

10A NCAC 27G .0903 GENERAL REQUIREMENTS FOR INFANTS AND TODDLERS

For all facilities serving infants and toddlers with or at risk for developmental disabilities, delays or atypical development, except for respite, there shall be:

- (1) an assessment which includes:
 - (a) physical (including vision and hearing), communication, cognitive, social and emotional and adaptive skills development, and the requirements set forth in 34 C.F.R. Part 303.344 (a)(2), incorporated by reference;
 - (b) a determination of the child's unique strengths and needs in terms of these areas of development and identification of services appropriate to meet those needs;
 - (c) if requested by the family, a determination of the resources, priorities and concerns of the family, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with or at risk for a disability. The family-focused and directed assessment shall be based on information provided through a personal interview and incorporate the family's description of these resources, priorities, and concerns in this area;
 - (d) procedures developed and implemented to ensure participation by the client's family or the legally responsible person;
 - (e) no single procedure used as the sole criterion for determining a child's eligibility;
 - (f) an integrated assessment process which involves at least two persons, each representing a different discipline or profession, with the specific number and types of disciplines based on the particular needs of the child. The assessment shall include current medical information provided by a physician, physician's assistant, nurse practitioner, or a registered nurse who has completed the "Child Health Training Program for Registered Nurses" taught under the Division of Maternal and Child Health Guidelines; however, a physician, physician's assistant, or nurse practitioner is not required as one of the disciplines involved in the assessment;
 - Note: Further information regarding the assessment may be found in the document "North Carolina Infant-Toddler Program Manual," available from the Developmental Disabilities Section of DMH/DD/SAS at no cost upon request.
 - (g) an evaluation process based on informed clinical opinion;
 - (h) an assessment process completed within 45 calendar days from the date of referral. The referral shall be initiated by a request for these services made to any one of the public agencies participating in the Part H of the Individuals with Disabilities Education Act Interagency Agreement. The request shall become a referral when the area program determines that all of the following is available:
 - (i) sufficient background information to enable the agency receiving the referral to establish communication through a telephone call or home visit;
 - (ii) reason for referral, date of referral and agency or individual making referral;
 - (iii) child and family identifying information such as names, child's birthdate and primary physician; and
 - (iv) summary of any pre-existing child and family screening or assessment information;
 - (i) a 45 calendar day completion requirement which may be extended in exceptional circumstances, such as, the child's health assessment is being completed out-of-state, or family desires make it impossible to complete the assessment within the time period. The specific nature and duration of these circumstances which prevent completion within 45 days and the attempts made by the provider to complete the assessment shall be documented and an interim Individualized Family Service Plan (IFSP) shall be developed and implemented; and
 - (j) the child's family or legally responsible person shall be fully informed of the results of the assessment process.
- (2) There shall be a habilitation plan which is referred to as the Individualized Family Service Plan (IFSP) which shall include:
 - (a) a description of the child's present health status and levels of physical (including vision and hearing), communication, cognitive, social and emotional, and adaptive development;

- (b) with the concurrence of the family, a description of the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant and toddler with or at risk for a disability;
 - (c) outcomes for the child, and, if requested, outcomes for the child's family;
 - (d) criteria and time frames to be used to determine progress towards outcomes;
 - (e) planned habilitation procedures related to the outcomes;
 - (f) a statement of the specific early intervention services to be provided to meet the identified child and family needs, the initiation dates, frequency and method, duration, intensity and location (including the most natural environment and a justification of the extent, if any, to which the services are not provided in a natural environment) of service delivery, and the persons or agencies responsible;
 - (g) the name of the service coordinator from the profession most immediately relevant to the needs of the child or family; and who is otherwise qualified to carry out all applicable responsibilities for coordinating with other agencies and individuals the implementation of the IFSP;
 - (h) the plans for transition into services which are the responsibility of the NC Department of Public Instruction, or other available services, when applicable;
 - (i) the payment arrangements for the specific services delineated in Sub-Item (2)(f) of this Rule; and
 - (j) a description of medical and other services needed by the child, but which are not required under Part H of the Individuals with Disabilities Education Act, and the strategies to be pursued to secure those services through public or private resources. The requirement regarding medical services does not apply to routine medical services, such as immunization and well-baby care, unless the child needs these services and they are not otherwise available.
- (3) The following requirements apply to the IFSP:
- (a) It shall be reviewed on at least a semi-annual basis or more frequently upon the family's request.
 - (b) It shall be revised as appropriate, but at least annually.
 - (c) The initial development and annual revision process for the IFSP for infants and toddlers, shall include participation by:
 - (i) the parent or parents of the child;
 - (ii) other family members, as requested by the parent;
 - (iii) an advocate or person outside of the family if the parent requests participation;
 - (iv) the provider of the early intervention services;
 - (v) the service coordinator designated for the family, if different from the provider of the early intervention services; and
 - (vi) the provider of the assessment service, if different from the provider of the early intervention services.
 - (d) The initial IFSP meeting and annual reviews shall be arranged and written notice provided to families early enough to promote maximum opportunities for attendance. The semi-annual review process shall include participation by persons identified in Sub-items (3)(c)(i) through (v) of this Rule. If any of these assessment and intervention providers are unable to attend one of the development or review meetings, arrangements may be made for the person's involvement through other means such as participation in a telephone conference call, having a knowledgeable authorized representative attend the meeting or making pertinent records available at the meeting. The facility shall attempt to obtain approval for such arrangements from all participants, however, it may proceed without such approval if necessary to complete the IFSP.
 - (e) The IFSP for infants and toddlers shall be based upon the results of the assessment referenced in Item (1) of this Rule and upon information from any ongoing assessment of the child and family. However, early intervention services may commence before completion of this assessment if:
 - (i) parental consent is obtained; and
 - (ii) the assessment is completed within the 45-day time period referenced in Paragraph (a) of this Rule.

- (f) In the event that exceptional circumstances, such as child illness, residence change of family, or any other similar emergency, make it impossible to complete the assessment within the 45-day time period referenced in Item (1) of this Rule, the circumstances shall be documented and an interim IFSP developed with parent permission. The interim IFSP shall include:
 - (i) the name of the service coordinator who will be responsible for the implementation of the IFSP and coordination with other agencies and individuals;
 - (ii) outcomes for the child and family when recommended;
 - (iii) those early intervention services that are needed immediately; and
 - (iv) suggested activities that may be carried out by the family members.
- (g) Each facility or individual who has a direct role in the provision of early intervention services specified in the IFSP is responsible for making a good faith effort to assist each eligible child in achieving the outcomes set forth in the IFSP.
- (h) The IFSP shall be developed within 45 days of referral for those children determined to be eligible. The referral shall be as defined in Sub-item (1)(h) of this Rule.
- (i) The contents of the IFSP shall be fully explained to the parents, and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service, or withdraw consent after first providing it, that service shall not be provided. The early intervention services for which parental consent is obtained must be provided.
- (j) IFSP meetings shall be conducted in settings convenient to and in the natural language of the family.

History Note: Authority G.S. 122C-26; 143B-147; 150B-1(d); 20 U.S.C. Sections 1401 et. seq., 1471 et. seq; Eff. May 1, 1996;
 Temporary Amendment Eff. May 21, 1999;
 Temporary Amendment Expired February 8, 2000;
 Codifier determined that findings did not meet criteria for temporary rule on May 22, 2000;
 Temporary Amendment Eff. May 30, 2000;
 Recodified from 10 NCAC 14V .0803;
 Amended Eff. April 1, 2001;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.