



## Quick Facts Audiology Services

Audiology Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and list of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### What is the general role of an audiologist in EarlySteps?

- Consulting with families, service providers, and community agencies to assure effective provision of services
- Training parents, service providers, and caregivers regarding the child’s hearing status and recommended interventions
- Assisting with assistive technology devices (ATD), 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

### 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, if appropriate.
- Selecting, fitting, and dispensing hearing aids or FM systems, maintaining properly fitting earmolds, and making adjustments in amplification as needed
- Teaching family and caregivers how to 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 the other early intervention services. 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.

### 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 test, 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 on how to use amplification or developmental auditory training with the child and family
- Consulting or training childcare workers, IFSP team members about hearing loss & the implications for child development or how to maximize use of amplification

### **Who can provide audiology services?**

An audiologist, who holds a current, unsuspended or unrevoked Louisiana license in Audiology, and a Master's degree in Audiology, may provide services. 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 Louisiana Board of Examiners in Speech-Language Pathology and Audiology (LBESPA). The audiologist should have experience testing and working with infants and toddlers in this age range.

### **What services can an audiologist perform in EarlySteps?**

- Conducting eligibility evaluation testing
- Attending IFSP meetings, when invited to serve as a member of the IFSP team.
- Providing assessment, evaluation and assistive devices
- Providing testing and/or training in the natural environment such as home or childcare settings
- The audiologist does not need to be present at a team meeting for audiological services to be included on the IFSP.

### **How is an audiologist reimbursed for hearing aids?**

Hearing aids are billed by the provider and reimbursed according to the current Medicaid rate. If the child is enrolled in Medicaid, and the Medicaid Durable Medical Equipment (DME) program covers the hearing aids. The provider must bill Medicaid for the device using their Medicaid DME number. **This is the only circumstance where the provider does not bill the Central Finance Office (CFO).**

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 (\$575). 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 of \$1400 per ear. Each parent should check with their insurance provider.

NOTE: 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, ASSR and OAE can be done in the home or childcare settings. Additionally, training family and caregivers on use of amplification can be done in the natural environment. Reimbursement rates are based on the setting in which the service occurred.

### **Why are audiology services reimbursed differently by EarlySteps?**

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. 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](http://www.lbespa.org)**



## Quick Facts Counseling Services

Counseling services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” or a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions.) Services are designed to enhance the family’s capacity to respond to their child’s developmental needs.

### **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 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, when invited
- Conduct an eligibility evaluation
- Provide ongoing services as listed on the IFSP

### **What counseling services does Early Steps not provide?**

Family counseling 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 is not provided by EarlySteps. Counseling to address family separation, divorce, or custody is not provided by EarlySteps nor is long-term family counseling to address multiple issues.

**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?**

- A counselor may attend IFSP meetings, when invited to serve on the IFSP team.
- 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.)
- A counselor does not have to be present at an IFSP meeting for counseling services to be included on the IFSP.

**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. However, a physician's 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 counselor may also assist the family by contacting the physician for the family.

Website: Louisiana Licenced Professional 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 in one or more of five developmental domains. Part C is not a medical insurance program. It 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.

### **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 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, 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 does Part C not provide?**

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 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 and meet rigorous standards.

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 not necessary to implement the IFSP. The required reviews of the IFSP are governed by the needs of the child and federal regulation 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. Once a child is receiving Part C services, the ongoing early intervention provider is expected to implement ongoing assessment techniques so that progress can be reported. This ongoing assessment may be a formal instrument that the provider uses or can be informal checklists, observations, and etc. It would be very rare that a Part C IFSP team would decide that the routine NICU follow-up evaluation is necessary for Part C purposes.



## Quick Facts Dietician Services

Dietician Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### **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;
- 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 dietitian 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 FSP team should first determine the purpose of the service. If the service is purely medical, it is not an EarlySteps dietitian 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 Program 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 & 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

### **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 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.

### **Should a registered dietitian attend the IFSP meeting?**

- A dietitian may attend IFSP meetings, when invited to serve on the IFSP team.
- 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.

### **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". 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 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](http://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 (see below)
2. Developmental Delay (see below)

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

EarlySteps has developed 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 (shown at bottom) or in the EarlySteps Practice Manual. 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 under Part C. 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 2 standard deviations (SD) below the mean or functioning at least 33% below his/her age in months in at least one of the following areas; or
- Developmental delay of 1.5 SD below the mean or functioning at least 25% below his/her age in months in two or more areas:
  - Cognitive development
  - Physical development
  - Communication development
  - Social or emotional development
  - Adaptive skills (also known as self-help or daily living skills)

### Are there any other requirements that a family must meet in order to receive services?

In addition to a diagnosed medical condition or a developmental delay, a family must be a resident of the State of Louisiana.

### How does Louisiana define "resident" for the purposes of eligibility?

Residency requirements for Part C services are:

- A child must be a resident of the State of Louisiana.
- A child, living with a parent, legal guardian, or person "acting as a parent" in the State of Louisiana, is considered a resident.
- A child living in Louisiana solely for the purpose of receiving EarlySteps services is not considered a resident.
- An Indian infant or toddler with disabilities and his/her family residing on a reservation geographically located in the state are considered residents of the state.

- An infant or toddler, who is homeless or in the custody of the state, is considered a resident of the state.

**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?**

A child may achieve his/her outcomes and will no longer be in need of services. A child may no longer meet the 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 {IC} (initial eligibility) or Family Support Coordinator {FSC} (annual re-determination)
- The provider who conducted the assessment/evaluation developmental testing

**How is the eligibility team selected?**

In selecting the eligibility team, the 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 providers.

**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, by telephone, by report or by a representative. (Only those qualified EarlySteps providers who, actually, attend the meeting may bill for the eligibility team meeting.) In order for a provider 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
- Developmental screening for children over 4 months of corrected gestational age (initial eligibility)
- Developmental Assessment in all 5 developmental domains (see below)
- Child Provider information

**What developmental assessment instruments are used in eligibility evaluations?**

EarlySteps has approved the following instruments to assist in eligibility determination:

- Battelle Developmental Inventory (BDI) (will be phased out in 2007)
- Battelle Developmental Inventory, 2<sup>nd</sup> Edition (BDI-2)
- Developmental Assessment of Young Children (DAYC)

In addition to the developmental assessment, all children are tested with another instrument which aids in IFSP development and also to judge functioning at entry, annually and at exit from the Part C system. This instrument is the Assessment, Evaluation and Programming System (AEPS). A modified version of the AEPS is used in Part C.

### **What happens if the child cannot be tested with the BDI, BDI-2 or DAYC?**

There is an Informed Clinical Opinion process that may be used when the child cannot be tested with the BDI, BDI-2 or DAYC. There are 2 categories that may be used for Informed Clinical Opinion:

- Developmental Delay. This may be used when a child requires such significant adaption to perform on a standardized instrument that the results would be invalid.
- Atypical Behavior. This category may be 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 should proceed to assist the family to identify concerns and priorities and work toward 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 should assist the parent in accessing other services by making referrals (if appropriate) & giving the parent information on any community resources. The family may decide to formally disagree with this decision and request due process to challenge the eligibility determination.



## 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. Louisiana Part C uses a standard form that contains all required elements.

### Who develops the initial IFSP?

The initial IFSP team includes:

- The parent or 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 who has been working with the family since the evaluation
- The Family Service Coordinator who is responsible to implement the IFSP
- A person (s) directly involved in conducting the evaluation (eligibility) and assessments of the child\*
- As appropriate, early intervention service providers

\*People who are directly involved in conducting the evaluation (eligibility determination) and assessments may attend the meeting through a telephone conference call, report, or representative. All other attendees must meet face-to-face.

### 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. There is a specific form for this notification (Team Meeting Announcement).

### How are early intervention services determined?

The IFSP team discusses the information about the child’s abilities, the family’s concerns, and the family’s priorities. Once outcomes are developed, the team then talks about strategies that might be used to achieve those outcomes and the variety of resources available to them. 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 and frequency of the early intervention services selected. The IFSP is not complete without this information.

### How are providers for early intervention services selected?

After the initial IFSP is developed, the Intake Coordinator assists the family with the Service Matrix. The Service Matrix is an on-line directory of Part C providers. The family will choose providers for each early intervention service on the IFSP by reading about the providers 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 IFSP (any review, annually, etc.)

### 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 revise the provisions as appropriate.

**Who participates in an IFSP 6-month review?**

The Family Service Coordinator, the parent/family and early intervention providers as appropriate.

**Who participates in the Annual Review?**

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. Some of these meetings may be conducted through a simultaneous conference call. Changing a provider or a provider's name does not require a meeting but effective practice indicates that all team members are notified of the change.

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

According to federal law, each eligible child is to have an IFSP and service coordination. The service coordinator is responsible to coordinate and implement the entire 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.

**Who gets copies of the IFSP?**

The Intake Coordinator is responsible for ensuring all initial IFSP team members receive a copy of the initial IFSP. The Family Service Coordinator is responsible for ensuring that all IFSP team members receive a copy of the subsequent IFSPs. 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 minutes of the meeting are recorded and filed in their clinical record for that child. Another team member may volunteer to write the minutes.

**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 (LEA) Participation in Part C

#### Interagency Agreement

The Department of Health and Hospitals (DHH) and the Department of Education (DOE) signed an interagency agreement September 29, 2003 to establish and confirm the agreed upon obligations, responsibilities and timelines essential to ensure a coordinated system of early intervention services as required by Part C of the Individuals with Disabilities Education Act (IDEA). 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 there is a continued communication with the Department of Education and that all communications reflect the commitment and agreement of the two departments;
- 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.

#### What EarlySteps Services Can an LEA Provide?

LEA providers have the same roles as other Part C providers in EarlySteps:

- Referring children who may be eligible for Part C to the appropriate EarlySteps System Point of Entry (SPOE);
- 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.

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.

#### What are the restrictions for LEAs in EarlySteps?

- LEAs cannot be both a SPOE and direct services provider, except for assessment and evaluation and team meetings.
- LEAs cannot provide Family Service Coordination (FSC) and direct services
- If an LEA wants to provide FSC services, they must meet all DHH licensing requirements for Case Management Agencies.
- LEAs cannot bill for personnel attending Transition Meetings because that is their responsibility under Part B of IDEA.

#### Funding of Early Steps Services Provided by LEAs

- LEAs receive MFP funds for providing Special Instruction for children from birth to age 3 years. LEAs cannot bill or request funds from DHH for Special Instruction, as direct services.
- LEAs providing Special Instruction must enroll with the EarlySteps CFO and receive a service authorization for Special Instruction and must report to the CFO all Special Instruction services provided on the service authorization.

- LEAs that provide any of the other 17 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.

### **EarlySteps Data**

- Early Steps will maintain all data for Part C reporting to the US Department of Education.
- LEAs should contact the Louisiana Department of Education for the required data for LANSERS.
- On a monthly basis OPH notifies DOE of any children ages 2.2 or above. DOE is responsible for notifying the local LEA of these children.

### **Transition from Early Steps (Part C) to Part B**

- DHH 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 meeting will also be a transition meeting.
- DHH 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 meeting 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.

### **Child Find**

- According to IDEA, LEAs are still responsible for identifying children who may be eligible for services from birth to age 21 years.
- DHH and DOE will continue to work cooperatively in Child Find efforts state wide. LEAs and local EarlySteps personnel should 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 of learning of this child.
- DHH 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 at OPH.



## 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. Simply put, natural environments are the settings where families work, learn, and play.

This requirement of the law represents a philosophical change 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 begins very early in the life of a child with disabilities and their family. Additionally, this type of early intervention is consistent with child development. Infants and toddlers learn through repeated practice and use of the skills required to function in their daily life. Learning occurs within the context of the environment. Early intervention that accounts for that context is more useful to the child and family.

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 appears to promote positive long-term outcomes for the child and family (Dunst, Herter, & Sheilds, 2000). Hanft and Feinberg (1997) cite studies that concluded “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).

<b>Traditional services</b>	<b>Look like this in natural environments...</b>
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 provides more opportunities for use and practice.

### **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 everyday is not intrusive. This type of service delivery supports enhanced relationships between provider and parent. 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 services. Care providers want information that helps the child participate in the family and community (Sheldon & Rush, 2001). Parents have choices within the Early Steps 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 Early Steps.

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

The law states 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.
- Dunst, CJ, Herter, S & Shields, H. (2000). *Interest-based Natural Learning Opportunities*. In S. Sandall & M. Ostrosky (eds.), Young Exceptional Children Monograph Series No.2: Natural Environments and Inclusion (pp. 37-48). Longmont CO: Sopris West
- Hanft, BE & Feinberg, E (1997). Toward the development of a framework for determining the frequency and intensity of early intervention services. *Infants & Young Children*, 10(1), 27-37.



## Quick Facts Nursing Services

Nursing Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a significant developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### 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;
- 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 does nursing services in Early Steps include?

Nursing services in Early Steps 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 Early Steps 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 Early Steps 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? **Early Steps nursing services are typically short in duration and directed at teaching a caregiver how to provide optimal care.**

### Examples of appropriate nursing services in Early Steps:

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 Early Steps 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 Early Steps services can nurses enroll to perform?**

- Attend IFSP team meetings (only RNs can serve on an IFSP team)
- Provide health assessment/evaluation (RN only)
- Provide ongoing services as listed on the IFSP

**What nursing services does Early Steps not provide?**

Early Steps does not provide nursing services for ongoing medical conditions.

**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-Early Steps 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 may attend IFSP meetings when invited to serve on the IFSP team. It is not appropriate for an LPN to attend as an IFSP team member. An LPN may attend the IFSP team meeting with the RN supervisor. Only one nurse will be reimbursed for an IFSP team meeting.
- RNs and LPNs may attend IFSP team meetings to give information on the child's "other services," when invited to participate. There is no Early Steps reimbursement for this service.
- Nurses do 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 Early Steps?**

- RNs and LPNs must practice within the scope of practice of the Louisiana State Board of Nursing and Louisiana State Board of Practical Nurse Examiners.
- RNs must evaluate and assess all Early Steps outcomes and strategies related to nursing services and may delegate appropriate services to an LPN. RNs must provide regular and ongoing supervision of LPNs for any Early Steps services.
- Websites for the Practice Acts are listed below:
  - Registered Nurse: <http://www.lsbn.state.la.us/>
  - Licensed Practical Nurse: <http://www.lsbpne.com/>



## Quick Facts Occupational Therapy Services

Occupational Therapy Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay and use of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### 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 does 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.

Non-traditional occupational therapy means the provision of occupational therapy through non-traditional means (e.g., horseback, aquatic therapy) and is usually not funded by EarlySteps. For EarlySteps to fund a non-traditional delivery of service, there must be documentation that the team has discussed why the traditional service delivery did not work and why the non-traditional method is more appropriate. Or, documentation that the child’s medical condition is such that traditional therapy is not conducive to the child’s status.

### 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 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 train the parents on ways to facilitate the child’s use of his/her 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 & 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, may 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. See Procedural Clarification Number 2: Supervision Requirements for Certain Personnel.

#### **What EarlySteps services can OTs and COTAs enroll to perform?**

- Attend IFSP team meetings (only OTs can serve on IFSP teams)
- 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 may attend IFSP meetings when invited to serve on the IFSP team.
- Occupational therapists 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.
- 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 device(s) to enhance 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.

**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?**

A prescription for OT is not needed for consultation, indirect services or an evaluation. 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 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: [www.lsbme.louisiana.org](http://www.lsbme.louisiana.org)



## 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.

### **Before Delivering Early Intervention Services...**

- The provider is expected to meet and maintain all licensing & credentialing requirements.
- The provider must have a criminal background check by the Louisiana State Police.
- The provider must adhere to any ethical codes as established by his/her agency.

### **While Delivering Early Intervention Services...**

- The provider must engage in behaviors & display attitudes, which support the values of EarlySteps. [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 & consult with the parent or other primary caregiver present and actively involved during the delivery of the service.
- The provider is required to notify the parent/caregiver in advance of missed or late sessions. If advanced notice is not possible due to unforeseen circumstances, immediate notification is required.
- 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. [This is a violation of confidentiality.] 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.

### **While participating in professional development activities...**

Professional development in EarlySteps includes trainings, 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 his/her 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

All services in EarlySteps are designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions.) Services are designed to enhance the family’s capacity to respond to their child’s developmental needs.

### **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;
- Training 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 development;
- 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.

### **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 Early Steps.

### **Examples of appropriate psychological services in Early Steps:**

- Conducting a developmental assessment on a child with a developmental delay.
- Conducting a psychological assessment on 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.

### **What Early Steps services can a psychologist enroll to perform?**

- Attend IFSP team meetings when invited
- Conduct eligibility assessment/evaluation
- Provide psychological assessments
- 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 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 Early Steps provider should be listed in the "Other Services" section of the IFSP.

**Should a psychologist attend the IFSP meeting?**

- Attend IFSP meetings when invited to serve on the IFSP 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.
- 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 in the IFSP. Reimbursement rates will be based on the setting in which the service occurred, as outlined above.

**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". 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: <http://www.louisianapsychologist.org>



## Quick Facts Physical Therapy Services

Physical Therapy Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay and use of diagnosed conditions.) Services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### 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 adaption. 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 and group 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 usually funded by EarlySteps. For EarlySteps to fund a non-traditional delivery of service, there must be documentation that the team has discussed why the traditional service delivery did not work and why the non-traditional method is more appropriate. Or, documentation that the child’s medical condition is such that traditional therapy is not conducive to the child’s health status.

### 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 gait training.
- Training a grandparent on how to assist his/her grandchild who has cerebral palsy to ride a tricycle at the park.
- Consulting with child a 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 hold 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. See Procedural Clarification Number 2: Supervision Requirements for Certain Personnel.

**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 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 should attend IFSP meetings when invited to serve on the IFSP team.
- A Physical therapist should 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 Physical therapist does not have to be present at an IFSP meeting for physical therapy services to be included on the IFSP.

**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.

**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 ATnot 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 has changed (Act 1269, effective 7/1/03). Physical therapists no longer need a 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: [www.lapt.org](http://www.lapt.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 becomes an EarlySteps provider. Visit the EarlySteps website noted at the bottom of this page for instructions on how to enroll as an EarlySteps provider. This handout reviews those physician services that are reimbursable under Part C of IDEA. 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 not be purely medical in nature. 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
- Face to face 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, 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. 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 attention deficit disorder

- 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. Consultation provided by phone is also not reimbursable.

### **Examples:**

- Laboratory testing
- Genetics evaluations, which could be obtained from a DHH 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
- 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:** <http://www.lsbme.louisiana.gov/>



## Quick Facts Speech/Language Pathology Services

Speech-Language Pathology (SLP) Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay and use of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

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

- Training 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 oropharyngeal developmental delays

### 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, language or oropharyngeal 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 (ACD) 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 or B Certification by ASHA and licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology may provide services.

An SLP assistant or provisional SLP assistant who has a bachelor's degree in Speech/Language Pathology and are 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. See Procedural Clarification Number 1: Supervision Requirements for Certain Personnel.

An SLP with a restricted license are reviewed in Central Office on a case-by-case basis regarding eligibility to practice in EarlySteps.

### **What EarlySteps services can an SLP enroll to perform?**

- Attending IFSP meetings when invited to serve as a member of the IFSP team, but SLP's need not be present for SLP services to be included on the IFSP, when appropriate
- 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. **This is the only circumstance where the provider does not bill the Central Finance Office (CFO).**
- 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 as 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 do 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**

[www.lbespa.org](http://www.lbespa.org)



## Quick Facts Social Work Services

Social Work Services in EarlySteps are defined as those services designed to meet the developmental needs of infants and toddlers with “diagnosed physical or mental condition that has a high probability of resulting in a disability or a developmental delay” or a developmental delay in one of the five developmental domains-- cognitive, communication, adaptive development, physical development (including hearing and vision), or social/emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions). In addition, EarlySteps services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### 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 a LCSW may provide services. Also, A GSW 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. See Procedural Clarification Number 1: Supervision Requirements for Certain Personnel.

### 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
- Training parents on advocacy skill building
- Training family concerning the benefits of applying to other state/federal programs for assistance such as LaChip, SSI, or OCDD cash subsidy
- 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-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 OFS 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 when invited to serve on the IFSP team. It is not appropriate for a GSW to attend as an IFSP team member. A GSW 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 GSW 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 a Part C referral in all cases involving substantiated victims of child maltreatment under the age of three.

**Social Work Licensing Board:** Louisiana State Board of Social Work Examiners  
18550 Highland Road, Suite B  
Baton Rouge, LA 70809  
Telephone: (225) 756-3470  
(800) 521-1941  
Fax: (225) 756-3472  
Website: [www.labswe.org](http://www.labswe.org)



## Quick Facts Special Instruction

Special Instruction is not completely defined by Part C federal regulations. The federal regulations indicate the types of services that are encompassed by special instruction but do not provide a definition of the term “special instruction”. Therefore, using the Individuals with Disabilities Education Act definition for special education as a reference, special instruction is an individualized, planned and strategic intervention emphasizing skill development within the context of a child and family’s typical routines and daily activities, using naturally occurring learning opportunities. Special Instruction requires matching teaching strategies with the unique developmental needs of the child and outcomes identified in the IFSP.

### What does special instruction in Early Steps include?

Federal regulations indicate that 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 Early Steps 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 in human service field **AND** at least one of the following additional qualifications:

- National Certification in Applied Behavior Analysis (BCBA)
- Applied Behavior Analysis Certification from out of state

### Examples of appropriate Early Steps 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.

### **Can Special Instruction be provided in a group?**

Group instruction as a teaching and learning strategy is the reason for choosing group as the method for service delivery when an IFSP team decides to provide Special Instruction Group. When this occurs, the IFSP team has determined that indirect instruction and peer modeling are appropriate teaching strategies for the developmental needs of the child and that group instruction will, in fact, increase meaningful engagement with the environment, increase skill acquisition, and lead to the achievement of the IFSP outcomes.

Individual early intervention services are often delivered in settings with groups of children because that setting is part of the daily routine of the child and family. However, this is different than group special instruction.



## Quick Facts Transportation

Federal regulations for Part C of the Individuals with Disabilities Education Act (IDEA) define transportation as one of the sixteen early intervention services. That definition is: Transportation and related costs includes 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. This means that transporting a child to early intervention services does not happen often. EarlySteps pays for transportation when the child must be transported in order to receive early intervention services at 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. 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.



## Quick Facts Vision Services

Vision Services in EarlySteps are defined as those services designed to meet the developmental needs of an infant or toddler with a “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay” **or** a developmental delay in one of the five developmental domains—cognitive, communication, adaptive development, physical development (including hearing and vision), or social or emotional development. (See EarlySteps Eligibility Quick Fact Sheet for developmental delay definition and use of diagnosed conditions.) In addition, services are designed to meet the needs of the family related to enhancing the family’s capacity to respond to their child’s developmental needs.

### 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 what is the purpose of the vision service: 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 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?

If the child has had a complete vision assessment prior to referral to EarlySteps, the Intake Coordinator at the SPOE should seek parental permission to obtain all of those 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 follow 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, so they can 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 (ATDs)
- 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).

### **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 may attend IFSP meetings when invited to serve on 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. **This is the only circumstance where the provider does not bill the Central Finance Office (CFO).**
- 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:** <http://www.lsbme.louisiana.gov/>

**Louisiana State Board of Optometry Examiners:** <http://www.laophthmetryboard.com>

**Louisiana Department of Education:** <http://www.doe.state.la.us>