

281—120.13 (34CFR303) Early intervention services.

120.13(1) General. “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, except, subject to rules 281—120.520(34CFR303) and 281—120.521(34CFR303), where federal or state law provides for a system of payments by families, including, if applicable, a schedule of sliding fees;
- 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:
 - (1) Physical development;
 - (2) Cognitive development;
 - (3) Communication development;
 - (4) Social or emotional development; or
 - (5) Adaptive development;
- e. Meet the standards of the state in which the early intervention services are provided, including but not limited to the then-applicable version of Iowa’s Early Learning Standards and the requirements of Part C of the Act;
- f. Include services identified under subrule 120.13(2);
- g. Are provided by qualified personnel (as that term is defined in rule 281—120.31(34CFR303)), including the types of personnel listed in subrule 120.13(3);
- h. To the maximum extent appropriate, are provided in natural environments, as defined in rule 281—120.26(34CFR303) and consistent with rule 281—120.126(34CFR303) and subrule 120.344(4); and
- i. Are provided in conformity with an IFSP adopted in accordance with Section 636 of the Act and rule 281—120.20(34CFR303).

120.13(2) Types of early intervention services. Subject to subrule 120.13(4), early intervention services include the following services defined in this subrule:

- a. Assistive technology device and assistive technology service are defined as follows:
 - (1) “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. “Assistive technology device” 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.
 - (2) “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. “Assistive technology service” 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” includes:

- (1) Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;
- (2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (3) 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;
- (4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
- (5) Provision of services for prevention of hearing loss; and
- (6) 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 rule 281—120.16(34CFR303).

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” includes:

- (1) 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;
- (2) The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- (3) The administration of medications, treatments, and regimens prescribed by a licensed physician.

g. “Nutrition services” includes:

- (1) 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;
- (2) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this chapter, based on the findings in subparagraph 120.13(2)“g”(1); and
- (3) 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:

- (1) Identification, assessment, and intervention;
- (2) 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
- (3) 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:

- (1) Screening, evaluation, and assessment of children to identify movement dysfunction;
- (2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- (3) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

j. “Psychological services” includes:

- (1) Administering psychological and developmental tests and other assessment procedures;
- (2) Interpreting assessment results;
- (3) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
- (4) 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 rule 281—120.34(34CFR303).

l. “Sign language and cued language services” includes 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” includes:

- (1) Making home visits to evaluate a child’s living conditions and patterns of parent-child interaction;
- (2) Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
- (3) 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;
- (4) 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
- (5) 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:

- (1) 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;
- (2) 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;
- (3) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (4) Working with the infant or toddler with a disability to enhance the child’s development.

o. “Speech-language pathology services” includes:

- (1) 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;

(2) 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

(3) 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” includes 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” means:

(1) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;

(2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(3) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

120.13(3) *Qualified personnel.* The following are the types of qualified personnel who provide early intervention services under this chapter:

- 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.

120.13(4) *Other services.* The services and personnel identified and defined in subrules 120.13(2) and 120.13(3) do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in rule 281—120.13(34CFR303) prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in subrule 120.13(1) or of another type of personnel that may provide early intervention services in accordance with this chapter, provided such personnel meet the requirements in rule 281—120.31(34CFR303).

120.13(5) *Rule of construction.* “Early ACCESS services” is a synonym for the services described in this rule.