

**Policy:**  
 Early Intervention Services in Natural Environments

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**Federal Authority:**

Title 34 of the U.S. Code of Federal Regulations, Vol. II, Chapter III, Parts 300-399  
 §§ 303.12(b), 303.13(a)(7)-(8), 303.20, 303.26, 303.31, 303.126, 303.344(d), 303.520, 303.521, 303.700(d)(1)

Title 20 of the U.S. Code of Law, Chapter 33, §§1400-1499  
 §§ 1416(a), 1431-1444

Early Intervention Services (EIS) are defined as developmental services that are selected in collaboration with parents and are provided at no cost to the family. EIS will be designed to meet the development needs of the child, and the needs of the family to assist the child's acquisition of functional skills the areas of physical, cognitive, communication, social-emotional, and adaptive development. All EIS are provided under public supervision of SCDHHS as the state lead agency for IDEA/Part C.

EIS will be provided in settings that are natural or typical for a same-aged infant or toddler without a disability; i.e., the family's home and community routines and activities. EIS may be provided in other settings when outcomes on the child's Individualized Family Service Plan (IFSP) cannot be satisfactorily achieved in a natural environment. Documentation will be provided that indicates the IFSP team agrees the child's progress is not meeting the criteria for success as defined in the IFSP outcome(s) and include a plan for returning provision of the service in the natural environment. The child's progress and the justification for services outside of the family's home and community routines and activities will be reviewed every six months.

An EIS provider means any whether public, private, or nonprofit agency or an individual that provides early intervention services, whether or not the agency or individual receives IDEA/Part C funds. EIS provider may include personnel of SCDHHS or other public agencies responsible for providing early intervention services to infants and toddlers with disabilities. All EIS providers will meet the qualifications of their discipline and those set by SCDHHS as requirements under IDEA/Part C.

All EIS providers are responsible for:

- (1) Participating in the multidisciplinary individualized family service plan (IFSP) Team's ongoing assessment of the family and child in the development of outcomes for the IFSP;
- (2) Providing EIS using the IDEA/Part C definition of the service and as described in the IFSP; and
- (3) Consulting with and training parents and other members of the IFSP team regarding the provision of the early intervention services described in the IFSP.

The IDEA/Part C definition of each early intervention service are as follows:

**SERVICE DEFINITION: ASSISTIVE TECHNOLOGY – 34 CFR §303.13(B)(1)**

**Assistive technology device** means any item, piece of equipment or product system, whether acquired commercially off the shelf or modified or customized, that is used to increase, maintain, or improve the developmental capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of the device.

Part C of IDEA deals only with assistive technology that is directly relevant to the developmental needs of the child. Assistive technology devices must assist the child in accomplishing functional IFSP goals/objectives within their everyday activities and routines.

IDEA specifically excludes services that are surgical in nature and devices necessary to control or treat a medical condition.

Equipment/Devices must be developmentally appropriate to be considered eligible for funding.

**Assistive technology service** means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The evaluation of needs of an infant or toddler with a disability or developmental delay, including a functional evaluation of the child in the child's natural/customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities or developmental delays;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinator and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with developmental delays and that child's family or caregiver;
- Training or technical assistance for professional (including individuals providing IDEA/PART C Services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of children with disabilities.

**All approved assistive technology devices will be reimbursed at the Medicaid DME reimbursement rate. Approved items not covered by Medicaid will be reimbursed at the manufactures suggested retail price.**

**SERVICE DEFINITION: AUDIOLOGY – 34 CFR §303.13(B)(2)**

Audiology services include:

- Identification of children with auditory impairment using appropriate audiological screening.
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures.
- Referral for medical and other services necessary for the habilitation and rehabilitation of children with hearing loss;
- Attending IFSP meetings.
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training, and other related services.
- Provision of services for prevention of hearing loss.
- Determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices.
- Evaluating the effectiveness of assistive technology devices.

**SERVICE DEFINITION: AUTISM SPECTRUM DISORDER (ASD) SERVICES -- 34 CFR 303.12(D)**

Autism services include:

- Screening.

- Diagnostic evaluation.
- Assessment and development of an Early Intensive Behavioral Intervention (EIBI) plan.
- Implementation, supervision, and evaluation of the EIBI plan.

For autism services delivered prior to the diagnostic evaluation of ASD, EIS providers will follow the IDEA/Part C policy and procedures.

For autism services delivered following the diagnostic evaluation of ASD, EIS providers will follow both the IDEA/Part C policy and procedures, and the SCDHHS ASD Services Manual at <https://www.scdhhs.gov/providers/manuals/autism-spectrum-disorder-asd-services-manual>.

**SERVICE DEFINITION: COUNSELING – 34 CFR §303.13(B)(3)**

Counseling means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.

**SERVICE DEFINITION: FOREIGN LANGUAGE INTERPRETATION AND TRANSLATION SERVICES — 34 CFR §303.25(A); §303.404; §303.342; §§303.420-421**

The role of the interpreter/translator is to facilitate communication between EIS providers and the family when they do not speak the same language. These services may be required during the rendering of IDEA/Part C services in order to communicate with the child and family. Interpretation refers to the restating in one language of what has been said in another language. Interpretation involves conveying both the literal meaning and connotations of spoken and unspoken communication.

Translation refers to putting the words of one language into another language, particularly in written form.

**SERVICE DEFINITION: HEALTH SERVICES -- 34 CFR §303.13(B)(4); §303.16**

Health services means services necessary to enable a child to benefit from other IDEA/Part C services during the time that the child is receiving the other IDEA/PART C service. Health services include:

- Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings/colostomy collection bags, and other health services
- It also includes consultation by physicians with other IDEA/PART C qualified personnel concerning the special health care needs of eligible children that will need to be addressed in the course of providing other IDEA/Part C services. The physician or nurse practitioner must have provided recent and/or ongoing care to the child.
- The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- Referral of children who may benefit from IDEA/Part C services to IDEA/Part C.

**SERVICE DEFINITION: MEDICAL SERVICES – 34 CFR §303.13(B)(5)**

Medical services are only for diagnostic or evaluation purposes to determine a child's developmental status and need for IDEA/Part C Services.

Service includes a comprehensive history, physical examination, and determination of the child's developmental status. A written statement from the provider confirming diagnosed condition and/or developmental delay and the need for IDEA/PART C Services is provided to assist in eligibility determination for IDEA/Part C. If needed, prescriptions for IDEA/PART C Services (e.g., PT, OT, and ST) are provided. This service is available under the following two circumstances:

- When determining initial or continuing eligibility the child does not have an eligible diagnosis, verified developmental delay, or enough documentation to support the informed clinical opinion process.
- A child does not have a primary care physician or medical insurance and is therefore unable to access IDEA/PART C Services that require a medical prescription.

**SERVICE DEFINITION: NURSING – 34 CFR §303.13(B)(6)**

Nursing services include:

- The assessment of the child's 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 required nursing care during the time the child is receiving other IDEA/PART C Services;
- Administration of medications, treatments, and regimens prescribed by a licensed physician required during the time the child is receiving other IDEA/PART C Services; and
- Family training and education

Nursing services under IDEA/Part C do not include hospital or home health nursing care required due to surgical or medical intervention or medical-health services, such as immunizations and regular well-baby care that are routinely recommended for all children.

**SERVICE DEFINITION: NUTRITION – 34 CFR §303.13(B)(7)**

Nutrition services include conducting individual assessments in:

- Screening to determine need for nutritional services
- Nutritional history and dietary intake;
- Anthropometric, biochemical, and clinical variables;
- Feeding skills and feeding problems; and
- Food habits and food preferences.

Other nutrition services include

- Developing and monitoring appropriate plans to address the nutritional needs of children based upon individual assessment.
- Making referrals to appropriate community resources to carry out nutritional outcomes
- Nutrition providers do not provide evaluation/assessment services to determine eligibility for IDEA/Part C services.

**SERVICE DEFINITION: OCCUPATIONAL THERAPY -- 34 CFR §303.13(B) (8)**

Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, play, sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:

- Identification, assessment, intervention, family training, education, and support;
- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
- Family training and education
- Activities also include IFSP meetings, assistive technology assessment, if needed, and environmental consultation to ensure appropriate adaptations and safety issues for the eligible child are incorporated.

**SERVICE DEFINITION: PHYSICAL THERAPY -- 34CFR §303.13(B)(9)**

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 adaptation. These services include:

- Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- Family training and education;
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- Providing individual and consultative services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Activities also include IFSP meetings and assistive technology assessment, if needed and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

**SERVICE DEFINITION: PSYCHOLOGICAL SERVICES – 34 CFR §303.13(B)(10)**

Psychological and other counseling services include:

- Administering psychological and developmental tests and other assessment procedures to determine the need for psychological services;
- 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; and
- Family training

The focus of services is to enhance the child's development in accordance with the IFSP outcomes. Services are provided with the intent to reasonably improve the child's ability to benefit from IDEA/Part C services or to address a specific child related issue included in the IFSP.

**SERVICE DEFINITION: SERVICE COORDINATION – 34 CFR §303.13(B)(11)**

Each eligible child and family will be provided with a Service Coordinator who is responsible for coordinating all services across agencies and serving as a single point of contact in helping parents obtain the services and assistance they need. This service is offered at no cost to families. Service coordination should occur and be documented in the child's record at least one time per month for each family. See Policy and Procedures for Service Coordination for the service description.

**SERVICE DEFINITION: SOCIAL WORK SERVICES – 34 CFR §303.13(B)(13)**

Social work services 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 infant or toddler within the family context;
- Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
- Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

**SERVICE DEFINITION: SPECIAL INSTRUCTION – 34 CFR 303.13(B) (13)**

Special instruction includes:

- Designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction.
- Teaching the parent skills to enhance attainment of IFSP outcomes.
- Providing parents with information and support to enhance attainment of IFSP outcomes.
- Curriculum planning across EIS listed in the IFSP, including the planned interaction of personnel, materials, and time and space, that lead to achieving the outcomes in the child's IFSP. These activities must be coordinated with all other EIS listed in the IFSP.
- Documentation in the child's file must support this focus.

Special Instruction Providers must use curriculum-based assessments (CBAs) to determine the child's current level of development for each annual review of the IFSP. The list of approved curriculum-based assessments can be found in the IDEA/Part C procedures for determination of annual eligibility. Specific assessment responsibilities include:

- Using the most appropriate assessment instruments to assess a child's developmental level;
- Ensuring that the assessment is current, within 6 months, and updated as needed;
- Ensuring the assessment includes:
  - physical development (including motor, vision, hearing, and health status),
  - cognitive development,
  - communication development,
  - social or emotional development, and
  - adaptive development

**SERVICE DEFINITION: SPEECH-LANGUAGE PATHOLOGY – 34 CFR 303.12(d) (14)**

Speech-language pathology services include:

- Identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
- IFSP meetings, family training and education; and
- Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

**SERVICE DEFINITION: TRANSPORTATION – 34 CFR 303.12(D) (16)**

Transportation and related costs include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

**SERVICE DEFINITION: VISION – 34 CFR 303.12(D) (16)**

Vision services include:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.
- Orientation and mobility training for all environments;
- Family training, education, and support;
- Communication skills training;
- Visual training;
- Independent living skills training; and
- Additional training necessary to activate visual motor abilities;

Orientation and Mobility services may be provided by an individual who holds a current and valid certification in Orientation and Mobility from the Association for Education and Rehabilitation of Blind and Visually Impaired (AER). Orientation and Mobility services may also be provided through the South Carolina School for the Deaf and the Blind.