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# Infant & Toddler Connection of Virginia

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## VIRGINIA'S PART C EARLY INTERVENTION SYSTEM

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### EARLY INTERVENTION, FEDERAL BASIS

Congress enacted early intervention legislation in 1986 as an amendment to the Education of Handicapped Children's Act (1975) to ensure that all children with disabilities from birth through the age of two would receive appropriate early intervention services. This amendment formed Part H of the Act, which was re-authorized in 1991 and renamed the Individuals with Disabilities Education Act (IDEA). When the IDEA was re-authorized in 1998, Part H became Part C of the Act. Virginia's statewide early intervention system is called the Infant & Toddler Connection of Virginia.

### INFRASTRUCTURE

Virginia has participated in the federal early intervention (under IDEA) program since its inception. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has been designated by the Governor as the Lead Agency for Part C in Virginia. In 1992, the Virginia General Assembly passed state legislation that codified an infrastructure for the early intervention system that supports shared responsibility for the development and implementation of the system among various agencies at both the state and local levels. This legislation was designed to help Virginia meet federal regulations and guidelines by facilitating a move from a model of programmatic, single-agency responsibility for service provision to an interagency, shared responsibility for developing the early intervention system and for providing early intervention services to infants and toddlers with disabilities and their families. The *Code of Virginia*, §§2.2-2264 and 2.2-5300 through 2.2-5308, provides the framework for the Infant & Toddler Connection of Virginia Part C system and charges participating state agencies with the following:

- o Establishing a statewide system of early intervention services in accordance with state and federal statutes and regulations;
- o Identifying and maximizing coordination of all available public and private resources for early intervention services;
- o Developing and implementing formal state interagency agreements that define the financial responsibility and service obligations of each participating agency for early intervention services, establishes procedures for resolving disputes, and addresses any additional matters necessary to ensure collaboration;
- o Consulting with the lead agency in the promulgation of regulations to implement the early intervention services system, including developing definitions of eligibility and services;
- o Carrying out decisions resulting from the dispute resolution process;
- o Providing assistance to localities in the implementation of a comprehensive early intervention services system in accordance with state and federal statutes and regulations; and
- o Requesting and reviewing data and reports on the implementation of early intervention services from counterpart local agencies.

### LOCAL SYSTEM IMPLEMENTATION

The broad parameters for Virginia's Part C system are established at the state level to ensure implementation of federal Part C regulations. Within the context of these broad parameters, localities determine exactly how their Part C systems will look based upon local resources and needs. The DMHMRSAS contracts with forty (40) local lead agencies to facilitate implementation of local early intervention services statewide. Local interagency coordinating councils (LICCs) have been established statewide to advise and assist the local lead agencies.

### ELIGIBILITY; DEFINITION OF DEVELOPMENTAL DELAY

Each state develops its own definition of eligibility. In Virginia, children from birth to age three are eligible for Part C early intervention services if:

- o They are functioning 25% or more below their chronological age or adjusted age in one or more areas of development (i.e., having a 25% or greater delay in cognitive, physical, communication, social, emotional or adaptive development); and/or
- o They show atypical development (e.g., behavioral disorders, affective disorders, abnormal sensory-motor responses); and/or
- o They have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Conditions include those such as significant central nervous system anomaly, congenital or acquired hearing loss, myelodysplasia (spina bifida), and visual disabilities.

In Virginia, families have the option to transition their two-year-old children (i.e., age 24 months) from Part C early intervention services to Part B special education services. Services provided under Part B are funded by federal Part B dollars and state and local funds.

## **REFERRAL**

Any child who is suspected of being eligible can be referred to Virginia's Part C system. Physicians, parents and/or family members, social workers, and others with whom the child and family have contact may make referrals. Contacting the single point of entry for the local Part C system in which the child resides makes referrals. The single point of entry then serves as the child and family's link to supports and services in that particular area. A current listing of single points of entry is maintained and provides contact information by city, town, county, etc.

## **PART C EARLY INTERVENTION SERVICES**

All families referred to the Part C system are eligible to receive a multidisciplinary evaluation and assessment, the development of an Individualized Family Services Plan (IFSP), and service coordination *at no cost* to the family. The specific early intervention supports and services that are necessary and appropriate are determined on an individual child and family basis by the IFSP team, which includes the family as an equal member, and are documented on the IFSP. Early intervention services, as defined by federal regulations, may include:

- o Assistive technology
- o Audiology
- o Family training, counseling and home visits
- o Health services
- o Medical services (for diagnostic and evaluation purposes only)
- o Nursing services
- o Nutrition services
- o Occupational therapy
- o Physical therapy
- o Psychological services
- o Social work services
- o Special instruction
- o Speech-language pathology
- o Transportation
- o Vision services

Each child and his/her family are entitled to the supports and services (from the list above) that are documented on the IFSP. Charges are assessed to families for the supports and services they receive through the Infant & Toddler Connection of Virginia (with the exception of evaluation, assessment, service coordination and IFSP development). Many private insurance plans, as well as Medicaid, pay for some early intervention services for which fees are charged. A sliding fee scale is available if families feel that fees associated with early intervention supports and services may create a financial hardship. No child and family will be denied services due to an inability to pay.

## **NATURAL ENVIRONMENTS**

Federal Part C regulations require that to the maximum extent appropriate, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. In Virginia, individualized early intervention supports and services are provided in the context of and are integrated into the normal everyday routines, activities and environments of each child and family. This approach to the provision of supports and services is supported by research and recognizes that the majority of intervention occurs during interaction between the child and family/other caregivers, between visits from the early intervention professional.

## **MONITORING AND EVALUATION OF SYSTEM**

DMHMRSAS, as Lead Agency for Part C of IDEA, is responsible for monitoring all state and local public and private agencies/providers, whether or not Part C funds are used to cover the services/activities, to ensure compliance with the law. In Virginia, public and private providers that are providing an early intervention service must agree to comply with Part C requirements in writing, either through an interagency agreement, memorandum of understanding, or contract.

## **FUNDING FOR VIRGINIA'S PART C SYSTEM**

- o Federal Part C funds are intended to be used as "glue money" to facilitate the coordination and collaboration of interagency resources.
- o Part C federal funds must be used to supplement interagency funds currently supporting Virginia's early intervention service system.
- o Part C funds must be used as payor of last resort for direct services after accessing all other public and private sources of funding (i.e., Medicaid, private insurance, family fees, state and local funds, contributions, etc.)
- o Virginia's Part C system is funded through the following revenue sources: federal Part C funds, State General Funds for Part C Early Intervention, local revenue, Medicaid, private insurance, family fees, and private/other funding.