



IDAHO DEPARTMENT OF
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**Idaho Infant Toddler Program/Idaho Educational Services for the Deaf and Blind
Role Clarification Document**

PURPOSE: The purpose of this document is to provide clarification of the role of Idaho Educational Services for the Deaf and Blind (IESDB) as a partnering agency with the Idaho Infant Toddler program (ITP.) IESDB is not a contracted entity with ITP but collaborates through a Memorandum of Agreement with ITP at no cost to the program. IESDB has separate state mandated requirements they must follow so their role as ITP Multi-Disciplinary Team (MDT) members will be clarified by this document.

GENERAL PROCEDURAL CLARIFICATIONS

- ITP will notify IESDB within five (5) business days of any child with vision and/or hearing concerns that has been referred to the ITP program, even if the family declines ITP services. Additionally, ITP will notify IESDB within five (5) business days when an enrolled child is newly identified with a vision/hearing concern. When IESDB receives a referral from ITP or Idaho Sound Beginnings (ISB) they have three (3) business days to contact the family by phone and introduce their services and supports.
- ITP and IESDB should conduct new intakes together when feasible if vision/hearing concerns have been identified in the initial referral. Messaging should be carefully coordinated prior to each meeting to ensure clear and concise information about each program is conveyed to families. The Infant Toddler Program will take the lead on any joint intake meetings. If intakes cannot be conducted simultaneously, ITP will provide sufficient information to IESDB, so they can contact the family to offer an initial phone contact or visit to the family within 5 business days after ITP's intake meeting.
- When a new referral or a child enrolled in ITP has a diagnosed vision or hearing loss or a potential concern regarding the child's vision or hearing, ITP will notify (a) the IESDB staff member on the applicable regional MDT and, (b) the IESDB Outreach Coordinator (Paula Mason for deaf or hard of hearing or Jeanne-Marie Kopecky for vision loss).
- ITP will notify IESDB if a family declines IESDB services. ITP will make every effort to ensure the family has the opportunity to talk directly with someone from IESDB prior to making their decision.
- IESDB staff should work with someone from their regional ITP leadership team if they have questions or need additional information or refresher training regarding any of the processes outlined above.

PRIMARY SERVICE PROVIDER SELECTION

MDTs determine the most appropriate primary service provider using the “Worksheet to Select the Most Likely Primary Service Provider.”

- When the single presenting condition or the primary presenting condition is hearing loss or vision impairment, MDTs can select IESDB staff to fulfill the role of primary service provider (PSP).
- Anyone serving in the primary service provider role should be trained in early intervention evidence-based practices to include early intervention teaming and early Intervention coaching. This typically includes completion of Tracks 1-3 of the Infant Toddler Program’s Evidence Based Practice Training Continuum.
- It is also strongly recommended that anyone serving in the primary service provider role participate in ongoing evidence-based practice maintenance work to ensure fidelity. This is typically met by ongoing participation in Track 4 of the Infant Toddler Program’s Evidence Based Practice Training Continuum.
- If IESDB staff assigned in the primary service provider role cannot continue to meet with the family at the frequency identified on the IFSP during the summer months, the IFSP must be amended accordingly. The MDT may consider the secondary service provider for additional home visits with or without IESDB staff.
- If IESDB staff are not the PSP for a child that has hearing or vision concerns, they must at least be a regular secondary service provider (with the family’s approval.)
- Whether in a primary or secondary service provider role, IESDB will make reasonable efforts to always meet with families in conjunction with scheduled therapy joint visitors. When this is not possible, IESDB can meet with the family individually.
- IESDB can meet with the family at a frequency they determine to fulfill their state statutory obligations. This shouldn’t be less than what has been determined by the MDT to meet the family’s needs based on Part C requirements.

INDIVIDUALIZE FAMILY SERVICE PLAN

A service delivered by IESDB that has been identified as a Part C service and is needed by the child/family (per the MDT’s decision) should be listed on the IFSP Summary of Services (SOS) page as an “Early Intervention Service”.

- If IESDB must fulfill additional requirements that are above and beyond what ITP is required to do under Part C, those services should be recorded as “Other Services” on the IFSP SOS Page. Examples include but are not limited to:
 - Accompanying families to audiological or eye appointments
 - Support for transportation to audiological or eye appointments
 - Summer playgroups
 - Family centered activities throughout the year (i.e. IESDB Zoo event, Signing Santa, parent support groups, workshops such as transition from Part C to Part B services, etc.)

- IESDB providers will develop functional outcomes with the family using IFSP Child/and or Parent Outcome page(s) and ensure that those documents are (1) attached with the child’s IFSP in the ITPKIDS database and, (2) reviewed for progress at least every six (6) months.

ASSESSMENTS/INTAKE

- IESDB assessments are not necessary to determine ITP eligibility. However, for IFSP planning purposes, IESDB will provide assessment results or other information that may be useful for IFSP planning prior to IFSP development.
- ITP will make reasonable efforts to coordinate initial assessment visits with IESDB but will not delay the 45-day timeline for development of the initial IFSP due to the inability to coordinate or schedule joint visits timely.
- IFSP Outcomes – Upon initial referral to ITP, IESDB will have the opportunity to visit with the family to discuss their services for children identified as having a vision or hearing loss. This should increase informed decision making by the parent and ensure that IESDB parent/child outcomes are included on the IFSP. However, it is ultimately up to the family to decide what they will work on.
 - If a child is currently enrolled in ITP when a diagnosed vision or hearing loss is identified, ITP Service Coordinator (SC) or PSP will work with the family to set up either a joint visit with IESDB or an IESDB consult. If the family declines IESDB services, ITP must inform the parents that IESDB will be part of the ITP MDT and provide consultation on cases as needed.
 - If a child is currently enrolled in ITP and a potential vision or hearing concern is identified, ITP staff will involve IESDB and ensure the child is added to the MDT agenda to discuss the new concerns and determine next steps.
- Early Childhood Outcomes (ECO) – When IESDB serves as the primary coach, they, along with the ITP Service Coordinators, will complete all necessary entry and exit Early Childhood Outcomes process requirements as defined in their ITP region’s action plan and ECO trainings. ITP staff will be available to assist with any aspects of the ECO process. Additionally, IESDB may complete the entry ECO Anchor Assessment using familiar tool(s) from the approved ITP list of ECO Anchor Assessments. This must occur within a reasonable timeframe to ensure the 45-day timeline for initial IFSP development is met. IESDB and ITP staff will coordinate appropriate timeframes for completion to ensure ITP timelines are met.

For exit ECO Anchor Assessments, IESDB will use the Minnesota for children with hearing loss, unless the child is significantly delayed. In this instance, the KENT is more appropriate. IESDB will also present data from the ICAP battery of assessments data if a family participates in the process. The data will include the MacArthur, Language Usage Inventory, Parent Services Inventory and Little Ears (Auditory Checklist, and hearing technology usage checklist). For children with vision loss, IESDB will use the Oregon Project.

NOTE: Even if a child has a vision or hearing loss, there may be certain instances in which an ITP employee or contractor must complete the entry and/or exit anchor assessment. Examples include but are not limited to medically fragile children, children with significant cognitive delays, etc.

MEETINGS

- IESDB will continue to attend ITP MDT meetings to the fullest extent possible. On teams where IESDB has limited availability, IESDB will have staff present in-person at least one time per month.
- ITP will ensure that children with hearing/vision concerns are clearly identified on MDT agendas and that agendas are distributed to IESDB team members prior to MDT meetings. IESDB recommends identifying these children with either “DHH” for Deaf/Hard of Hearing or “BVI” for Blind/Visually Impaired.
- If a child has been identified on an MDT meeting agenda with “BVI” or “DHH”, IESDB will make every effort to call in for part of the meeting to staff that child, even if it was not a meeting they were planning on attending. If IESDB is unable to call in for the meeting, the ITP Service Coordinator and Primary Service Provider must staff the case individually with IESDB.

DOCUMENTATION

- IESDB will continue to complete all required ITP documentation, use the ITPKIDS database, and work with ITP regional leadership to ensure consistent documentation. The following includes the minimum required documentation for IESDB in ITPKIDS:
 - IESDB will document Part C services using a Client Service Record (CSR) in ITPKIDS. This can include attaching contact logs, joint plan sheets or assessments to the CSR.

TRANSITION

- Because IESDB services do not conclude when a child turns three, ITP will ensure that IESDB is involved in the transition process for any child with a vision or hearing loss. IFSPs for these children should include transition outcomes that specifically address vision or hearing loss.