

# North Carolina Infant-Toddler Program Procedural Guidance

Reference: Infant-Toddler Program Services Policy

## *Service Planning and Delivery*

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### **Introduction**

Early intervention services and supports are designed to meet the developmental needs of each child eligible for the Infant-Toddler Program as well as the needs of the family related to enhancing the child's development. Early intervention services are selected in collaboration with the family; based on scientifically, peer-reviewed research, to the extent practicable; provided by persons qualified to serve the child, and to the maximum extent appropriate to the needs of the child, provided in natural environments, including the home and community settings in which children without special needs participate. Service providers must be flexible and offer services to families in a variety of ways. Any of the required Infant-Toddler Program services needed by the child or family, identified on the Individualized Family Service Plan by the Individualized Family Service Plan team, and consented to by the family must be made available. *(For additional information about required and recommended services, see Policy on Infant-Toddler Program Services.)*

The “Requirements for the Planning and Delivery of Services and Supports” described in this Procedural Guidance are meant to assist Individualized Family Service Plan teams in considering a variety of factors as they make decisions individualized for the child, based on the resources, priorities, and outcomes for individual children and their families. This Procedural Guidance incorporates Infant-Toddler Program requirements related to service planning and delivery, procedural instructions for implementing these requirements, and rationale for the service planning and delivery approaches expected of all service providers. These requirements support the Infant-Toddler Program’s family-centered philosophy and implementation is expected to result in:

- the provision of supports and services that build on existing child and family strengths and interests;
- assistance to the family in achieving outcomes that make a meaningful difference in the life of their child and family;
- an increase in the child’s participation in family and community activities, and
- support to the family in identifying learning opportunities and enhancing their child’s development.

No two children or families have the same constellation of interests, needs, skills, challenges, resources, and desired outcomes even when they have similar evaluation results. Therefore, a review of any group of Individualized Family Service Plans is expected to show a wide range of supports and services, service frequencies, service providers, service locations, and community resources being used to address individual child and family outcomes.

These service planning and delivery requirements reflect expected practice throughout the time the child and family are receiving supports and services from the Infant-Toddler Program, not just during initial planning and service delivery. Child and family needs, informal supports and resources, and routines and activities change. Discussion with the parent must be continuing in order to plan and provide intervention that is in tune with the dynamics of the child and family.

The delivery of services and supports often involves caregivers other than the child's parent or immediate family. These caregivers may include grandparents or other extended family members, neighbors, child care providers, or other community support agencies. References in this Procedural Guidance only refer to the parent or family for the sake of clarity and simplicity. However, service providers are expected to consider other caregivers when implementing these requirements and involve them as appropriate and as described in the Individualized Family Service Plan.

## **Procedures for the Planning and Delivery of Services and Supports**

### **1. *Family-Provider Partnership***

- a. In partnering with families to address outcomes for their child and family, service providers join their developmental expertise with the family's expertise about their child and family in order to establish a shared understanding about how to support the child's participation in family and community life. The focus is on expanding the family's confidence and competence to identify opportunities to help the child learn during everyday activities.
- b. Parents help identify other family members and caregivers in the child's life who may be able to assist in addressing the Individualized Family Service Plan outcomes. The extent to which other caregivers are involved in addressing the Individualized Family Service Plan outcomes depends on a number of factors including, but not limited to: the extent to which the family would like to have these other caregivers involved, how much time the child spends with these other caregivers, and the willingness of these other caregivers to learn and apply strategies for increasing the child's learning opportunities and ability to participate in the everyday activities.

### **2. *Missed Appointments and/or Limited Caregiver Participation***

- a. Missed appointments and/or limited caregiver participation during contacts with service providers are cues that discussion is needed with the parent to determine if or why the outcomes or supports and services are not meeting the family's needs and what barriers might exist to keeping scheduled appointments or being an active participant. Revisions to the Individualized Family Service Plan may be needed to better align outcomes, supports, and services with family priorities and daily activities and routines. It is important for Service Coordinators and service providers to communicate effectively with the parent so that he understands why he is being contacted by the Infant-Toddler Program and how early intervention may be beneficial to his child and family. Service providers must involve the Service Coordinator when changes in parental participation are encountered.
- b. When a parent does not appear to be engaging in Infant-Toddler Program services, the Service Coordinator must make numerous and varied attempts to contact the parent (e.g., phone calls, home

visits, mail, requesting assistance from the referral source, the child's physician, relatives, or other community resources) to explore with the parent how the Infant-Toddler Program might better support his child and family. If unsuccessful in contacting the parent or resolving issues related to the parent's participation, the Service Coordinator must call for the Individualized Family Service Plan team to review the current situation and make recommendations (e.g., suggesting different ideas for contacting the parent, deciding whether to exit the child from the Infant-Toddler Program or leave the record open for a period of time to see if the parent increases participation, discussing with the parent, if he participates in the review, about possible revisions to the Individualized Family Service Plan). The Prior Written Notice provided before this review is another opportunity to contact the parent regarding his family's participation in the Infant-Toddler Program.

- c. Should the Individualized Family Service Plan team recommend that the child be exited from the program, the Service Coordinator must send the parent a letter by mail that:
  - reviews what the Infant-Toddler Program is and how it may be beneficial to the child and family;
  - includes a copy of Child and Family Rights under the Infant-Toddler Program;
  - states that attempts to involve the parent have been unsuccessful and briefly describes these attempts;
  - requests that the parent contact the Service Coordinator within ten (10) calendar days, if he wishes to discuss continued involvement and the receipt of services; and
  - informs the parent that he may contact the Children's Developmental Services Agency about resuming participation in the Infant-Toddler Program for a child under three years of age.
- d. If the parent does not respond to this letter, the Service Coordinator must proceed according to the Individualized Family Service Plan team's decision regarding whether to exit the child from the Infant-Toddler Program or to leave the record open for a period of time to see if the parent increases participation. As appropriate, the Service Coordinator must complete the process to exit the child from the program and data system or place a note in the child's record indicating that the record will remain open for a short period of time; the fact that services are being provided pending contact with the family.

### **3. *Parent Decision to Discontinue in the Program***

- a. If, at any time after enrollment in the Infant-Toddler Program, the parent states that he no longer wants to participate, the Service Coordinator must send the parent a letter with a copy of the Child and Family Rights under the Infant-Toddler Program. The letter must restate the parent is declining services, review what the Infant-Toddler Program is and how it may be beneficial to the child and family, and inform the parent that he may contact the Children's Developmental Services Agency to review the information. The Service Coordinator must complete the process to exit the child from the Infant-Toddler Program in the program's data system.
- b. The Service Coordinator must communicate all decisions and actions related to parent participation and the child's enrollment to the members of the Individualized Family Service Plan team. A copy of all written communication to the parent and notes of any other attempts to communicate with the parent must be filed in the record of the child.

#### **4. *Outcome Development***

- a. Service delivery options, including specific supports and services, service providers, and locations of service delivery are driven by the child and family outcomes developed by the Individualized Family Service Plan team. They are only determined after the desired child and family outcomes and potential learning opportunities have been identified.
- b. Outcomes are statements of change that the parent wants to see for his child and family as a result of their involvement in early intervention. As part of the Individualized Family Service Plan process, outcomes are identified based on information gathered through the evaluation and assessment process. This process includes conversations with the family to identify current activities and settings, potential child learning opportunities, successes and challenges, and areas where the family would like assistance. This process also includes a functional assessment that addresses those activities, settings, opportunities, and areas. After child and family outcomes have been identified, the Individualized Family Service Plan team, which includes the family as an equal team member, determines the early intervention supports and services, including frequency, intensity, duration, and method.
- c. Individualized outcomes are provided in the context of everyday routines and activities, and are functional and integrated (i.e., outcomes are relevant for the family, focus on the child's participation in activities and settings that are important to the family, and focus on the whole child rather than discreet skills). Services are not outcomes; they are a means to achieving a desired outcome. For example, "Johnny will receive physical therapy weekly" is not an outcome. In contrast, "Johnny will sit independently while playing with toys" is appropriate wording for an outcome statement. In developing desired outcomes, the Individualized Family Service Plan team starts with activities and settings in which the family participates and identifies as important, as well as activities and settings the family would like to pursue.

#### **5. *Supports and Services in Everyday Routines, Activities and Places***

- a. Consideration of child and family routines, activities and natural settings must occur throughout the early intervention process. The idea of supports and services in everyday routines, activities and places broadens the definition of natural environments to more than just a location for services. While location is important, it is only one element of quality services and supports. The elements of why the service is being provided, what the service is, who is providing it, when it is provided, and how it is being provided are the other essential characteristics.
- b. Strategies to address the Individualized Family Service Plan outcomes focus on learning opportunities that occur throughout the daily routines and activities of the child and family. These strategies recognize the family as the primary influence of change in the child's development. The family helps the Individualized Family Service Plan team and service providers understand these daily routines and activities. The service providers then assist the parent in recognizing and using existing opportunities as well as creating new learning opportunities that will help the child reach the desired outcomes. Service providers work with the parent to formulate adaptations to strategies and recommendations that will promote a child's participation in the activities and routines of their natural settings. Whenever possible, service providers use items already present in the child's

environment when providing early intervention supports and services. They also assist the family to identify what they have in their own environment that can be used during daily routines and activities to accomplish the identified outcomes.

- c. The Individualized Family Service Plan team must consider multiple factors when identifying appropriate intervention supports and services to address Individualized Family Service Plan child and family outcomes, including the expertise needed to support the family, abilities and interests of the child and family, needs expressed by the family, and family and community resources. Strategies must support the child's and family's ability to achieve the identified outcomes and their ability to function where they live, learn, and play. Strategies for meeting outcomes incorporate activities other than the formal services provided by a particular discipline. Examples of informal activities may include library story time, playing in the park, swimming lessons, and grocery shopping.

## **6. *Provision of Services***

- a. The early intervention approach used in North Carolina allows for flexibility in how the specialized skills of early intervention providers are used in partnership with families in order to address the desired child and family outcomes identified by the Individualized Family Service Plan team. This approach includes direct hands-on intervention, consultation with the family and other caregivers as they interact with the child, consultation with other providers as needed, and an Individualized Family Service Plan review process that allows changes to any of the above to occur as needed to meet current Individualized Family Service Plan outcomes.
- b. The Individualized Family Service Plan team, which includes the parent, determines the appropriate early intervention supports and services needed to meet the desired outcomes. The team then identifies the expertise needed to support the parent to implement the Individualized Family Service Plan strategies based on each child's and family's unique configuration of skills and interests, resources, needs, priorities, and desired outcomes. This expertise includes not only professional background and training, but the applied expertise required to meet the needs of the child and family. The match between the Individualized Family Service Plan outcomes and strategies and the ability of the provider to support and assist the family in accomplishing those outcomes is the most important consideration in choosing an Infant-Toddler Program service provider to partner with that family.
- c. When a need for more than one service provider is identified by the Individualized Family Service Plan team, it is critical that all service providers collaborate with each other, the Service Coordinator and the parent to ensure that services are provided in an efficient and effective manner. Outcomes are to be integrated and discipline free, meaning not necessarily related to a single developmental domain or discipline, but reflective of the functional skills needed for participation in family and community life. The family's ability and desire to accommodate multiple providers should be considered when determining the frequency and intensity of contacts with providers.
- d. Sometimes, one primary service provider working in partnership with the family is appropriate to address the Individualized Family Service Plan outcomes. This approach supports the focus on the

natural flow of the family's life within everyday routines, activities, and places and also recognizes that natural learning opportunities and activity settings belong to the child and family rather than to any one discipline. Other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and suggesting strategies and techniques to enhance progress toward outcomes. The services provided by these other team members are listed as Infant-Toddler Program services on the Individualized Family Service Plan.

## **7. *Frequency and Intensity of Supports and Services***

- a. Early intervention supports and services are focused on enhancing the child's ability to participate in family and community life and supporting the family's ability to enhance their child's development. Frequency and intensity mean the number of days or sessions that a service will be provided and whether the service is provided on an individual or group basis.
- b. Two broad critical questions for the Individualized Family Service Plan team to ask in determining the frequency and intensity of supports and services needed to meet the Individualized Family Service Plan outcomes are:
  - i. How often will the child's intervention likely need to be changed?
  - ii. How often does the family need support to feel confident in using intervention strategies?

In determining the answer to each of these two broad questions, the Individualized Family Service Plan team is expected to consider the following factors:

### **How often will the child's intervention likely need to be changed?**

- Is the relationship between the child and family and the provider new (e.g., because they have just begun Infant-Toddler Program services or there has been a change in providers) or well established? If the family is just beginning services from their Individualized Family Service Plan, there may be more frequent changes in strategies as the Infant-Toddler Program provider continues learning about the activity settings, routines, and how the child responds to proposed strategies.
- Will the strategies used to address the outcomes need to be modified frequently or will the same strategies be used for a long period of time?
- Is attainment of an outcome especially urgent and able to be resolved quickly with intensive intervention (e.g., new referral of a child with non-organic failure-to-thrive, which needs quick resolution, a child's behavior is prohibiting the family from finding a child care provider to accept the child)?
- Are there a large number or a wide variety of strategies involved in addressing the desired outcomes or are there relatively few or more similar strategies?
- Is the child progressing at the expected rate in meeting identified outcomes?

### **How often does the family need support to feel confident in using intervention strategies?**

- Are the services provided at a frequency and intensity that matches the family's need for timely, additional guidance at each contact?
  - Do the outcomes identified require a high level of specialized skill or are they more easily implemented with minimal guidance and instruction? When a higher level of skill is needed to address outcomes, there may be a need for an increased frequency or intensity of services and supports for a period of time while the family becomes comfortable in implementing the strategies.
  - Are the outcomes or strategies new for the child and family? The need to increase frequency or intensity of services may be evident when a child enters a new developmental phase and more frequent guidance is needed by the family.
  - Will the service provider be working with other caregivers in addition to the family in addressing outcomes? If the service provider will be working with a variety of caregivers, more frequent services may be needed for a period of time. This extra time will allow the service provider to learn more about the child's daily activities and routines with these other caregivers and to teach them various strategies and skills to address desired outcomes.
  - Is the parent's ability to participate in implementing suggested activities affected by his or her own cognitive or emotional issues? If so, the Individualized Family Service Plan team will need to consider how other informal and formal community resources and supports, other caregivers, and direct Infant-Toddler Program early intervention services can be combined to best address the full constellation of child and family needs. However, more frequent Infant-Toddler Program early intervention services are not a substitute for an active parent-provider partnership that includes involvement by the parent in each early intervention session.
  - Does the child need intensive, one-on-one support to participate in his environment? Under these circumstances, there also may be a need for an increase in support to the family in addressing the Individualized Family Service Plan outcomes.
- c. It is expected that the frequency and intensity of Infant-Toddler Program supports and services will change over time for an individual child and family, sometimes increasing and sometimes decreasing, as the variety of factors outlined above change. As with other aspects of service delivery, only the Individualized Family Service Plan team can make decisions about the frequency and intensity of service delivery. This decision cannot be made by individual providers. Third party insurance payers may authorize or reimburse service providers for more visits or place limitations on the frequency and intensity of services and may specify the number of contacts by a service provider. The entitlement of the Infant-Toddler Program guarantees that services must be made available as determined by the Individualized Family Service Plan team,

defined by the Infant-Toddler Program, and listed on the Individualized Family Service Plan regardless of service levels approved by funding sources. In other words, the Infant-Toddler Program may pay for services specified on the Individualized Family Service Plan beyond those reimbursed by third party payers. Service providers should not circumvent the planning process by increasing or decreasing the frequency or intensity of services agreed upon by the Individualized Family Service Plan team.

### **Related Requirements**

1. All child and family rights related to service planning and delivery must be followed. These include, but are not limited to, Prior Written Notice, Written Parental Consent, Native Language, Surrogate Parent. *(For additional information, see Policy on Procedural Safeguards.)*
2. All requirements related to Individualized Family Service Plans must be followed. These include, but are not limited to, content, time lines, and participants. *(For additional information, see Policy on Individualized Family Service Plan.)*
3. The parent may determine whether he, his child, or other family members will accept or decline any early intervention service under the Infant-Toddler Program without jeopardizing his right to receive other early intervention services.
4. The contents of the Individualized Family Service Plan must be fully explained to the parent and his informed Written Parental Consent obtained on the Individualized Family Service Plan prior to the provision of the Infant-Toddler Program services described in the Plan. If the parent does not provide consent with respect to a particular service, then only the services to which consent is obtained may be provided.
5. A child and his family are not automatically entitled to all services required to be available under the Infant-Toddler Program. They are entitled to those that have been identified by the Individualized Family Service Plan team as needed by the child to meet his developmental needs or by the family in order to enhance their capacity to meet the child's developmental needs and included on the Individualized Family Service Plan.
6. While the parent is a member of the Individualized Family Service Plan team, there may be instances when the parent disagrees with the other members of the team. If this occurs and an acceptable agreement cannot be reached through discussion among the involved parties, the Service Coordinator must inform the parent of his right to complaint resolution and assist him in exercising this right. *(For additional information, see Policy on Dispute Resolution)*
7. In order for the child and family to receive a service required under the Infant-Toddler Program, it must be written on the Individualized Family Service Plan. Services required under the Infant-Toddler Program and listed on the Individualized Family Service Plan must begin within 30 days from the date the service is listed on the Individualized Family Service Plan and be carried out within the specifications of the Plan. If an individual service provider for a child is no longer available, the service must be reinitiated with a new provider within 30 days of the Service Coordinator or the Children's Developmental Services Agency being notified by either the parent or the service provider that the service has or will be ending.



8. Service Coordinators must involve the Children's Developmental Service Agency Director or designee if they are unable to locate a provider for a specific service. The Children's Developmental Service Agency Director or designee must assist the Service Coordinator and the parent in identifying additional providers.
9. The Service Coordinator must document efforts to secure services not immediately available (within 30 calendar days). For example, if physical therapy is recommended and there is not a therapist readily available, documentation must reflect the search for these services and methods sought to obtain them. The Service Coordinator must keep the parent informed of all efforts to secure services. A copy of this documentation must be filed in the Children's Developmental Services Agency's record on the child at the time of the notation.
10. Services that a child is entitled to receive cannot be delayed or denied because of disputes between agencies regarding financial or other responsibilities, such as provision of services. Any disputes that occur are to be resolved using the Infant-Toddler Program interagency dispute process. *(For additional information, see Policy on Complaint Resolution-Interagency Disputes)*
11. The Individualized Family Service Plan team must identify other services (e.g., well child care, immunizations, genetic counseling) and supports in addition to the required Infant-Toddler Program services that are needed by the child and family. By including these on the Individualized Family Service Plan, a complete, coordinated plan is developed for the child and family. Listing these on the Individualized Family Service Plan does not obligate the Infant-Toddler Program to provide or pay for these services. However, Service Coordinators should assist the family in accessing these services and identifying funding to pay for these services.
12. If an enrolled Infant-Toddler Program provider is available and the parent chooses a provider who is not enrolled, the parent must be informed that the Infant-Toddler Program cannot assure the quality of the service and the parent will be responsible for any costs associated with the delivery of the service. The service and provider should be listed on the Individualized Family Service Plan as a provider that is not an enrolled provider, the provider was chosen by the parent, and the parent will bear the cost of the service.
13. Families must be informed about fee policies, including if there are fees for any services, and agency provisions regarding inability to pay. *(For additional information, see Policy on Fees, Billing and Reimbursement.)*
14. Service providers must contact the Service Coordinator anytime a need for changes to services listed on the Individualized Family Service Plan is identified. This is crucial for collaborative planning and decision making and to ensure compliance with legal requirements such as Prior Written Notice and Written Parental Consent.
15. While the parent may take additional time to explore recommended services or treatment options, the initial Individualized Family Service Plan should be developed and implemented with those services that have been agreed upon. For example, the parent may be in the process of exploring treatment options for their child who is hearing impaired and not ready to commit to a method of communication. In this instance, the initial Individualized Family Service Plan would be written and begun with assistive technology devices listed as a specific service and a related outcome developed so that the process of

obtaining an assistive listening device can begin. Service coordination activities to assist the family with obtaining the device, exploring treatment options, etc. would be included. Other services and strategies can be added and integrated into the plan as soon as the parent makes a decision. There also may be circumstances when the only service the parent chooses initially to address outcomes is service coordination. It is acceptable to write the initial Individualized Family Service Plan with only service coordination listed and add other services at a later date.

16. If a planned hospitalization for the child occurs after the child is enrolled in the Infant-Toddler Program, the Service Coordinator, the parent, and relevant service providers must meet to discuss the hospitalization, the anticipated length of stay, the needs of the child and family during this time, etc. Appropriate changes to the Individualized Family Service Plan must be made. The Service Coordinator with the parent's written authorization is to contact the hospital to discuss collaborative efforts to provide services during this time, particularly if the hospital stay is expected to be lengthy. If the hospitalization is unplanned, the Service Coordinator must maintain contact with the parent, as appropriate, and work with the parent and other Individualized Family Service Plan team members, in addition to appropriate hospital staff, to ensure that services continue and that the child's and family's rights are protected. While all Infant-Toddler Program assurances must be met for these children and their families, services by non-hospital providers may not be reimbursed by third party payors while the child is an inpatient in the hospital.
17. Children's Developmental Services Agencies must work together to plan and implement services for children and families when a service is most appropriately provided in a Children's Developmental Service Agency catchment area other than the one where the child resides. For example, the parent may work in one county and have the child in a child care setting in that county, but reside in another county.
18. Sometimes a child in legal custody of a county Department of Social Services is placed in a foster home or living arrangement in another county. The Children's Developmental Service Agency in the county of the Department of Social Services with legal custody of the child is responsible for Infant-Toddler Program requirements, including eligibility determination, service delivery, required documentation, and appointment of a surrogate parent if applicable. If two Children's Developmental Services Agencies are involved because the Department of Social Services is in one Children's Developmental Services Agency catchment area and the child is residing in a different catchment area, they must work together to ensure rights and the provision of services. Providers in the county where the child resides may be more appropriate to provide services because of proximity to the child and knowledge of local resources. The Service Coordinator can be designated from either Children's Developmental Services Agency; however, discussion among all involved needs to occur to ensure the selection of the most appropriate Service Coordinator. The surrogate parent can be designated from either county; however, the Children's Developmental Services Agency appointing the surrogate parent needs to consider the most appropriate person for the specific circumstances. *(For additional information, see Policy on Procedural Safeguards and Surrogate Parent Procedural Guidance.)*
19. Sometimes children may be in the legal custody of a parent or a Department of Social Services in another state. The Children's Developmental Services Agency must coordinate efforts with the appropriate legal guardian in order to ensure that the child is served appropriately and within established legal requirements.

20. If a family moves from one county to another county within the same Children's Developmental Services Agency catchment area and has already been deemed eligible for the Infant-Toddler Program in North Carolina and has an Individualized Family Service Plan, every effort should be made to minimize a disruption in services. The Children's Developmental Services Agency must update the program's data system indicating appropriate changes and designate a new Service Coordinator, if necessary, who will see that the Individualized Family Service Plan is revised and up-dated to reflect service delivery in the new county. *(For additional information, see Record Transfers Procedural Guidance.)*
21. If a family moves to a county in a different Children's Developmental Services Agency catchment area and has already been deemed eligible for the Infant-Toddler Program in North Carolina and has an Individualized Family Service Plan, every effort should be made to minimize a disruption in services. The Children's Developmental Services Agency in the new county must be informed of the child and given written documentation of eligibility from the Children's Developmental Services Agency, who initially deemed the child eligible. The initial Children's Developmental Services Agency must update the program's data system indicating appropriate changes and send a copy to the new Children's Developmental Services Agency along with the current Individualized Family Service Plan and any other relevant documentation. The Children's Developmental Services Agency for the new county must ensure the designation of a Service Coordinator, who will see that the Individualized Family Service Plan is revised and up-dated to reflect service delivery in the new county. *(For additional information, see Record Transfers Procedural Guidance.)*
22. If a family moves to North Carolina from another state, the child must be referred to the Children's Developmental Services Agency for eligibility determination. Obtaining and using previous evaluation information and the child's and family's current Individualized Family Service Plan from the other state can be invaluable in moving the process along and getting services in place as soon as possible. *(For additional information, see Policy on Infant-Toddler Program Services and Referral Process Procedural Guidance.)*

### **Infants and Toddlers in Residential Programs**

Some families choose residential placements for their children. This may be either a temporary or permanent arrangement. The Infant-Toddler Program offers the same entitlement for services and procedural safeguards for children under age three in residential programs as those mandated for children receiving services in community settings. Infant-Toddler Program requirements must be followed for children in residential programs. For example, a child must be deemed eligible for the Infant-Toddler Program by the Children's Developmental Services Agency in the family's county of residence and an Individualized Family Service Plan must be developed.

1. The Children's Developmental Services Agency must designate a Service Coordinator for an infant or toddler residing in a residential program and his family. The Service Coordinator must work with residential staff, including other case managers, to ensure continuity of Infant-Toddler Program services.
2. Responsibility for ensuring the availability of needed early intervention services and payment of related costs not covered by existing resources or programs (e.g., public and private funding received by the residential program for providing certain services) is the responsibility of the Children's Developmental

Services Agency in the family's county of residence even if the residential program is located in a different county. For needed services not provided by the residential program, the Children's Developmental Services Agency may provide a service directly and negotiate for the provision of the services with a service provider in the county where the residential program is located, or by other acceptable means. Responsibilities of the residential program and other agencies providing services must be clearly defined and delineated on the Individualized Family Service Plan.

3. When a family is considering residential placement, it is important to involve the appropriate agencies from both the family's county of residence and the county where the residential program is located. Involvement of community agencies is critical in order to provide optimal early intervention programming and to meet state and federal requirements for due process and service delivery.
4. Because the family's county of residence may be geographically distant from the county where the residential program is located, the ability of the Service Coordinator to be actively involved should be an important factor in making a selection. The Service Coordinator is responsible for coordinating services and for ensuring that Infant-Toddler Program requirements are met.
5. Infant-Toddler Program procedures regarding transition at age three should be followed. Local Education Agency staff from the family's county of residence must be involved in transition discussions. Approval for the provision of special education and related services in a residential setting for children ages three to twenty-one (3-21) must be given by the Local Education Agency from the family's county of residence.