

# It's A Better IDEA Part C



- **Family Driven**
- **Non-Profit 501(c)3**

**Family Driven:** What makes FND unique is that the majority of our Board of Directors, all of our Management Staff and all of our Program Staff are parents or family members of persons with disabilities.

When family members call FND, they not only receive the expertise and knowledge of a professional, but also the compassion and empathy of someone who has walked (and continues to walk) in their shoes.

## We do NOT:

Act As Attorneys

## We DO:

- ♥ Provide Support
- ♥ Provide Information
- ♥ Help Identify Options

**Act as Attorneys:** We don't represent families, and we don't give legal advice.

**Support:** FND has been the statewide Parent to Parent since 1985, and the value of families getting support by networking with other families is built into everything we do. We often get calls from parents or other family members who just need to talk – and we're there to listen.

**Information:** Altogether, FND logs over 15,000 calls a year, most of them from parents, family members, or professionals who are looking for information. We have a large database of resources in Florida, and a library filled with disability-related information. Regardless of the question, our staff will go the extra mile to find an answer.

**Identify Options:** Our philosophy at FND is that it is not our role to tell families what to do. It is our role, however, to inform families of what their options are – and encourage them to make their own decisions about what is right for their family.

# Individuals with Disabilities Education Improvement Act

## Part B - School Age Children

## Part C – Infants and Toddlers

Part B - provides for special education and related services for children ages three through 21 with disabilities. IDEA ensures that a free and appropriate public education (FAPE) based on the individual needs of students with disabilities is available. The law also guarantees rights for children with disabilities and their parents.

### Part C

Congress established this program in 1986 in recognition of "an urgent and substantial need" to:

# Individuals with Disabilities Education Improvement Act

## Part C – Infants and Toddlers

- Enhance Development
- Reduce Education Costs
- Minimize Institutionalization
- Maximize Independent Living
- Enhance the Capacity of Families

Enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education through early intervention; minimize the likelihood of institutionalization, maximize independent living in the future and enhance the capacity of families to meet their child's needs.

# Child Find Identification

**Referral within  
two working days**

CHILD FIND: It is the intent of IDEA, Part C to identify and serve all eligible infants and toddlers and their families. To accomplish this, a child find system is implemented in order to seek out and identify infants and toddlers who have established conditions or developmental delays and to ensure that potentially eligible infants and toddlers are referred for early intervention services within 2 working days of identification.

# Intake Process

- ⊕ **Meet with the family**
- ⊕ **Face to face**
- ⊕ **Three attempts**

The intake process includes scheduling a face-to-face contact, preferably a home-visit.

Three attempts to contact the family are required, at a minimum. Contact attempts should include contact by mail and phone.

A child's record will be closed at intake only after three contact attempts are documented, including one attempted face-to-face contact or decline of services by the family.

# Eligibility

## Established Condition

**Genetic / Metabolic**

**Neurological**

**Severe attachment disorder**

**Significant sensory impairments**

Established Condition - The child has a diagnosis, or suspected diagnosis, that has a high probability of resulting in disability or developmental delay, in one of the following areas:

Genetic and metabolic disorders such as Downs Syndrome.

Neurological abnormalities and insult such as Cerebral Palsy or Spinal Bifida

**Severe attachment disorder such as Autism Spectrum Disorders or Severe Failure to Thrive Syndrome.**

Significant sensory impairments, hearing impairment or vision impairment.

A written confirmation from a licensed physician of the diagnosis or suspected diagnosis is needed to establish service eligibility.



# Eligibility

## Developmental Delay

**Cognition**

**Physical / Motor**

**Communication**

**Social / Emotional**

**Adaptive Development**

Developmental Delay - An infant or toddler manifests a developmental delay, on an appropriate evaluation or assessment protocol or based on informed clinical opinion, in at least one of the following areas:

Cognition; Physical/motor (including vision and hearing); Communication; Social or emotional; Adaptive development; The developmental delay must be equal to or greater than a 25% delay in terms of months of age in one area or 20% in two or more.

# Evaluation and Assessment

- ▶ **Level of functioning**
- ▶ **Native language**
- ▶ **Family input**

A multidisciplinary evaluation and assessment must be provided for children and families referred to the Early Intervention Program to determine eligibility for services and assess the child's level of functioning and needs in each developmental area. Families participate in the evaluation process and must be informed of their rights. The process and materials are non-discriminatory and administered in the family's native language. Re-assessment occurs when the family or other team members request it or at least once a year.

# Early Steps

- **Statewide**
- **Developmental delay**
  - **At risk**
- **Family-focused**
- **Early Intervention Services**
- **Birth to Thirty Six Months**

Early Steps offers early intervention services and supports to infants and toddlers (birth to thirty-six months) with significant developmental delays or a condition that places them at risk of developmental delay. It is a statewide, family-focused, multidisciplinary system of early intervention services for eligible children and their families.

# Early Steps

- ➡ Identification
- ➡ Evaluation
- ➡ Assessment
- ➡ Eligibility
- ➡ Service Coordination
- ➡ Individualized Family Support Plan

Many types of services and supports are available through Early Steps for eligible children and their families, such as identification, evaluation, assessment and service coordination, as well as direct intervention within the everyday routines, activities and places of the child and family. The family receives an individualized family support plan outlining services the Early Steps team determines appropriate. The family is an important part of this team.

# Service Coordination

## Assists the family in facilitating and coordinating services

Each child and family referred has a service coordinator who assists the family in facilitating and coordinating services. Service coordination encompasses planning for and integration of all resources, services and supports. Each child and family will have one service coordinator who will be responsible for serving as the single point of contact in helping families obtain the services needed.

It is the responsibility of the service coordinator who has initial contact with the family to inform the family of all available service coordination options.

The initial service coordinator should inform the family that they may request a change in their service coordinator if the needs of their child change or if they determine that another service coordinator will be better able to assist them to address their child's needs.

# Written Notice

**10 Days in Advance**

Written notice of the IFSP meeting will be provided to the family and other team members at least ten (10) calendar days prior to meeting (initial, six-month review, and annual).

# Native Language



The Early Intervention Program must make a substantial effort to find a translator, professional, extended family member, or community resource person so that communication at the Family Support Plan meeting is in the native language or other mode of communication of the parents unless it is clearly not feasible to do so.

# Individualized Family Support Plan (IFSP)

**Developed within 45  
calendar days of referral.**

The Individualized Family Support Plan is a **family-centered** planning process involving the family, evaluators, the service coordinator, service providers and others with knowledge of the child, which results in a written plan of early intervention services to meet the identified outcomes for an individual child and family.

A IFSP is developed for eligible children and families within 45 calendar days of referral. The IFSP documents specific services and supports that are necessary to help meet the unique need of the child and family in their everyday routines, activities, and places.



# Individualized Family Support Plan (IFSP) Team

 **Family**

 **Service Coordinator**

 **Two Professionals**

The IFSP team includes the family, service coordinator, individuals involved in evaluation/assessment activities and others who have information and input helpful in the development of the initial IFSP for the child and family. At a minimum, the IFSP team must include the family, the service coordinator and at least two professionals from two different disciplines involved in evaluation and assessment activities. The service coordinator must assist the family in determining additional individuals who will participate in the IFSP development, such as a family friend, advocate and potential service providers.

# Content of the IFSP

## Identification of family information

- **Family composition**
- **Formal supports**
- **Informal supports**

Identification of family information.

The service coordinator and the family will share with the IFSP team basic information about the family composition, the family network and the family's formal and informal support systems.

This information is valuable to the team when making service delivery decisions. This information is recorded on the IFSP in the words of the family.

# Content of the IFSP

- **Concerns**
- **Priorities**
- **Resources**

**Concerns** are the circumstances or areas which worry, distress or create difficulties for families that are related to their child or their ability to support their child's development. Problems and areas that do not fulfill family members' dreams or expectations are concerns. The needs a family expresses, the challenges they confront and their interests in "things being better or different" also comprise a family's concerns.

**Priorities** are the concerns that the family decides should be addressed first; a family's agenda and choices for how early intervention will be integrated into family life.

(continued)

## **Content of the IFSP**

- **Concerns**
- **Priorities**
- **Resources**

**Resources** are the people, skills and capacities, relationships and concrete assets that a family has or has access to which support, nurture, and sustain family members or the family as a whole. Qualities and characteristics of family members and formal and informal supports that help a family meet its needs and accomplish its goals are also resources.

The service coordinator and the family will share with the IFSP team the family's concerns, priorities and resources relevant to the child's development discussed during first contacts and any subsequent information the family wishes to share or discuss. Team members may assist the family with how the concerns, priorities and resources are stated on the IFSP. The IFSP must contain information about the family's concerns, priorities, and resources in sufficient detail to develop appropriate supports and services. Information shared by the family is voluntary.

# Content of the IFSP

## Natural Environment

- Park
- Home
- Day Care

Natural environments refers to the places and activities that are typical and routine for the child and family in question. EI services should be provided to young children in the natural environments to the extent possible and appropriate. Delivering intervention services in natural environments utilizes daily activities and routines as vehicles for addressing skill development in one or more particular domains of development at a variety of times throughout the child's daily schedule of activities.

Family routines might include meal time, bath time, play time, car rides, and nap time.

(continued)

# Content of the IFSP

## Natural Environment

- Park
- Home
- Day Care

Everyday activities might include having fun at the playground, going for a walk, spending time with friends at a playgroup, shopping, and going to the library.

Everyday places might include the home, the neighborhood, and community programs such as a recreation center, library, or park.

The IFSP must contain a statement of natural environments in which early intervention services shall be provided. An IFSP is not required to include a justification for services in such a setting; a justification is needed, however, for services in settings that are not natural environments. The service coordinator and the family will share with the IFSP team the family's typical routines, activities and places identified during first contacts and any other information the family wishes to share. The IFSP team will use this information to identify the supports and services needed to address each strategy developed in response to the outcomes to be achieved.

# Content of the IFSP

**6 months**

**1 year**

The IFSP must contain a statement of the major outcomes expected to be achieved for the infant/toddler and the family. An outcome is a statement of change that the family wants to see for their child or themselves as a result of their involvement in early intervention. Outcomes must be based on family concerns and priorities and information gathered during first contacts and evaluation and assessment. Outcomes included on the IFSP are those agreed upon by the IFSP team and not the decision of any one member. The IFSP must contain a child or family outcomes related to a specific skill or ability of the child or a specific family need. Strategies must support the ability of the child and family to achieve outcomes in the context of where they live, learn and play. Outcome statements are written for six months to one year. At that time the IFSP team will decide if the outcome has been achieved.

## Content of the IFSP

- How often ?

- How Long?

- When ?

- Where?

### **Frequency, Intensity, Location, Method of Delivering Services and Duration:**

**Frequency** means the number of sessions per week/month.

Intensity means the length of time of each session. **Location** means where the service will be provided: in the child's home, child care, or other setting.

**Method** means how the support or service is provided, e.g., whether the service is provided on an individual or group basis. **The duration of services** is the period of time the service is authorized and always includes a projected beginning date and an ending date.



# Content of the IFSP

## Who

### Potential Service Providers

Potential Service Providers: The service coordinator must present and discuss the local EI Program provider list so that the family can make an informed selection regarding potential service providers who can appropriately address the IFSP outcomes and strategies. Potential service providers will be discussed after the IFSP team has identified recommended strategies and services, not before. The family will be provided with information on service providers in the areas that are available to provide the services identified in the child's IFSP. A lack of providers or other resources does not exempt a local EI program from the responsibility to make available necessary early intervention services listed on the IFSP. In the event that a service on the IFSP is unavailable, the IFSP team will reconvene to discuss and develop alternative strategies to achieve the outcome.

# Content of the IFSP

## Funding

The funding source for early intervention services must be listed on the IFSP. For each service listed, the IFSP team must specify who is responsible for funding the service. Part C dollars are used as a “last resort.” This means that all other payment options are considered first. For example, if a family has insurance that will pay for services identified on the IFSP, the early intervention program will bill the insurance company first.

# Other Services Not Covered

Other services which are needed but not covered under the Early Intervention Program must be listed on the IFSP along with the steps to be taken to assist the family in securing the services from public or private sources. Other services may include access to child care, assistance in applying for Medicaid benefits and food stamps, specialized medical services related to the child's disability, etc. Other services does not apply to routine medical care such as immunizations or well baby check-ups unless the child needs those services and they are not otherwise available.

# Rights and Responsibilities

## Opportunity to Examine Records

### Native Language

### Written Prior Notice

Parents have a right to receive, inspect, or review, upon request a list of the types of early intervention records kept on their child, where they are maintained and how they can gain access to them. Record means any information recorded in any way.

If a family uses an alternative mode of communication or language other than English, early intervention personnel must communicate with the parent or guardian using the preferred mode and ensure that they understand the information they have been given.

Parents have the right to be notified a reasonable time before the local early intervention program or early intervention service provider proposes or refuses, to initiate or change the identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.

Families must receive written notice if the local early intervention program or early intervention service provider refuses to act on a request.

The written notice must contain a description of the action proposed or refused by the local Early Intervention Program or provider and the reasons for taking the action, and must be in the parent's native language.

# Rights and Responsibilities

## Written Parent Consent

## Confidentiality

## Right to Decline Services

### **Written Parent Consent**

Written consent must be obtained from the parent or guardian prior to performing the initial evaluation, as well as prior to providing any early intervention service for the first time. The granting of consent is voluntary on the part of the parent and may be revoked any time.

### **Confidentiality of Information**

The early intervention program has the responsibility to ensure the protection of the confidentiality of personally identifiable information.

### **Right to Decline Services**

A parent or guardian of an eligible infant or toddler may determine whether they will accept or decline any early intervention service. The parent may decline some services, while giving consent to others. A parent may initially decline a service, and then accept it at a later date, without jeopardizing other early intervention services.

# Rights and Responsibilities

## Parent Refusal to Provide Consent

When the parent refuses to provide consent for the initial evaluation or assessment, the public agency according to the IDEA, may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the child. Such a proceeding should only be initiated as a last resort, after efforts through all other avenues have failed. In most instances when a parent refuses to consent to the initial evaluation, the early intervention program will accept the parent's refusal and will not serve the child. Only in extremely rare circumstances in which it is determined that a child is endangered by the parent's refusal would the early intervention program challenge the parent's decision or report suspected abuse or neglect under State Law, through appropriate channels.

# **Rights and Responsibilities**

## **Appointment of Surrogate**

### **Right to Mediation**

### **Right to Due Process**

### **Right to File a Complaint**

The State CMS Program Office has made arrangements with the Department of Education to obtain the services, when needed, of surrogate parents who have been trained through the local Florida Diagnostic and Learning Resources System (FDLRS) offices. Each local education agency and FDLRS Office has developed specific procedures for assignment of surrogate parents, including appropriate forms. A surrogate parent could be sought out if the parents or other family members can not represent the child.

The Early Intervention Program must ensure that a mediation process is available to parties who may be involved in a dispute related to early intervention services. It may be an intervening step after a due process hearing has been requested or it may be offered prior to a request for due process hearing or the filing of a complaint.

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# **Rights and Responsibilities**

## **Appointment of Surrogate**

## **Right to Mediation**

## **Right to Due Process**

## **Right to File a Complaint**

Due process of law relates to the principles and procedures that guarantee fair treatment and protect the rights of all individuals. Due process, as it relates to IDEA, Part C, provides a mechanism for resolving disagreements between parents and the Early Intervention Program in matters relating to services of infants and toddlers with disabilities.

Any individual or organization may file a written, signed complaint if they suspect any public agency or private service provider has violated the requirements of IDEA, Part C. The complaint must include a statement that the state has violated a requirement of Part C or the regulations and must present the facts on which the complaint is based.



# Signing the Support Plan

## Informed written consent

The IFSP must list the names of the programs or types of services for which the child and family have been determined eligible.

The family will initial by the names of those team members for whom they are giving permission to receive a copy of the IFSP.

The contents of the IFSP must be fully explained to the family and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. This explanation must be provided verbally in the family's primary language or mode of communication.

It should include a verbal review of what has been written on the IFSP, asking the parents if they understand what has been recommended and then having the family sign the IFSP form.

In the event that the family does not provide consent with regard to a particular service, then the services to which consent **is** obtained will be provided.

## TIPS

# Preparing for the IFSP

- **Meet as a family to discuss priorities**
- **Write a list of concerns & questions**
- **Consider inviting another family member or a friend to attend the meeting with you.**

**Meet as a family** and **Write a list** – Many families have shared with us the benefits of creating a list of questions or concerns. How many times have you gone to a Doctor's appointment, and on your way home you realized that there were a couple of questions that you meant to ask?

**Inviting others** – IDEA provides families with the option to invite others who “have knowledge or special expertise about the child.”

# TIPS

## During the IFSP

- Share your hopes and dreams
- Take notes/record
- Do not agree to what you do not understand
- Ask questions
- If disagreement occurs, suggest moving to a different area and returning later

**Share your hopes** –

**Take notes** – If the parent needs a recording in order to fully understand and participate in the process, they should notify the participants in advance. For example, “My husband won’t be able to be there, and he will need the tape to participate in decision-making.”

**Do not agree** with what you do not understand and **ask questions** – Parents are strongly encouraged to ask questions, including those that they identified while they were preparing for the meeting.

**If disagreement occurs**, move on, and come back to it later.

# Transition

**Hospital to home**

**Family move**

**Provider changes**

Transitions occur at many points during the time that an infant or toddler is served through the EI Program. Transition occurs when the infant is discharged from the hospital to home, when the family moves from one service area to another, when the specific provider of a service changes, and when a child turns age three and transitions from the Part C program to other service options. The EI Program service coordinator must schedule a transition planning meeting six months to 90 days before the child turns three years old. If the child's birthday is in the summer, the transition meeting should occur in the spring to allow for availability of School District staff and time for the plan to be in place before the school year begins.

# Transition

- ✦ **Family outcomes**
- ✦ **Who will be involved**
- ✦ **Options**
- ✦ **Parent rights**

**At least 90 days  
before turning  
three**

Transition from the EI Program at age three requires specific activities be performed by the Early Intervention Program, School District, CMS Network or Community Provider. Discussion about transition should include:

Relevant family outcomes related to transition.

Who will be involved with the child's transition.

Transition options available within the community.

How the child will adapt to a new environment

Permission from the family to refer the to the School District's Pre-kindergarten Program for Children with Disabilities and/or other agency/community providers.

The transition meeting must be scheduled with the School District **at least 90 days before the child's third birthday**. Again, if the child's birthday is in the summer, the transition meeting should occur in the spring.

# Transition

## Parental consent

### Temporary assignment

If the family does not provide consent to make a referral to the School District Pre-kindergarten Program for Children with Disabilities or consent to provide any information to the School District, the EI Program service coordinator will document this on the IFSP form.

The parent may choose at any point in time to withhold permission to send a referral to the School District. If this is the parent's choice, the service coordinator should make the family aware that a delay in referring the child to the School District could cause a delay in services being provided to the child. Other community options should be explored.

Children who were previously enrolled in the Early Intervention Program may be temporarily assigned, with parental consent to the appropriate School District Pre-kindergarten Program for Children with Disabilities while the child is waiting for School District evaluations to take place.

**The best and most beautiful things  
in the world cannot be seen  
or even touched.  
They must be felt with the heart.**

**~Helen Keller**

# Introducing: FND University

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