



District of Columbia  
Office of the State Superintendent of  
Education

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**Policies for Implementing Part C of the  
Individuals with Disabilities Education Act**

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April 2014

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## I. DEFINITIONS

The District of Columbia has adopted the definitions in 34 CFR §§ 303.4 through 303.37 of the Individuals with Disabilities Education Act (IDEA) Part C regulations for use in implementing the District of Columbia early intervention program. The terms used in this policy manual shall have the meanings ascribed to them in the federal Part C regulations.

## II. EARLY INTERVENTION SERVICES

### **Natural Environment**

- (a) To the maximum extent appropriate, early intervention services must be provided in the natural environment, including the home and community settings in which infants and toddlers without disabilities would participate. Each early intervention program shall provide early intervention services to meet the unique needs of the child in the natural environment to the extent appropriate and meet the requirements of appropriate early intervention services. Services and supports should occur in settings most natural and comfortable for the child and family. The location selected for the early intervention services should be one that maximizes the child's and parent's opportunities to use daily routines, materials and people common to the family and child.
  
- (b) Providing services in natural environments means:
  - a. decreasing a family's sense of isolation by connecting families to community resources and social network;
  - b. encouraging and assisting families in identifying their child's strengths;
  - c. helping families to build relationships that focus on their child's strengths;
  - d. providing opportunities for children with disabilities and normally developing children to interact into all aspects of community life.
  
- (c) The IFSP team must justify on the IFSP the extent to which a service cannot be achieved satisfactorily in a natural environment.

### **Frequency of Service**

The frequency of services shall be based on the needs of the child and his/her family as indicated in the Individualized Family Service Plan (IFSP).

### **Types of Early Intervention Services**

**Early Intervention services** means developmental services that:

- (a) Are provided under public supervision;
- (b) Are selected in collaboration with the parents;
- (c) Are provided at no cost to parents;
- (d) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including:
  - a. Physical development;
  - b. Cognitive development;
  - c. Communication development;
  - d. Social or emotional development; or
  - e. Adaptive development;
- (e) Meet the standards of the District of Columbia in which the early intervention services are provided, including the requirements of Part C of IDEA;
- (f) Include services identified under this section;
- (g) Are provided by qualified personnel (as that term is defined in 34 CFR §303.31), including the types of personnel listed in this section;
- (h) To the maximum extent appropriate, are provided in natural environments, as defined in 34 CFR §303.26 and consistent with 34 CFR §§303.126 and 303.344(d); and
- (i) Are provided in conformity with an IFSP adopted in accordance with section 636 of IDEA and 34 CFR §303.20.
- (j) Types of early intervention services include the following services defined below:
  - a. Assistive technology device and service are defined as follows:
    - i. Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. 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 that device.
    - ii. Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
      - 1. The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;

2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
  3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
  4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
  5. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
  6. Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.
- b. Audiology services include:
- i. Identification of children with auditory impairments, using at-risk criteria and appropriate audiological screening techniques;
  - ii. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
  - iii. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
  - iv. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
  - v. Provision of services for prevention of hearing loss; and
  - vi. Determination of the child's individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- c. Family training, counseling, and home visits 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.
- d. Health services has the meaning given the term in 34 CFR §303.16.
- e. Medical services means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

- f. Nursing services include:
  - i. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
  - ii. The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
  - iii. The administration of medications, treatments, and regimens prescribed by a licensed physician.
- g. Nutrition services include:
  - i. Conducting individual assessments in:
    - 1. Nutritional history and dietary intake;
    - 2. Anthropometric, biochemical, and clinical variables;
    - 3. Feeding skills and feeding problems; and
    - 4. Food habits and food preferences;
  - ii. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for early intervention services, based on the findings in paragraph (g)(7)(i) of this section; and
  - iii. Making referrals to appropriate community resources to carry out nutrition goals.
- h. Occupational therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
  - i. Identification, assessment, and intervention;
  - ii. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
  - iii. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- i. 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:
  - i. Screening, evaluation, and assessment of children to identify movement dysfunction;
  - ii. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

- iii. Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.
- j. Psychological services include:
  - i. Administering psychological and developmental tests and other assessment procedures;
  - ii. Interpreting assessment results;
  - iii. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
  - iv. 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.
- k. Service coordination services has the meaning given the term in 34 CFR §303.34.
- l. Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
- m. Social work services include:
  - i. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
  - ii. Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
  - iii. 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;
  - iv. 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
  - v. 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.
- n. Special instruction includes:
  - i. The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
  - ii. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;

- iii. Providing families with information, skills, and support related to enhancing the skill development of the child; and
- iv. Working with the infant or toddler with a disability to enhance the child's development.
- o. Speech-language pathology services include:
  - i. Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
  - ii. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
  - iii. Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
- p. 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.
- q. Vision services mean:
  - i. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
  - ii. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
  - iii. Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

**Other services**

The services identified and defined in these policies do not comprise exhaustive lists of the types of services that may constitute early intervention services. Nothing in this manual prohibits the identification in the IFSP of another type of service as an early intervention service. The service must meet the criteria identified in 34 CFR §303.13(a) and as described above.

**Qualified personnel**

The following are the types of qualified personnel who provide early intervention services under Part C of IDEA:

- (a) Audiologists.



- (b) Family therapists.
- (c) Nurses.
- (d) Occupational therapists.
- (e) Orientation and mobility specialists.
- (f) Pediatricians and other physicians for diagnostic and evaluation purposes.
- (g) Physical therapists.
- (h) Psychologists.
- (i) Registered dietitians.
- (j) Social workers.
- (k) Special educators, including teachers of children with hearing impairments (including deafness) and teachers of children with visual impairments (including blindness).
- (l) Speech and language pathologists.
- (m) Vision specialists, including ophthalmologists and optometrists.

**Other Personnel**

The personnel identified and defined in these policies do not comprise exhaustive lists of the types of qualified personnel that may provide early intervention services. Nothing in this manual prohibits the identification in the IFSP of another type of personnel that may provide early intervention services in accordance with Part C of IDEA, provided such personnel meet the requirements in 34 CFR §303.31.

**III. AVAILABILITY OF RESOURCES**

In accordance with 34 CFR §303.203 and Title 5 of the District of Columbia Municipal Regulations (“DCMR”), Subtitle A, Section 3114, the District of Columbia assures that resources are made available to all geographic areas within the District of Columbia.

**IV. SYSTEM OF PAYMENTS**

**Services Provided at No Cost to Families**

In accordance with 34 CFR §303.521(b), the following IDEA Part C functions and services will be provided at public expense and for which no fees may be charged to parents:

- (a) Implementing the child find requirements in 34 CFR §§303.301 through 303.303;
- (b) Evaluation and assessment, in accordance with 34 CFR §303.320, and the functions related to evaluation and assessment in 34 CFR §303.13(b);
- (c) Service coordination services, as defined in 34 CFR §§303.13(b)(11) and 303.34; and
- (d) Administrative and coordinative activities related to—

- i. The development, review, and evaluation of IFSPs and interim IFSPs in accordance with 34 CFR §§303.342 through 303.345; and
- ii. Implementation of the procedural safeguards in subpart E of Part C of IDEA and the other components of the statewide system of early intervention services in subpart D and subpart F of Part C of IDEA.

### **Funding Sources**

The only fund source that the District of Columbia has incorporated into its Part C system is public insurance (Medicaid). The District of Columbia does not access private insurance or implement family fees. All early intervention services are provided at no cost to families<sup>1</sup>.

### **Use of Public Health Care Coverage/Insurance (Medicaid)**

- (a) In accordance with 34 CFR §303.520(a)(2)(ii), families enrolled in the DC EIP will not be required to sign up for or enroll in Medicaid as a condition for their child to receive Part C early intervention services.
- (b) DCEIP will not seek reimbursement through Medicaid for families who are enrolled in Medicaid and also have private insurance.
- (c) In accordance with 34 CFR §303.520(a)(2)(iii), if the parent does not provide consent for use of public insurance or benefits, the DCEIP will still make available the Part C services on the IFSP to which the parent has given consent.
- (d) In accordance with 34 CFR §303.520(a)(2)(ii), DCEIP will obtain family's consent if access to Medicaid would result in any of the following:
  - i. A decrease in the available lifetime coverage or any other insured benefit for the child or parent;
  - ii. The child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program;
  - iii. Any increase in premiums or cancellation of public benefits or insurance for the child or parents; or
  - iv. The risk of loss of eligibility for the child or the child's parents for home and community-based waivers based on total health-related costs.
- (e) Prior to using a child's or parent's public benefits or insurance to pay for Part C services, DCEIP shall provide written notification to the child's parents. The notification includes the following statements:

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<sup>1</sup> The DC EIP as the lead agency for Part C may, but is not required to use Part C or other funds for costs such as the premiums, deductibles, or co-payments (34 CFR §303.521(a)(6)). The DC EIP will not charge a fee to the family for failure to provide income information because it is not collecting information on family income for any purpose (34 CFR §303.521(a)(5)).

- i. Parental consent must be obtained under confidentiality protections, before the DCEIP discloses, for billing purposes, a child's personally identifiable information to the District of Columbia's public agency responsible for the administration of the District's public benefits or insurance program (Medicaid);
- ii. The no-cost protection provisions in this section:
  - A decrease in the available lifetime coverage or any other insured benefit for the child or parent;
  - The child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program;
  - Any increase in premiums or cancellation of public benefits or insurance for the child or parents; or
  - The risk of loss of eligibility for the child or the child's parents for home and community-based waivers based on total health-related costs;and the parent does not provide consent, DCEIP must still make available those Part C services on the IFSP for which the parent has provided consent;
- iii. Parents have the right under confidentiality protections to withdraw their consent to the disclosure of personally identifiable information to the District's public agency responsible for the administration of the District's public benefits or insurance program (e.g., Medicaid) at any time;
- iv. The parent will not incur any costs as a result of participating in a public benefits or insurance program;
- v. DCEIP will not access Medicaid for families who are enrolled in Medicaid and also have private insurance due to requirement that the private insurance must first be utilized; and
- vi. A new parental consent is required if the level of services increases during the duration of the child's IFSP.

### **Procedural Safeguards**

Consistent with Section 34 CFR §303.521(e), in the event a provider improperly charges a parent a fee for a Part C service, DCEIP ensures the availability of procedural safeguards including the parent's right to do one of the following:

- (a) Participate in mediation, in accordance with 34 CFR §303.431;
- (b) Request a due process hearing under Section 34 CFR §303.441;
- (c) File a state complaint under Section 34 CFR §303.434; or

(d) Use any other procedure established by the District of Columbia for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under Part C, including the right to pursue, in a timely manner, the options above as described in this System of Payment policy and procedures which are provided to parents whenever consent is obtained for the provision of early intervention services.

## **V. METHODS TO ENSURE THE PROVISION OF, AND FINANCIAL RESPONSIBILITY FOR, PART C SERVICES**

### **Interagency Agreements**

OSSE has entered into formal interagency agreements with other state level agencies involved in the early intervention system.

Each agreement includes the following:

1. The financial responsibility of each agency for paying for early intervention services that is consistent with District of Columbia law and Part C requirements.
2. The procedures for achieving a timely resolution of intra-and inter-agency disputes about payments for a given service(s) or disputes about other matters related to the District's early intervention program. The procedures include a mechanism for making a final determination that is binding upon the agencies involved.
3. A process that permits each state agency participating in the District's early intervention program to resolve any internal disputes (based on the agency's procedures that are included in the agreement) so long as the agency does so in a timely manner and includes the process that DCEIP will follow in the event that the agency is unable to resolve its internal disputes.
4. Any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the District's early intervention program.

### **Resolution of Disputes**

OSSE is responsible for resolving disputes according to procedures in 34 CFR §303.511(c)(2)(ii). During the pendency of a dispute, OSSE is responsible for assigning financial responsibility to an agency or to itself as lead agency, in accordance with the payor of last resort provisions in 34 CFR §303.510. If during the resolution of the dispute, OSSE determines that the assignment of financial responsibility was inappropriately made, OSSE shall reassign the responsibility to the appropriate agency and OSSE shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

Resolution of an inter-agency dispute shall first be sought through a meeting of the senior management of each agency, who shall meet not later than ten (10) business days from the date of receipt of written notice of the dispute. If the senior management cannot resolve the dispute, the Directors of the Agencies (or representatives designated by the Directors) shall, within ten (10) business days of the senior management meeting, discuss next steps and assist the respective programs in resolving the dispute. If the agencies cannot resolve the dispute, then written notice of the dispute must be provided to OSSE. The senior management and/or Director of OSSE shall meet with the respective staff at the disputing agencies to discuss possible next steps, which may include: (1) providing policy interpretation to the programs; and/or (2) requiring DCEIP to provide technical assistance to the program.

Should an agency be unable to resolve its own internal dispute, that agency must provide written notice to OSSE. The senior management and/or Director of OSSE shall meet with the respective staff at agency to discuss possible next steps which may include: (1) providing policy interpretation to the programs; and/or (2) requiring DCEIP to provide technical assistance to the program.

In the event that the decision reached by OSSE is not satisfactory, the review process shall include:

1. referring the dispute to the Mayor, and
2. implementing the procedures to ensure that services are provided to eligible children and their families in a timely manner, pending resolution of disputes among public agencies or service providers as required under 34 CFR §303.511(d).

### **Delivery of Services In A Timely Manner**

DCEIP has developed the following procedures to ensure services are provided in a timely manner pending resolution of disputes among public agencies or service providers. Pending resolution of a dispute, the Lead Agency will utilize Part C funds to directly pay for services. Services will continue to be provided during the resolution of the dispute at this level.

### **Payor of Last Resort**

All funding policies as identified in the interagency agreement between OSSE and the D.C. Department of Healthcare Finance conform with the following:

1. Non-substitution of funds—Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source unless that services' source of payment is under dispute. Part C funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

2. Interim payments/reimbursement—In order to prevent a delay in the timely provision of services, Part C funds may be used to pay the provider of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Payment may be made for:
  - a. early intervention services,
  - b. eligible health services, and
  - c. other functions and services authorized by Part C including child find, evaluation, and assessment. This provision does not apply to medical services or well-baby care.
  
3. Non-reduction of benefits—Medical or other assistance that is available to the State under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for eligible children) may not be reduced.

### **Reimbursement Procedures**

The District of Columbia assures that a system is in place which includes procedures for securing timely reimbursement of funds in accordance with section 34 CFR §303.510(b).

## **VI. CHILD ELIGIBILITY**

Pursuant to Part C regulations at 34 CFR §303.21, 34 CFR §303.111 and 5 DCMR §A-3108.3 a child is eligible for District of Columbia Part C early intervention services if the child is between the age of birth and his/her third birthday and has been determined to have:

- (a) A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability.

### **State Definition Of Diagnosed Conditions**

The District of Columbia has adopted the following categories of conditions (see Appendix for current list, which is illustrative, but not exhaustive) to meet the definition of “diagnosed physical or mental condition that has a high probability of resulting in a developmental delay”:

1. Genetic Disorders
2. Sensory Impairments
3. Motor Impairments
4. Neurologic Disorders
5. Sociocommunicative Disorders
6. Medically Related Disorders
7. Acquired Trauma Related Disorders

(b) A developmental delay, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion, defined as having at least a 50% delay or a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age [which is calculated by deducting one half of the prematurity from the child's chronological age] should be assigned for a period of up to 6 months. The delay must be identified in one or more of the following areas:

1. cognitive development;
2. communication development;
3. adaptive development;
4. physical development, including vision and hearing;
5. social or emotional development; or

(c) Effective July 1, 2013, a developmental delay, defined as having a delay of twenty-five (25%) percent, in two (2) or more developmental areas, as measured by appropriate diagnostic measures and procedures emphasizing the use of informed clinical opinion. In the case of infants born prematurely, the adjusted chronological age [which is calculated by deducting one half of the prematurity from the child's chronological age] should be assigned for a period of up to 6 months. The delays must be identified in the following areas:

1. cognitive development;
2. communication development;
3. adaptive development;
4. physical development, including vision and hearing;
5. social or emotional development.

### **Continuing Eligibility and Discharge from Early Intervention Services**

The following criteria should be used to establish that a child is no longer eligible for DC EIP:

- (a) If a child was initially eligible based on criteria (a) above (a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability), the child is no longer eligible if there is a change in the status of the diagnosis, as documented by an appropriately qualified medical/clinical professional (for example, resolution of failure to thrive; resolution of delays/impairments associated with extreme prematurity; resolution of delays/impairments associated with cleft palate). In general, this category would apply only in circumstances where the condition is associated with age (e.g. prematurity) or a physical condition that can be ameliorated with medical/surgical treatment provided through the health care system combined with developmental-rehabilitative services provided through DC EIP.
- (b) If a child was initially eligible based on criteria (b) above (50% delay in one or more developmental areas), the child is no longer eligible if annual multidisciplinary evaluation reveals less than 25% delay in one or more developmental areas.
- (c) If a child was initially eligible based on criteria (c) above (25% delay in two or more developmental areas), the child is no longer eligible if annual multidisciplinary evaluation reveals less than 25% delay in two or more areas.

### **Services to At Risk Children**

It is the policy of the District of Columbia to not include children considered to be “at risk” of having substantial developmental delays for eligibility in the Part C system.

## **VII. EVALUATION AND ASSESSMENT**

The Lead Agency ensures that, subject to obtaining parental consent in accordance with 34 CFR §303.420(a) (2), each child under the age of three who is referred for evaluation or early intervention services under Part C of IDEA and suspected of having a disability, receives a timely, comprehensive, multidisciplinary evaluation of the child in accordance with 34 CFR §303.321 unless eligibility is established under 34 CFR §303.321(a)(3)(i). The evaluation and assessment of each child referred to the DC EIP shall be culturally appropriate, strengths-based, and conducted by a multi-disciplinary team.



### **Timeline**

In accordance with 34 CFR §303.310, the evaluation for eligibility, the initial assessment of the child and family, and the initial IFSP meeting must be completed within 45 calendar days of referral for a child determined to be eligible for Part C services. In the event of exceptional circumstances that make it impossible to complete the eligibility process within 45 days (e.g. if a child is ill or there is some other family initiated situation that causes a delay, etc.), the Service Coordinator will document those circumstances and complete the evaluation, assessment, and IFSP meeting when the family initiated delay no longer exists. The 45 day timeline shall also be delayed if the parent has not provided consent despite documented, repeated attempts by DCEIP to obtain parental consent. DCEIP must also develop and implement an interim IFSP, to the extent appropriate and consistent with Section 34 CFR §303.345.

### **Evaluation Procedures**

DCEIP ensures that each child under the age of three who is referred for evaluation or early intervention services and is suspected of having a disability receives a timely, comprehensive, multi-disciplinary evaluation, as required by 34 CFR §303.321(a)(1). In accordance with 34 CFR §303.321(a)(2)(i), evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA, consistent with the definition of infant or toddler with a disability in 34 CFR §303.21 and 5 DCMR §A-3108. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under Part C of IDEA.

In accordance with 34 CFR §303.321(b) and 5 DCMR §A-3102.4, DCEIP evaluation teams must utilize the following procedures:

- (a) Administering an evaluation instrument;
- (b) Taking the infant or toddler's history (including interviewing the parent(s))
- (c) Identifying the infant or toddler's level of functioning in each of the following developmental areas:
  - 1. Cognitive development;
  - 2. Physical development, including vision and hearing;
  - 3. Communication development;
  - 4. Social or emotional development; and
  - 5. Adaptive development;
- (d) Gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- (e) Reviewing medical, educational, or other records.

An infant or toddler's medical and other records may be used to establish eligibility (without conducting an evaluation of the child) in accordance with 34 CFR §303.321 and 5 DCMR §A-3102.5, if those records indicate that the child's level of functioning in one or more of the developmental areas identified in 34 CFR §303.21(a)(1) constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability under 34 CFR §303.21 and DCMR §A-3108.

### **Re-evaluations**

Children found "not eligible" at their initial evaluation must wait 6 months before another evaluation can be conducted to determine eligibility.

### **Informed Clinical Opinion**

In accordance with 34 CFR §303.321(a)(3)(ii), informed clinical opinion is used to assist in the determination of a child's eligibility for early intervention services. Qualified personnel are required to use informed clinical opinion when conducting an evaluation and assessment of the child.

There are occasions for which informed clinical opinion is used on an independent basis to establish a child's eligibility even when other instruments do not establish eligibility. The following procedures are to be used in these instances:

- (a) Standardized assessments cannot be completed, or when conditions exist that would invalidate standardized test scores; and
- (b) Two qualified professionals from different disciplines of the evaluation team agree to substantiate, that based on other criteria and individual variations of child development, the child meets the eligibility criteria.

In no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

### **Assessment**

Assessments include the assessment of the child, consistent with paragraph (c)(1) of 34 CFR §303.321 and the assessment of the child's family, consistent with paragraph (c)(2) of 34 CFR §303.321. Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

If an infant or toddler is determined eligible in accordance with 34 CFR §303.21 and 5 DCMR §A-3108, a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services must be conducted by qualified personnel appropriate to

meet those needs. This assessment may occur simultaneously with the evaluation, provided that the requirements of this section are met. The assessment of the child must include the following:

- (a) A review of the results of the evaluation conducted under 5 DCMR §A-3102;
- (b) Personal observations of the child; and
- (c) The identification of the child's needs in each of the developmental areas in 34 CFR §303.21 and 5 DCMR §A-3102.4.

If an infant or toddler is determined eligible in accordance with 5 DCMR §A-3108 and 34 CFR §303.21, a family-directed assessment as identified in 34 CFR §303.321(c)(2) and 5 DCMR §A-3103 must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns, as well as the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. This assessment may occur simultaneously with the evaluation, provided that the requirements of this section are met. The family-directed assessment must:

- (a) Be voluntary on the part of each family member participating in the assessment;
- (b) Be based on information obtained through an assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- (c) Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

If, based on the evaluation conducted under 34 CFR §303.321, the child is not eligible under Part C of IDEA, the Service Coordinator must provide the parent with prior written notice required in 34 CFR §303.421 and include in the notice information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms under 34 CFR §303.430 and 5 DCMR §A-3111.

### **Nondiscriminatory Practices and Other Procedures**

The District of Columbia assures that all agencies responsible for evaluation and assessment activities shall implement the following nondiscriminatory practices and other procedures for evaluation and assessment activities in accordance with 34 CFR §303.321(a) & (b):

- (a) Tests and other evaluation and assessment materials and procedures must be administered in the native language of the parents or other mode of communication, unless clearly not feasible to do so;
- (b) Any assessment/evaluation procedures and/or materials must be selected and administered so as not to be racially or culturally discriminatory;

- (c) No single procedure is used as the sole criterion for determining a child's eligibility; and
- (d) All evaluations and assessments must be conducted by qualified personnel.

## **VIII. PUBLIC AWARENESS**

In accordance with 34 CFR §303.116, the District of Columbia Early Intervention Program (DCEIP) has developed a public awareness program that focuses on the early identification of infants and toddlers with disabilities and provides information to parents of infants and toddlers on the availability of early intervention services by the lead agency through primary referral sources. A list of the District of Columbia's primary referral sources is provided below.

In accordance with 34 CFR §303.301 the District of Columbia assures that a public awareness program has been developed that provides information about the DCEIP, including:

- (a) A description of the availability of early intervention services under Part C of IDEA;
- (b) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and
- (c) A central directory, as described in 34 CFR §303.117.

In accordance with 34 CFR §303.301 the District of Columbia assures that DCEIP's public awareness program also provides information to parents of toddlers with disabilities of the availability of services under section 619 of IDEA not fewer than 90 days prior to the toddler's third birthday.

### **Central Directory**

The District of Columbia has developed a central directory of information which includes:

- (a) Public and private early intervention services, resources, and experts available in the District of Columbia;
- (b) Professional and other groups (including parent support, and training and information centers, such as those funded under IDEA) that provide assistance to infants and toddlers with disabilities eligible under Part C of IDEA and their families; and
- (c) Research and demonstration projects being conducted in the District of Columbia relating to infants and toddlers with disabilities.

The District of Columbia's central directory is updated at least annually, and is accessible to the general public through the Lead Agency's website.

### **Comprehensive Child Find System<sup>2</sup>**

In accordance with 34 CFR §303.302, the District of Columbia supports a comprehensive child find system that is consistent with Part B of IDEA (34 CFR §300.128) and meets the requirements to identify, locate and evaluate all eligible infants and toddlers, and to determine which children are receiving early intervention services.

DCEIP, with the assistance of the State Interagency Coordinating Council, as defined in 34 CFR §303.8 coordinates all other major efforts to locate and identify children with other District of Columbia agencies responsible for administering the various education, health, and social service programs relevant to Part C of IDEA. Programs and agencies with which the Lead Agency collaborates include:

- (a) Child find authorized under Part B of IDEA;
- (b) Maternal and Child Health program under Title V of the Social Security Act, as amended, (MCHB or Title V) (42 U.S.C. 701(a));
- (c) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B)) which includes the Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);
- (d) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.);
- (e) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act) (42 U.S.C. 9801 et seq.);
- (f) Supplemental Security Income program under Title XVI of the Social Security Act (42 U.S.C. 1381);
- (g) Child protection and child welfare programs, including the foster care agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a));
- (h) Child care programs in the District of Columbia;
- (i) The programs that provide services under the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.); and
- (j) Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C. 280g-1).

DCEIP, with the advice and assistance of the Council, takes steps to ensure that:

- (a) There will not be unnecessary duplication of effort by the programs identified above; and

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<sup>2</sup> Sections VI through VIII of this policy supersede the Part C Child Find requirements in the Comprehensive Child Find Policy issued by OSSE on March 22, 2010.

- (b) The District of Columbia will make use of the resources available through each public agency in the District of Columbia to implement the child find system in an effective manner.

In accordance with 34 CFR §303.303, the District of Columbia's child find system includes the Lead Agency's procedures for use by primary referral sources for referring a child under the age of three to DCEIP for:

- (a) Evaluation and assessment, in accordance with 34 CFR §303.321, or
- (b) As appropriate, the provision of services, in accordance with 34 CFR §303.342(a) or §303.345.

Primary referral sources are expected to refer a child for evaluation when it is suspected that the child is developmentally delayed or has a physical or mental condition that has a high probability of resulting in developmental delay. DCEIP requires all primary referral sources to refer a child under the age of three who is the subject of a substantiated case of child abuse or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Part C funds may be used to improve collaboration with primary referral sources in order to identify and evaluate at-risk infants and toddlers involved in a substantiated case of child abuse or neglect; or identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, make referrals to other available services for such children, and to conduct periodic follow-up to determine if the status of the infant or toddler has changed and may be eligible for early intervention services as provided by Part C.

Primary referral sources are informed about the referral process and procedures through the Lead Agency's website and in-person trainings. The Lead Agency ensures that referrals to DCEIP are made to a single point of entry as soon as possible, but in no case more than seven days, after the child has been identified. Primary referral sources include:

- (a) Hospitals, including prenatal and postnatal care facilities;
- (b) Physicians;
- (c) Parents;
- (d) Child care programs and early learning programs;
- (e) LEAs and schools;
- (f) Public health facilities;
- (g) Other public health or social service agencies;
- (h) Other clinics and health care providers;
- (i) Public agencies and staff in the child welfare system;
- (j) Homeless family shelters; and
- (k) Domestic violence shelters and agencies.

### **Indian Tribes and Tribal Organizations**

The District of Columbia currently does not have tribes or tribal organizations within its geographic boundaries (34 CFR §303.731(e)(1)).

## **IX. SERVICES TO ALL GEOGRAPHIC AREAS**

Early intervention services are provided through contractual arrangements in which all providers are required to serve children in all Wards of the District of Columbia (34 CFR §303.207).

## **X. PUBLIC PARTICIPATION**

Pursuant to Part C regulations at 34 CFR §303.208, at least 60 days prior to being submitted to the U.S. Department of Education, the District of Columbia's application for funds under Part C of IDEA, including any policies, procedures, descriptions, methods, certifications, assurances and other information required in the application, is published in a manner that ensures circulation throughout the State for at least a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period.

The application includes a description of the policies and procedures used by the District to ensure that, before adopting any new policy or procedure, including any revision to an existing policy or procedure, needed to comply with Part C of IDEA and these regulations, the lead agency:

- (a) Held public hearings on the new policy or procedure, including any revision to an existing policy or procedure;
- (b) Provided notice of the hearings held in accordance with (a) above at least 30 days before the hearings were conducted to enable public participation; and
- (c) Provided an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure, including any revision to an existing policy.

Pursuant to 34 CFR 303.101(c), the lead agency must obtain approval by the Secretary of the U.S. Department of Education before implementing any policy or procedure required to be submitted as part of the District of Columbia Part C grant application in 34 CFR §§ 303.203, 303.204, 303.206, 303.207, 303.208, 303.209, and 303.211.

## **XI. TRANSITION**

The District of Columbia has developed the following policies and procedures to ensure a smooth and effective transition at age three for infants and toddlers with disabilities, in accordance with 34 CFR §303.209, to:

- (1) Preschool or other appropriate services for toddlers with disabilities; or
- (2) Exit the program for infants and toddlers with disabilities.

### **Notification to the State Education Agency (SEA) and Appropriate Local Education Agency (LEA)**

- (a) Since all toddlers receiving services under early intervention may be eligible for preschool services under Part B of IDEA, the Part C Service Coordinator will inform the family that consistent with IDEA requirements (34 CFR §§303.209(b)(1)(i) and (ii)), DCEIP is required to notify the State Education Agency (SEA) and the local educational agency (LEA) in the area where the toddler lives that the toddler is approaching three (3) years of age and may be eligible for ECSE services under Part B of IDEA. This notification, which will occur no fewer than 90 days before the third birthday of the toddler with a disability, includes limited directory information (child's name and birthdate, and parent's name, address, and telephone number).
- (b) Since all toddlers receiving services under early intervention may be eligible for preschool services under Part B of IDEA, DC EIP, as soon as possible after determining the child's eligibility more than 45 but less than 90 days before that toddler's third birthday, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of IDEA, or
- (c) If a toddler is referred to the DC EIP fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of IDEA, DC EIP, with parental consent required under 34 CFR §303.414, will refer the toddler to the SEA and the LEA for the area in which the toddler resides; but, the DC EIP is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances.

The District of Columbia ensures that the notification required under (a) and (b) is consistent with the opt-out policy (5 DCMR §3109) that the District has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.



### **Conference to Discuss Services**

Since DC EIP has determined that all toddlers receiving services under Part C of IDEA may be eligible for preschool services under Part B of IDEA, at approximately six months, but not less than 90 days<sup>3</sup>, and at the discretion of all parties, not more than nine months prior to the toddler's third birthday, the Part C Service Coordinator:

- (a) shall convene a conference among DC EIP providers, the family, and the LEA to discuss any services the toddler may receive under Part B of IDEA; or
  
- (b) if a parent opts-out of referral for preschool services under Part B of IDEA, DC EIP, with the approval of the family of that toddler, shall make reasonable efforts to convene a conference among DC EIP providers, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.

### **Transition Plan**

(a) DC EIP ensures that:

1. Program options for all toddlers with disabilities are reviewed for the period from the toddler's third birthday through the remainder of the school year; and
2. Each family of a toddler with a disability who is served under Part C of IDEA is included in the development of the transition plan required under this section and §303.344(h);
3. A transition plan is established in the IFSP not fewer than 90 days--and, at the discretion of all parties, not more than 9 months--before the toddler's third birthday; and

(b) The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate:

1. Steps for the toddler with a disability and his or her family to exit from the Part C program; and
2. Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.

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<sup>3</sup> This statement is equivalent to DCMR §A3109.1 "no later than the child's thirty-third (33rd) month".

### **Transition Conference and Meeting to Develop Transition Plan**

Any transition conference conducted in accordance with 34 CFR §303.209(c) or a meeting to develop the transition plan under 34 CFR §303.209(e), which conference and meeting may be combined into one meeting, must meet the requirements in 34 CFR §§303.342(d)(e) and 303.343(a).

### **Intra-agency Agreement Between the Division of Early Learning and the Division of Specialized Education**

In accordance with 34 CFR §303.209, the District of Columbia has developed an intra-agency agreement between DCEIP and the program within the agency that administers section 619 of IDEA. The intra-agency agreement under this section addresses how the DCEIP and the SEA will meet the requirements of 34 CFR §303.209(b) through (f) (including the policies adopted by the Lead Agency under 34 CFR §303.401(d) and (e)), 5 DCMR §A-3109, 34 CFR §303.344(h), and 34 CFR §§300.101(b), 300.124, 300.321(f), and 300.323(b).

### **Applicability of Transition Requirements**

The transition requirements in the Section XI apply to all toddlers with disabilities receiving services under Part C of IDEA before those toddlers turn age three. Information about transition to Part B Early Childhood Special Education (ECSE) or other appropriate services is shared with the family and explained at the initial IFSP meeting if the toddler is two (2) years of age or older. For a toddler participating in Part C prior to age two (2), this information is provided at the six (6) month or annual IFSP meeting held closest to the toddler's second birthday.

## **XII. COORDINATION WITH HEAD START AND EARLY HEAD START, EARLY EDUCATION AND CHILD CARE PROGRAMS**

In accordance with 34 CFR §303.210, the District of Columbia, through an inter-agency agreement, assures that efforts are underway to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq, as amended), early education and child care programs, and services under Part C.

The Lead Agency participates, consistent with section 642B(b)(1)(C)(viii) of the Head Start Act, on the State Advisory Council on Early Childhood Education and Care established under the Head Start Act.

### **XIII. GEPA REQUIREMENTS**

The Lead Agency ensures equitable access to and participation in Part C through its monitoring policy of making sure providers are serving all Wards of the District of Columbia and ensuring that all contracts state that providers must serve children throughout the District.

### **XIV. CONSENT PRIOR TO DISCLOSURE OR USE**

In the event that the parent refuses to provide consent under 34 CFR §303.414, the DC EIP will implement the following procedures to explain how their failure to consent affects the ability of their child to receive services under Part C of IDEA:

1. Make reasonable efforts to ensure that the parent:
  - a. Is fully aware of the nature of the evaluation and assessment of the child or early intervention services that would be available; and
  - b. Understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given.
2. DC EIP shall not use the due process hearing procedures described in the Families Have Rights booklet to challenge a parent's refusal to provide any consent that is required in accordance with 34 CFR §303.414.
3. Ensure that the parents of an infant or toddler with a disability:
  - a. Determine whether they, their infant or toddler with a disability, or other family members will accept or decline any early intervention service at any time; and
  - b. Are informed that they may decline a service after first accepting it, without jeopardizing other early intervention services.

**APPENDIX**  
**DC EARLY INTERVENTION PROGRAM**  
**LIST OF ESTABLISHED CONDITIONS**

**1. Genetic Disorders**

Abnormalities of Chromosome Number

(All except Klinefelter) Such as but not limited to:  
Down syndrome, Trisomy 21, Patau's syndrome,  
Trisomy 13, Edward's syndrome, Trisomy 18  
Other conditions due to autosomal anomalies

Genetic Conditions with Known Chromosomal Alterations

Angelman Syndrome, Autosomal deletion syndromes: antimongolism syndrome, Cri-du-Chat Syndrome,  
Bardet-Biedl Syndrome, CHARGE Syndrome, Cornelia de Lange Syndrome, Fragile X Syndrome, Jeune Syndrome, Menkes Syndrome, Noonan Syndrome, Opitz Syndrome, Prader-Willi Syndrome, Rubenstein-Taybi Syndrome, Weaver Syndrome, Williams Syndrome

Pre-natal exposures

Fetal Alcohol Syndrome, Fetal Phenytoin (Dilantin) Syndrome, Pediatric AIDS, TORCH, congenital toxoplasmosis, congenital rubella, congenital CMV (cytomegalovirus), congenital herpes

Neurocutaneous Syndromes

Tuberous Sclerosis, Sturge Webber Syndrome, Neurofibromatosis, Ataxia Telangiectasia

Inborn Errors of Metabolism

*Amino Acidopathies*, Organic Acidemias, Glutaric Aciduria type II

*Very long chain fatty acid storage diseases*

All, including Peroxisomal Disorders  
Leukodystrophy, Krabbe's disease, Pelizaeus-Merzbacher disease, Sulfatide Lipidosis  
Cerebral lipidoses, Batten disease, Jansky-Bielschowsky disease, Kufs disease, Spielmeyer-Vogt disease, Tay-Sachs disease, Glangliosidosis, Cerebral degeneration in generalized lipidoses, Cerebral degeneration of childhood in other disease classified elsewhere

*MCAD (medium chain acylCoA dehydrogenase deficiency)*

**2. Sensory Impairments**

Blindness ("legal" blindness or 20/200 best acuity with correction)  
Low Vision (20/70 best acuity with correction)  
Retinopathy of Prematurity, (Grades 4 and 5)  
Neurological Visual Impairment  
Hearing Impairment  
Neural hearing loss (includes auditory neuropathy)

**3. Motor Impairments**

Arthrogryposis/multiplex Congentia, Torticollis, Childhood Apraxia of Speech (diagnosed by an SLP)

**4. Neurologic Disorders**

Absence of part of brain

Agyria, Aplasia of part of brain, Arhinencephaly  
Brain Malformation, Cerebral Dysgenesis or agenesis of part of brain, Cerebral Palsy (all types), Charcot-Marie-Tooth Disease, Congenital Cerebral cyst, Degenerative Progressive Neurological Condition, Encephalopathy  
Holoprosencephaly, Hydrocephaly congenital or acquired, Intraventricular Hemorrhage (IVH), Lissencephaly Syndrome (Miller-Dieker Syndrome), Macroencephaly, Macrogyria, Megalencephaly /Meningomyelocele / Myelomeningocele / Spina Bifida / Neural Tube Defect, Arnold-Chiari syndrome, type II and Chiari malformation, type II. Hydromeningocele (spinal), hydromyelocele, meningocele (spinal), meningomyelocele, myelocele, myelocystocele, rachischisis, spina bifida (aperta) syringomyelocele, Microgyria, Multiple anomalies of the brain, NOS, Myopathy, Peri-ventricular Leukomalacia (PVL), Porencephalic Cyst, Seizures (poorly or uncontrolled), Spinal Muscular Atrophy / Werdnig Hoffman Disorder Stroke, Ulegyria

**5. Sociocommunicative Disorders**

Asperger Syndrome / Disorder, Autism, Childhood Depression, Childhood Disintegrative Disorder, PDD-NOS, Reactive Attachment Disorder, Rett syndrome

**6. Medically Related Disorders**

Congenital or infancy-onset hypothyroidism  
Cleft Palate (prior to the operation to repair the cleft and up to one-year post-operative)  
Lead intoxication (>45 µg/dL) (up to six months after identification)

Very Low Birth Weight (<1000 grams at birth, up to 6 months corrected age only)  
if under 500g, if 500g-749g, 750g-999g

Prematurity (28 weeks or less gestation, up to 6 months corrected age only)  
less than 24 completed weeks of gestation, 24 completed weeks of gestation , 25-26 completed weeks of gestation  
27-28 completed weeks of gestation

#### **7. Acquired Trauma Related Disorders**

Traumatic Brain Injury/TBI without open intracranial wound (a) with prolonged loss of consciousness and return to conscious level (b) with prolonged loss of consciousness without return to conscious level unspecified state of consciousness

Traumatic Brain Injury/TBI with open intracranial wound  
(a ) with prolonged loss of consciousness and return to conscious level (b) with prolonged loss of consciousness without return to conscious level with concussion, unspecified