Section 10: Individuals with Disabilities Education Act (IDEA – PART C Birth to Three, Infant Toddler Services)

Program Purpose

In 1986, Congress added Part H to the Education for All Handicapped Children Act (Public Law 94-142) to create an early intervention program for children from birth to age three. In 1990, the law was renamed the Individuals with Disabilities Education Act (IDEA), and it formally defined assistive technology services and devices. Later, in 1997, Congress updated IDEA again; renaming Part H to Part C, strengthening the assistive technology provisions, and assigning the Office of Special Education Programs (OSEP) to regulate and oversee Part C services for infants and toddlers.

The Kansas Department of Health and Environment (KDHE) oversees Kansas Infant Toddler Services, using federal and state funds to support 36 local programs run by community organizations, education centers, and school districts. The program's goals are to screen, identify and support young children with developmental delays or disabilities, promote independence and family involvement, ease transitions to future services, and reduce long-term service needs. Local staff work with families to create an Individualized Family Service Plan (IFSP) focused on goals and activities that support the child's development and family needs.

Eligibility

Under IDEA Part C, children from birth to age three who have a developmental delay in one or more area, have a diagnosed physical, mental, or neurobiological disability, or who have a diagnosed condition that increases their risk for delay, may qualify for early intervention services.

Eligibility is determined through a free developmental evaluation to determine if the child has a significant delay in one or more areas or to identify if the child has a qualifying diagnosis. If a child is at risk for a developmental delay due to a diagnosed physical, mental, or neurobiological condition, services can be provided based on the established risk for delay. The steps for referral, evaluation, and creating an Individualized Family Service Plan (IFSP) are described below:

- Anyone—including parents, relatives, caregivers, daycare providers, medical providers, or friends—can refer a child to the local Infant Toddler Services program. Referrals can be made by phone, fax, or online form. The online form is found here: https://www.kdhe.ks.gov/DocumentCenter/View/5830/KECDS-Initial-Referral-Form-PDF.
    - A complete list of local infant toddler programs can be found by entering the family's zip code on the page found at this link, https://www.itsofks.org/
- Once the local infant toddler program receives the referral, a local specialist contacts the family to schedule a screening or initial evaluation. These services are conducted in the child's home or other natural environment. They are at no cost to the family.
    - A free evaluation by two or more professionals assesses the child's development, including motor skills and/or communication. A child qualifies for services if they have a diagnosed physical, mental, or neurobiological condition that increases their risk for developmental delay.
- If the child meets the criteria to receive early intervention services, the infant toddler team develops an Individualized Family Service Plan (IFSP) to outline the goals and services for the child and family.
    - The child's team includes parents or caregivers, family members (if desired), a family service coordinator, and the professionals who evaluate or provide services. Families may also invite an advocate or other support person to join the team to provide support and assistance.
- The Individualized Family Service Plan (IFSP) is a family-centered written plan. The IFSP provides a comprehensive picture of the child's abilities and needs as well as services designed to meet the family's concerns. An IFSP includes:
    - The child's current developmental levels in various areas, such as cognitive, communication (expressive and receptive language), fine motor, gross motor, social-emotional, and self-help.
    - Family information addressing their concerns, resources, and priorities.
    - Statement of measurable results or outcomes for the child and family.
    - Specific services including their frequency, intensity, and duration.
    - Natural environments where services will be provided.
    - Details about the family service coordinator and primary provider as well as other licensed professionals as needed.
- When the child is nearing age three and eligible for early intervention services, the infant toddler team will refer the child to the local school district and help develop a **Transition Plan**, to continue with needed services.

Services

Eligible children and their families can receive early intervention services recommended by the local infant-toddler team. Licensed professionals provide these services, which may include the examples below or others based on the child's and family's needs.

- Therapies such as speech and language therapy, physical therapy, occupational therapy.
- Specialized services such as audiology, vision, medical, nursing, nutrition, social work, and psychological services.
- Assistive technology devices and services to support them in daily routines in the natural environment.
- Family support including family counseling, education to understand their child's development, and home visits.
- Transportation to allow the child and family to access services.
- Special instruction from a special education or early childhood teacher to help the child learn.

All services are provided in the natural environment, including the home, daycare, and other community settings. IFSPs are reviewed and updated every six months but can be modified at other times as needed.

Assistive Technology Services Covered

IDEA (amended in 2004) includes assistive technology services available to eligible children with developmental delays or diagnosed conditions. Specific assistive technology services can include evaluation, assisting with acquiring needed assistive technology devices, customization and maintenance of devices, training on use and care of devices, coordinating with other therapies, and technical assistance.

- All services listed on an IFSP are determined by the child's team and depend on the child's abilities and the needs of the child and family.
- Services must occur in the natural environment and are provided at no cost to the family.
- Family members and other members of the IFSP team can recommend borrowing an assistive technology device for trial use, acquiring an assistive technology device, or teaching the child, family members and licensed professionals how to use the device in daily activities in natural environments.

Assistive Technology Devices Covered

Under **IDEA Part C**, an **Individualized Family Service Plan (IFSP)** can include a wide range of **assistive technology (AT) devices** if they help the child meet developmental outcomes and participate in daily routines. A complete continuum of assistive technology devices is considered based on the child's developmental needs and the family's concerns and priorities. Assistive technology devices may include low-technology adaptations (puffed pages on board books and Velcro loops on puzzle pieces), mid-technology solutions (switch activated toys and cordless remote controls that activate household items such as lights and appliances), and high-technology (gait trainer, communication device, wheelchair, hearing aids, etc.) that allow the child to do something he or she couldn't otherwise do. Some examples of assistive technology devices are provided below:

- **Communication:** picture communication boards or books, single or multiple message devices with switches, speech generating devices (SGDs), augmentative and alternative communication applications on tablets, or mounts and stands for AAC devices
- **Self-Care and Daily Routines:** adaptive utensils, cups, or bottle holders, suction bowls, specialized seating, bathing chairs, and dressing aids
- **Mobility:** gait trainers, wheelchairs, and adapted strollers
- **Positioning:** corner chairs, bolsters, and standers
- **Sensory Enhancers for Hearing and Vision:** toys with sound or vibration, flashing signalers for doorbells or alarms, high contrast toys or utensils, and handheld magnifiers
- **Socialization and Play:** a ball designed with openings to help with grip, crayons with hand grips, switch adapted spinners for games, and standing devices to interact with siblings and peers
- **Cognitive:** switch-adapted toys and applications on tablets

Local infant-toddler programs are required to provide any device listed on a child's IFSP, but they are not required to pay for it. Local programs can buy or lease devices or use other funding sources. Other funding sources include Medicaid, Special Health Care Services, family insurance, private foundations, community organizations, or faith-based organizations. Examples are included below:

- If the child has a medical card, Medicaid funds may be accessed to acquire a medically necessary device, such as a mobility or communication device
- Parents cannot be required to pay for an assistive technology device, but the local infant toddler program may work with the parents to acquire the device using the

family's private health insurance. In these cases, the local program can pay the copay cost for the family or use other private funding resources to cover copay costs with the family's permission

Devices that are surgically implanted and medical, daily living, or life sustaining devices not primarily intended to improve functional abilities are not covered under assistive technology in IDEA, Part C.

Challenges Obtaining Assistive Technology

- **Cost:** Assistive technology can be costly, and local infant toddler programs may be reluctant to recommend or purchase it because of budget constraints. Occasionally, local specialists may feel pressured not to recommend assistive technology during the IFSP process, which would require them to provide it.
- **Limited Funding:** Local programs must ensure AT is provided but are not required to pay for the devices themselves. Finding outside funding (Medicaid, insurance, grants) can delay access.
    - Borrowing one or more assistive technology devices may help members of the IFSP team better understand the benefits of the device(s).
- **Complex and Inconsistent Funding Processes:** Families often encounter paperwork, eligibility checks, and prior authorizations, especially when using insurance or Medicaid. Different counties or service areas may interpret funding responsibilities differently.
- **Ownership:** Ownership of equipment remains with the local infant toddler provider if they purchased the device, and the local provider may be reluctant to allow the device to transfer when the child transitions into preschool settings.
- **Training and Awareness:**
    - Some local specialists may not be familiar with or aware of certain types of assistive technology, so they may hesitate to recommend it. Families can request the trial use of a device be a part of the IFSP.
    - Families and caregivers may not realize assistive technology can be included in the IFSP. Goals for teaching the child, family, and local specialists how to use and take care of the device can be added to the IFSP.
    - Information provided in the U.S. Department of Education guidance publication, **Myths and Facts Surrounding AT Devices**, may help members of the IFSP team address the concerns of parents or other team members. A copy of the publication can be found at https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf.

- **Collaboration:** Lack of collaboration among therapists, families, and funding sources can cause confusion about who is responsible for purchasing or maintaining equipment.
- **Waitlists:** Waitlists for evaluations or device availability can further delay implementation.
- **Transition Gaps:** When a child turns 3 and moves to school-based services (IEP), equipment ownership or transfer may become unclear.

Appeals

IDEA Part C (Birth to Three; Infant Toddler Services) provides **due process** for families. Due process includes dispute resolution through mediation, a fair hearing, or both. During a dispute, the child will continue to receive current IFSP services, unless both sides agree to changes. To resolve a disagreement the family can:

- Request a **meeting**. Some disagreements arise out of misunderstandings and can be easily resolved through a face-to-face meeting between the parents and the local infant toddler provider staff.
- If the informal meeting doesn't resolve the issue, parents may request **mediation**. Mediation is an informal process where an impartial third party discusses the issues with the parents and the local infant toddler provider staff and helps the two parties come to an agreement. Parents may request mediation by completing and sending the Request for Mediation Form to the KDHE Early Childhood Developmental Services team. Complaints should be filed within 30 days of the incident. The state pays for the cost of the mediation process.
    - The Request for Mediation Form can be found here: https://www.kdhe.ks.gov/DocumentCenter/View/5712/Mediation-Request-Form-PDF?bi.

      KS Early Childhood Developmental Services, KDHE
      1000 SW Jackson St. Suite 220
      Topeka, KS 66612
      785-296-3319 or KDHE.KECDS@ks.gov

- File a **state complaint**. A formal state complaint can be filed if a disagreement is unresolved or if the parents think the child's rights have been violated by the local infant toddler provider or the Kansas Early Childhood Developmental Services team.

    - A formal Complaint Request Form can be found here: https://www.kdhe.ks.gov/DocumentCenter/View/5711/Formal-Complaint-Request-Form-PDF.
- A hearing officer, not employed by KDHE or the local infant toddler program, will be appointed to conduct the hearing. After interviews, a written decision is issued. If the local infant toddler program or the Kansas Early Childhood Developmental Services program is in violation, corrective actions will be required.
- Finally, a request for a **Due Process Hearing** can be filed by the parents if they continue to disagree. Both the parents and the local infant toddler provider staff may present evidence, cross-examine witnesses, prohibit the introduction of evidence which has not been made available to them at least 5 days prior to the hearing, and obtain a written or electronic verbatim record of the hearing. The hearing officer must render a written decision no later than 10 days after the conclusion of the hearing.