Requirements for delivery of early intervention exist within a hierarchy of legal authority. The federal statutes are at the highest level of authority. The Individuals with Disabilities Education Act (IDEA) is the federal statute that contains provisions for a program of discretionary grants to states to fund early intervention services for infants and toddlers with disabilities. Those provisions are set forth in Part C of the IDEA.

Federal regulations provide details necessary for implementation of federal law. If regulations are within the boundaries set by law, they have a level of authority equal to the law. Federal regulations for Part C of IDEA can be found in the Code of Federal Regulations (CFR) Part 303.

Subordinate in authority to federal statutes and regulations are the state statutes. Requirements of state law must accord with regulations at higher levels. In South Carolina, State Act 41 is the state statute that governs early intervention. The BabyNet Interagency Memorandum of Agreement serves as regulations for the state statute.

BabyNet policies and procedures must comply with all higher level requirements. The policies and procedures of all South Carolina agencies that are involved in the delivery of Part C early intervention services must conform to requirements of BabyNet policies and procedures.

The federal Office of Special Education Programs (OSEP) monitors the states each year through an Annual Performance Report (APR) to ensure that early intervention activities are appropriately regulated. Determination of the extent to which the state is in compliance and performance targets are met are made each year as follows: meets requirements, needs assistance, needs intervention, or needs substantial intervention (IDEA 2004 § 619). States which are determined to be in any category other than ‘meets requirements’ can be required to complete additional activities, and document correction of non-compliance within one year each instance is identified. States are also required to make the same determinations of local early intervention systems within the state (in South Carolina, this would be the eight early intervention regions).

IDEA was originally enacted by Congress in 1975 to ensure that children with disabilities have the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times over the years. The most recent amendments were passed by Congress in December 2004, with final Part C regulations still pending. So, in one sense, the law is very new, even as it has a long, detailed, and powerful history. 

IDEA is divided into four parts, as follows:
- Part A - General Provisions
- Part B - Assistance for Education of All Children with Disabilities
- Part C - Infants and Toddlers with Disabilities
- Part D - National Activities to Improve Education of Children with Disabilities

http://www.nichcy.org/Laws/IDEA/Pages/Default.aspx
The federal statute that initially provided funding for free, appropriate, public education of children with disabilities was The Education of All Handicapped Children Act of 1975 (P.L. 94-142). When Congress amended that law in 1986, it included a discretionary grant program to provide additional funding for states to establish early intervention services for infants and toddlers with disabilities and their families. To be eligible for federal funding, states had to conduct a needs assessment to identify what was missing from the current service system, and what would be needed to provide a state-wide comprehensive system of early intervention. States were also required to designate a single public agency which could administer and be accountable for the early intervention system, referred to as the Lead Agency.

In South Carolina, several agencies that provided services for young children and families were considered as potential Lead Agency for the Part C system. Among them were:

* Department of Health and Environmental Control/Children’s Rehabilitative Services
* South Carolina School for the Deaf and Blind
* Department of Disabilities and Special Needs
* Department of Education
* Head Start

During the administration of South Carolina Governor Carroll Ashmore Campbell, Jr., the Department of Health and Environmental Control (DHEC) was designated as Lead Agency for Part C. On September 11, 2009, Governor Mark Sanford signed an executive order naming SC First Steps to be the new Lead Agency for South Carolina beginning January 1, 2010. The Lead Agency is authorized to oversee relevant activities of agencies involved in the delivery of Part C services, and is charged with ensuring the quality and legal compliance of agency policies and practices.

Several characteristics of DHEC contributed to the agency’s qualifications as the Part C Lead Agency. As a public health agency, DHEC was not limited to services directed exclusively toward children. DHEC was administering EPSDT (Early Periodic Screening Diagnosis and Treatment) services to a population of children among which were many individuals who were potentially eligible for Part C services. DHEC controlled a statewide system of health departments which served thousands of children annually.

Six collaborating state agencies directly support BabyNet: DHEC, DDSN, CRS, DMH, DSS, and SCSDB. Each supports BabyNet in unique ways.
Part C Service Coordination in South Carolina is only available through one of three agencies: DDSN, DHEC, or SCSDB. As individual needs indicate, some families receive concurrent service coordination.

The local early intervention system is comprised of collaborative, family-centered, interagency, interdisciplinary, community-based teams. Each team member’s role represents a federal early intervention requirement such as referral and intake, evaluation, assessment, service coordination, or service provision. It is the interaction of these roles, on behalf of families of eligible children, that results in a local system intended to meet both the letter and the spirit of the law, and upon which local determinations of performance indicators and targets are made.

To be effective, the public awareness program should provide continuous, ongoing activities throughout the state, involve the major organizations that have a direct interest in young children including public and private agencies at the state, regional and local levels, parent groups, advocates and other organizations, be broad enough to reach the general public including persons with disabilities and include a variety of methods for disseminating information. Examples of methods to inform the general public can include posters, pamphlets, displays, toll free-numbers, Web sites, TV, radio newspaper releases, advertisements etc.  
http://www.nectac.org/topics/earlyid/pubaware.asp
Part C requires each state to have a "comprehensive child find system" with the purpose of finding children birth to age three as early as possible. The system must be consistent with Part B but also meets the additional requirements of (34CFR§§ 303.321). For Part C, the lead agency with the assistance of the state interagency coordinating council ensures that the system is coordinated with all other major efforts to locate and identify young children by other state health, education, social service and tribal agencies. This comprehensive system addresses the definition of eligibility for the state, the public awareness program, central directory, screening and referral, timelines for agencies to act on referrals, evaluation and assessment. It targets primary referral sources including hospitals, physicians, parents, daycare providers, local education agencies, public health facilities, other social service providers and other medical providers.

http://www.nectac.org/topics/earlyid/idoverview.asp

Public awareness is the ongoing effort that keeps the general public, families and all primary referral sources informed about early intervention services. Information includes the scope and purpose of the system, how to make a referral, how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services and information about the central directory.

Anyone can refer an infant or toddler under age three to BabyNet. Most referrals come from family members, childcare providers, and individuals or agencies providing health and social or support services to children and families. Referrals are called in to the CareLine or the local BabyNet SPOE office. CareLine is a central directory designed to help connect users to services.

All agencies participating in the BabyNet interagency memorandum of agreement should refer all children served who are under age three and might benefit from BabyNet services.

In addition, the state Division of Social Services is legislatively required to refer children for IDEA Part C (BabyNet) services when children under age three are the victims of substantiated child maltreatment. Children ages 3-21 should be referred to their local school district if delays are suspected. Contact information for all school districts in SC can be found on the Dept. of Ed's website. http://ed.sc.gov/schools/listdistricts.cfm

The Individualized Family Service Plan (IFSP) is both a process and a document intended to assist families and professionals in a community in their combined efforts to meet the developmental needs of a young child from birth to age three with special needs.

The IFSP assures families:
- A predictable process for discussing and documenting the child's and family's changing needs
- "family-centered services" in which both the child's needs and needs of the larger family will be considered
- It has a focus on outcomes deemed most important to the family
- It is a "living" document that changes and grows as the needs of the child and family change
- It is a written plan of who will do what, when and where for a 6-12 month period of time
- It assures both family and professional input to the development and implementation of plans
- It assures access to available educational, medical, and social services in a community to help the family and their child
- It also assures the expertise of professionals from many disciplines including: physical, occupational and speech therapy, social work, nursing, nutrition, audiology, psychology, child development and education
- It provides coordination of those special services across agencies and professionals in a manner attractive and useful to the individual family.

The IFSP allows professionals from different agencies and different professions to:
- engage family members as colleagues in a team effort to help the child develop
- have access to family expertise and knowledge about the child’s preferences and needs
- share their expertise with the family and with each other
- reduce redundancy of information and service and prioritize efforts
- discuss shared interests for the child and family
- understand the context of the family in which the child is living and growing

http://www.ifspweb.org/benefits.html

Slide 32:

Family-Centered Principles are a set of interconnected beliefs and attitudes that shape directions of program philosophy and behavior of personnel as they organize and deliver services to children and families. Core to family-centered services is sensitivity and respect for the culture and values of individual family members and each family’s ecology, as members define the people, activities and beliefs important to them. The purpose of early intervention is to achieve family outcomes as well as child outcomes.

To that end, the federal regulations include the following description of the general roles of service providers (34 CFR 303.12):
(c) *General roles of service providers.*

To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

1. **Consulting** with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
2. **Training** parents and others regarding the provision of those services; and
3. Participating in the multidisciplinary team’s assessment of a child and the child’s family, and in the development of integrated goals and outcomes for the individualized family service plan (*teaming*).

http://www.nectac.org/topics/families/families.asp

The procedural safeguards required by the Individuals with Disabilities Education Act (IDEA) are intended to protect the interests of families and children with special needs, as well as the special education and the early intervention system, and begin at the time of referral to BabyNet. Procedural safeguards are the checks and balances of the system, not a piece separate from the system.

All BabyNet System Personnel are legally obligated to understand, honor, and be able to explain procedural safeguards to families and to support an active adherence to and understanding of these safeguards for all involved. http://www.nectac.org/topics/procsafe/procsafe.asp

Examples of procedural safeguards in EI are written prior notice, parental consent, confidentiality, and surrogate parents.
Slide 33:

While these are the services required to be available within all regions of a statewide early intervention system under Part C of IDEA, Service Coordination is the only service received by every family with an eligible child. Any other of the Part C services the state must offer will be provided to families and eligible children only when there is documentation that the service is needed by the family to attain an IFSP goal, or needed by the family to assist the child in reaching an IFSP goal (identified by the IFSP team in order to help the child grow and develop in a manner similar to same-aged peers.)

34 CFR § 303.12 Early intervention services.

- General. Early intervention services means developmental services that–
- Are provided under public supervision;
- Are selected in collaboration with the parents;
- Are provided at no cost, except, subject to Sec. Sec. 303.520 and 303.521, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- Are designed to meet the developmental needs of an infant or toddler with a disability and as requested by the family, the needs of the family to assist appropriately in the infant’s or toddler’s development, as identified by the individualized family service plan team, in any one or more of the following areas, including– (i) Physical development; (ii) Cognitive development; (iii) Communication development; (iv) Social or emotional development; or (v) Adaptive development

Slide 34:


The following are relevant sections of the legislation related to natural environments from the IDEA Part C regulations at 3 CFR Part 303:

- “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 participate.” 34 CFR 303.12(b)
- Each state participating in IDEA, Part C must establish and implement policies and procedures to ensure that 1) “To the maximum extent appropriate, early intervention services are provided in natural environments; and 2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” 34 CFR 303.167 (c)
- “Natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” 34 CFR 303.18
- Each Individualized Family Service Plan (IFSP) must include a statement of “the natural environments, as described in 303.12(b), and 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment.” 34 CFR 303.344 (d)(ii)

Continuity of services is essential to a successful transition. Common transitions include: hospital to home, individual to group services, weekly to daily or daily to less frequent services, home-based to center-based (preschool), biological home to foster care and back, moving to a new community (within- or out-of-state), transitioning from an IFSP (Part C) to an IEP (Part B).

a. BabyNet Service Coordinators include specific transition plans on each IFSP that describe
   (i) Steps (activities) to be completed and person(s) responsible;
   (ii) Services required or desired to implement the plan; and
   (iii) Plans to identify and obtain needed services.

b. Formal notification to appropriate local education agency (LEA/school district) if child is potentially eligible for IDEA Part B services.

c. Community program or Head Start when family’s transition plans include use of these resources.

d. Arranging and participating in conference with family and LEA or Head Start to facilitate transition from Part C to Part B service systems

**Transition Plans should:**
Ensure continuity of services.
Minimize disruption of the family system.
Promote child functioning in the natural environment or least restrictive environment.
Clarify services coordination before and after.
Involve planning, preparation, implementation, and evaluation within and between programs and the family.

http://www.ifspweb.org/transition_planning.html

Slide 36: No Narration

Slide 37: No Narration

Slide 38:

www.nectac.org
www.nichcy.org
http://uscm.med.sc.edu/tecs/index.htm
http://idea.ed.gov/explore/view/p/root/statuteI,C,
Orientation to Babynet

Hierarchy of Requirements

- Federal Statutes (IDEA)
- Federal Regulations (CFR 303)
- State Statutes (State Act 41)
- BabyNet Policies and Procedures
- Agency Policies and Procedures

History

• Individuals with Disabilities Act (IDEA)
• Passage of Amendments
• Lead Agency

Individuals with Disabilities Education Act

- Part A: General Provisions
- Part B: Assistance for Education of All Children with Disabilities
- Part C: Infants and Toddlers with Disabilities
- Part D: National Activities to Improve Education of Children with Disabilities

History

With the passage of the amendments to IDEA in 1986, each state was required to:
- Assess the state’s current services for children ages birth through two with disabilities and developmental delays,
- Identify any gaps in state services if the state elected to offer Part C services, and
- Identify an agency to serve as the Lead Agency for IDEA/Part C.

History

- DHEC/CRS: required diagnostic and income criteria
- SCSDB: vision and hearing impairments are low-incidence disabilities; few children served
- DDSN: at the time, named the Department of Mental Retardation; staff were trained to work with cognitive impairments of < 70
- Department of Education was beginning implementation of services for children aged 3 – 5 years
- Head Start was also beginning implementation of IDEA-compliant services for children aged 3 – 5 years; Migrant Head Start and Early Head Start were not yet programs
History

- In 1991, State Act 41 and Executive Order of the Governor established BabyNet as South Carolina's Part C Program, and the Department of Health and Environmental Control as the Lead Agency.
- Full implementation of Part C services in South Carolina began on July 1, 1994.
- September 11, 2009, Governor Mark Sanford signed and Executive Order naming South Carolina First Steps to School Readiness (SC First Steps) to be the new Lead Agency.
- As the Lead Agency, First Steps provides oversight to all collaborating agencies and contracted providers regarding the quality of the service system and their compliance with federal and state statutes and regulations.

Why was DHEC Originally Chosen?
- Charged with the responsibility for public health
- Provided Early Periodic Screening, Diagnosis and Treatment (EPSDT) services to all children eligible for Medicaid
- At the time of publication, 86% of children eligible for BabyNet are receiving Medicaid
- Through system of county health departments, more than 13,000 children were served each year.

What Did Other States Do?
- In 1991:
  - 1/3 of states' Part C programs were in their Departments of Education
  - 1/3 were in their Departments of Health and
  - 1/3 were in their Departments of Disabilities
- In 2008:
  - 1/4 of states' Part C programs are in their Department of Education
  - 1/2 are in their Department of Health
  - 1/8 are in their Department of Disabilities and
  - 1/8 are in other programs or have co-lead agencies

Why was the Lead Agency Changed?
- According to the governor’s office, under First Steps:
  - BabyNet will align more closely with the core mission of its lead agency,
  - BabyNet will be able to run more effectively, and
  - BabyNet will be better matched with state resources that are already in place.

State Structure

BABYNET: SOUTH CAROLINA'S PART C PROGRAM

- BabyNet Central Office
- Advisory Boards
- Collaborating Agencies
- Qualifications and Training
- CSPD, Training/TA, Outcomes
BabyNet Central Office is supported by the following Advisory Boards:
- The Governor's Commission on Management, Accountability and Performance (MAP)
- South Carolina Interagency Coordinating Council (SCICC)
  - Membership includes parents, legislators, representatives from each Collaborating Agency, and providers
  - Comprised of Executive, Finance, Legislative, Personnel, and Services Committees

Collaborating Agencies that indirectly support BabyNet are:
- The Department of Education
  - IDEA/Part B: Transition
- Head Start and Migrant Head Start Programs
  - IDEA/Part B: Transition
- The Departments of Health and Human Services, Insurance
  - State Medicaid Finance Agency: provides support to state system of payment for Part C Services

Collaborating Agencies that directly support BabyNet are:
- The Department of Disabilities and Special Needs (DDSN)
  - BabyNet Service Coordination
    - IFSP Service: Special Instruction
- The Department of Health and Environmental Control
  - BabyNet Service Coordination
    - IFSP Services: Family Training, Psychological Services, Social Work
  - The Department of Social Services (DSS)
    - Child/First
      - IFSP Service: Family Training, Social Work
    - The South Carolina School for the Deaf and the Blind (SCSDB)
      - BabyNet Service Coordination
        - IFSP Services: Audiology, Special Instruction, Vision Services

Each Collaborating Agency participates in an advisory capacity on the SC Interagency Coordinating Council, in a provider capacity at the local level, or both.

Direct Collaborating Agencies receive Part C funding through state appropriations and/or contract with First Steps/BabyNet. Note: federal regulations do not distinguish the source of funding from federal and state accountability for Part C services.

Collaborating Agencies have individual contracts with the Department of Health and Human Services regarding Part C Services that can be billed through Medicaid.

Qualifications and Training of Early Intervention System Personnel
- IDEA requires that each state’s Part C system have a “comprehensive system of personnel development” (CSPD) to assure that all personnel providing services have shared and demonstrable knowledge and skills needed to deliver quality services compliant with Part C of IDEA.

Because the S.C. Department of Education does not yet provide certification in early childhood special education, a parallel system of CSPD exists for BabyNet personnel.
- The South Carolina Part C Credential for BabyNet System Personnel represents the response of the SCICC to this federal requirement.
- The Credential is required for all BabyNet System Personnel regardless of BabyNet role, Part C service provided, or whether employed by or under contract with BabyNet or a partnering agency.
State Structure

- BNCO contracts with the Team for Early Childhood Solutions (TECS) at the Center for Disability Resources within the Department of Pediatrics at the University of South Carolina School of Medicine to:
  - Support the Comprehensive System of Personnel Development,
  - Provide training and technical assistance, and
  - Evaluate child outcomes, family outcomes, and family satisfaction with services.

Local Structure

- System Points of Entry (SPOE)
- BabyNet Regions
- BabyNet Coordination Teams
- Service Providers

Local Early Intervention System Structure

- Part C Services in South Carolina are organized around geographic regions.
- Within each region are System Points of Entry (SPOE).
- Within each SPOE, the interagency BabyNet Coordination Team (BNCT) is responsible for the local early intervention service system, i.e., from child find through transition. Local support for each area of region is provided by BabyNet Central Office (BNCO).

BabyNet Regions

- Region 1: Anderson, Oconee, Abbeville, Edgefield, Greenwood, Laurens, McCormack, Saluda
- Region 2: Greenville, Pickens, Cherokee, Spartanburg, Union
- Region 3: Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, York
- Region 4: Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Clarendon, Kershaw, Lee, Sumter
- Region 5: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg
- Region 6: Georgetown, Horry, and Williamsburg
- Region 7: Berkeley, Charleston, and Dorchester
- Region 8: Beaufort, Colleton, Hampton and Jasper

BabyNet Coordination Team Roles

- SPOE Supervisors
- BabyNet Intake Coordinators
- Curriculum-Based Assessment Providers
- Eligibility Evaluation Team Members
- BabyNet Service Coordinator Supervisors
- BabyNet Service Coordinators
- BabyNet Service Providers
- Community Partners (referral sources, etc.)
Local Early Intervention System Structure

Service Providers
- All Part C Services must be provided by persons or groups under contract with First Steps-BabyNet.
  - Special Instruction through DDSN and SCSDB is funded by the South Carolina State Legislature and through contracts between these agencies and BabyNet. It is the only service currently exempt from the contract requirement.

Service Delivery

Public Awareness/Child Find
- Eligibility
- Referrals
- Intake/Orientation
- Individualized Family Service Plan
- Service Guidelines
- Required Services
- Service Settings
- Transition

Public Awareness
• Activities related to disseminating general information regarding the BabyNet system. Public awareness activities include: exhibiting at conferences, delivery of brochures, speaking engagements and Public Service Announcements (PSA).
• Take place in non-traditional settings such as the free medical clinic, shelters, and the Salvation Army.

Child Find
• Child find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet.
• In addition, child find coordination should include at least the following agencies or programs:
  - Head Start, First Steps, Early Care Educators, Community programs to include any local parenting programs and early care educators, Migrant Head Start (if available), Programs for homeless children and families, County Health Department services

BabyNet Referrals
- CareLine: 1-800-868-0404
- Referral Sources
- DSS/CAPTA Referrals
- Ages 3-21-Contact the child’s local school district.
  [Link]

Intake and Orientation
The Purposes of the Intake and Orientation Process is to:
- provide basic information about IDEA Part C and the BabyNet system;
- determine family interest in pursuing eligibility through the determination process;
- begin collection of information needed to determine eligibility and initiate services;
- begin to prepare and plan for the Individualized Family Service Plan;
- discuss the process of transition.
Eligibility

- Established Risk
  - The child has a documented condition that is listed in Appendix 3: Covered Diagnoses of the BabyNet Policies and Procedures manual.
- Developmental Delay
  - Results of the Curriculum-based assessment reveal developmental delay in one or more areas of development based on current state eligibility requirements.
  - The intake/service coordinator has compiled documentation that use of the above measure does not accurately reflect the child’s developmental status (Informed Clinical Opinion)

Individualized Family Service Plan

- The Individualized Family Service Plan (IFSP) is both a process and a document intended to assist families and professionals in a community in their combined efforts to meet the developmental needs of a young child with special needs from birth to age three.
  - Outcomes/goals are established
  - Family-Centered
  - Allows for change
  - A written plan to help determine who will do what to help the child reach their goals

General Service Provision Guidelines

- Family-Centered Services
  - Services are based on the needs of the child and the family
  - Families and service providers work as a team to meet the child’s needs.
- Procedural Safeguards
  - Intended to protect the interests of families and children with special needs, as well as the special education and the early intervention systems.
  - Procedural safeguards are the checks and balances of the system, not a piece separate from the system.
  - Early intervention and special education personnel are legally obligated to explain procedural safeguards to families and to support an active adherence to and understanding of these safeguards for all involved.

Required Services

1. Assistive technology
2. Audiology
3. Family training, counseling, home visits and other supports
4. Health services
5. Medical services (diagnostic and evaluation services only)
6. Nursing services
7. Nutrition services
8. Occupational Therapy (OT)
9. Physical therapy (PT)
10. Psychological services
11. Service coordination
12. Social work services
13. Special Instruction
14. Speech-language pathology
15. Transportation & related costs
16. Vision services (including orientation and mobility services)

Additional Services:
1. Services for children with autism spectrum disorders; and
2. Language interpreter services.

Service Settings

- IDEA Part C requires that covered services be provided in the child’s natural environment unless there is a specific reason why services in other locations would better meet the child’s clinical needs. The natural environment is the child’s home and/or those community settings (excluding medical facilities) in which children without disabilities participate.

- Service provision in the natural environment is a priority in order to assure that developmental services are incorporated into a child’s everyday life in ways that will naturally emphasize the acquisition of functional skills.

Transition

Transition Plans should:
- ensure continuity of services.
- minimize disruption of the family system.
- promote child functioning in the natural environment or least restrictive environment.
- clarify services coordination before and after.
- involve planning, preparation, implementation, and evaluation within and between programs and the family.
Summary

- BabyNet, mandated under IDEA Part C, serves infants and toddlers birth to three years old with developmental delays and/or special needs.
- BabyNet is a system that is comprised of collaborative, family-centered, interagency, interdisciplinary, community-based teams.
- Anyone who suspects that a child may be developmentally delayed can refer to BabyNet.
- Based on the concerns of the family and professionals, children receive services to assist in meeting IFSP goals.
- Prior to ending BabyNet Part C services, plans are created to help the child and family smoothly transition out of the BabyNet system.

References


Resources and Helpful Links

- National Dissemination Center for Children with Disabilities. www.nichcy.org
- NECTAC is the national early childhood technical assistance center supported by the U.S. Department of Education’s Office of Special Education Programs (OSEP). www.nectac.org