part C through participation on the Interagency Coordinating Council.
 3. Baby Watch ensures that all families have access to culturally competent services through its Comprehensive System of Personnel Development (CSPD).

IV. EXCEPTIONS

Baby Watch may make exceptions to this policy as necessary.