



Connecticut Birth to Three System

A Family Handbook

Guide 2:
Orientation to Services for
Families of Eligible Children

July 2014



Connecticut Birth to Three System

A Family Handbook

This handbook and others are available at www.birth23.org

My important information

Name of my program: _____

Phone: _____

My program director: _____

Phone: _____

My service coordinator: _____

Phone: _____

Other team members: _____

IFSP dates: _____

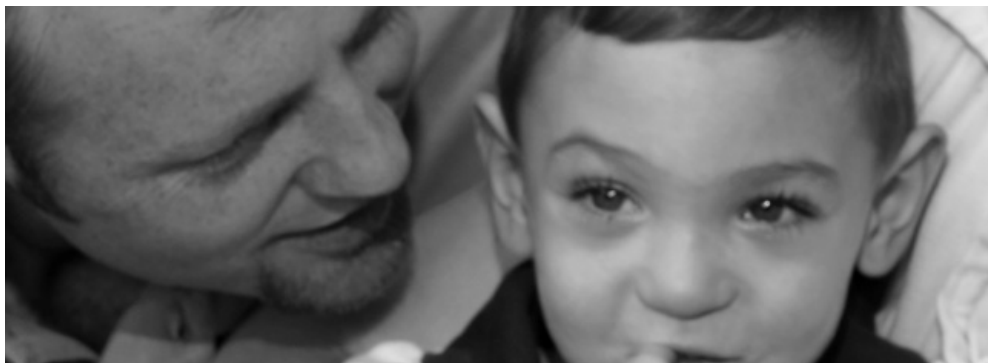
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Ten things every parent should know about Birth to Three BEFORE they begin services

1. **Birth to Three is different than outpatient rehabilitation services that treat your child in a clinic setting.** You are an integral part of your child's **Birth to Three program**. While you may not be a trained specialist in the area of your child's delay, your team of professionals will demonstrate and show you techniques to use with your child. They will then coach you and your family on how to implement therapies into your child's daily routine.
2. **The relationship that you develop with your Birth to Three team is an important relationship for both you and your child.** Don't be afraid to speak up if you think things are not going well. Communicate clearly to your team what you think your child needs. Collaborate with your team AND **advocate** for your child.
3. **Based on your income and family size you will be billed after your first full month of service.** The cost reflects your income not the amount of services you receive. Birth to Three will also bill your health insurance plan. (see page 20)
4. **All staff that work in Birth to Three are qualified professionals who must meet state personnel standards.** They are all carefully screened before hiring and closely supervised by their program.
5. **You and your Birth to Three team create an Individual Family Service Plan (IFSP) that is tailored for your child.** Your child's plan will not resemble anyone else's. It is completely individualized. It may also look different from Individual Family Service Plans (IFSPs) in other states.
6. **Although your doctor or specialist may prescribe a certain amount of hours of therapy for your child,** keep in mind, Birth to Three uses a coaching model in working with children and families. Private therapists providing services in a clinical setting paid for by your insurance may work best for your family if you are interested in clinic-based services.

7. **More services do not necessarily mean your child will reach developmental milestones faster.** What's most important is the number of times a young child practices a new skill rather than the number of visits a family receives from their provider.
8. **Sometimes a family and their Birth to Three team just don't click.** Birth to Three has at least two different programs in most towns to give parents a choice. You may ask to transfer to a different program as soon as there is availability. If it is difficult for you to share this with your service coordinator or program, contact the family liaison **866-888-4188**, and she will help you make the change.
9. **Your Birth to Three team understands this may be a very emotional and stressful time for you and your family.** We will work hard to make things go as smoothly as possible for everyone. Sometimes it may seem that things are not happening as quickly as you would like them to. Be patient with us as we work to connect you to all the resources you and your child need.
10. **Never forget that as a parent you and your child have certain rights under federal law.** Please check the Parent Rights on page 29 to know what your rights are!



Think honestly about what is **important** to you and what your child will need.

Introduction

Welcome to the Connecticut Birth to Three System!

Maybe you are relieved. Finally, the nagging feeling you had that your child was a little behind other children his age has been confirmed. Or maybe you have known since your child was born that he was going to face special challenges and need extra help. Right now you might be worried about whether he will ever catch up. One of the most wonderful things about **early intervention** is how rich and fertile your child's brain is right now. Your baby was born wired and ready to learn. Research has shown us that more learning and **development** occurs in a child's first three years than at any other time in their lives.

Getting early intervention supports will help your baby make all the powerful connections in his brain that will improve his ability to learn and play. This is the prime time for visual and auditory development, for language development and speech, for physical and motor development and for emotional and social development. Early help does make a difference!

This handbook will introduce you to the Connecticut Birth to Three System and be a guide and helpful resource throughout your time with us.

Services and Supports

- foster collaborative partnerships
- are family centered
- occur in natural settings
- recognize current best practices in early intervention
- are built upon mutual respect and choice

The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays in development. The System will ensure that all families have equal access to a coordinated program of comprehensive services and supports.

The Connecticut Birth to Three System may look different from what you or your medical provider expect. It may also look very different from early intervention programs in other states. Birth to Three is not an outpatient rehabilitation service. Professionals will not work with your child while you watch or are in a nearby room. You are a very important part of your child's team. The professionals working with your child will include you in every session and will coach you in ways to include their interventions in your child's daily routines. Research shows that very young children learn best with this method.

Our goal is to work closely with you to provide the kinds of supports that best meet your family's priorities and your child's needs. We will be talking about these supports throughout your time with Birth to Three. As your child grows and changes the kinds of supports your family will need may change as well.

What is the Birth to Three System?

The Birth to Three System is an **entitlement** for Connecticut families whose children under three years of age have a significant developmental delay or disability and meet eligibility criteria. Early intervention services and supports for infants and toddlers are covered by a Federal law known as **Part C** of the **Individuals with Disabilities Education Act (IDEA)** under the U.S. Department of Education. The Connecticut Birth to Three System operates under State law 17a-248 and is a division of the Department of Developmental Services. Supports and services are provided by over forty approved Birth to Three programs that work with families and caregivers throughout Connecticut. Most towns are served by at least two programs to give parents a choice within their community.

Birth to Three services and supports can begin at birth, if needed, and may last until your child no longer needs services or turns three years old. The Birth to Three System works with you so you can help your child make developmental progress in ways that are important for your child and your family.

Children learn best within their families.

Why is my child **eligible**?

Your child was found to be eligible for the Birth to Three System in one of the following ways:

- A developmental delay was identified during a **multidisciplinary evaluation** of your child's abilities and needs in the areas of thinking, moving, communicating, relating to others, seeing or hearing; or
- A specific medical diagnosis that has a high likelihood of affecting your child's development (such as Down syndrome or a hearing impairment), was identified by a professional.

Why should I enroll in Birth to Three?

The first few years of your child's life are extremely important for brain growth and learning new skills. If your child is not developing as expected, early intervention offers:

- a valuable way for you to learn how to best help your baby grow and develop
- visits in your home from trained experts at predictable times; no traveling, no waiting rooms
- a multidisciplinary team that works together to support you in making daily routines a time for your baby to learn new skills
- a source of information about other valuable resources in your community



Research has shown that not only do children and families benefit from effective early intervention, but also enrolling as soon as a need is identified leads to better **outcomes**. Children who receive early intervention are less likely to need **special education** in the future. Getting supports and services now will continue to help you and your child later.

How is my program doing?

You can learn all about each program in Birth to Three by visiting our website at www.birth23.org and clicking on **About our Programs**. You will find out what towns a program serves, contact information and program size. You can also find out how quickly a program responds to a new referral as well as the average amount of time it takes for services to begin after an IFSP has been completed. If you would like to know how a particular program compares to other state programs, click on **How are we Doing?**, and then, click on **Public Reporting of APR (Annual Performance Review) Data**. If you don't have access to the Internet you can contact the [Birth to Three Accountability and Monitoring office at 860-496-3073](mailto:Birth23@state.nh.gov).

What is a service coordinator and what can I expect?

A service coordinator is someone on your Birth to Three team who will help you to identify the resources you and your family need. He or she is responsible for bringing together the different people, information, and resources with which your child and family may work. The service coordinator is there to answer any questions you might have and to make what might seem confusing at first, more manageable.

Your service coordinator will guide you in setting priorities for your child and family

- help coordinate services and information from different sources
- talk to you about ways to teach your child new skills during your regular routines and activities
- help you find answers to questions you have about your child
- find opportunities for you to connect with other families
- help you talk with other specialists involved with your child and family, such as medical providers and childcare staff
- offer information on helpful state and community resources
- help with transition to preschool

Your service coordinator also has expertise in providing an early intervention service (such as **physical therapy** or **speech and language services**) and has completed additional training to learn to coordinate that service with other services you receive.

Your service coordinator is the person on your Birth to Three team who will work closest with you. You and the service coordinator are the team co-captains, while other members may include a teacher, physical therapist, or speech pathologist, and your child's doctor. Your service coordinator will guide you through the early intervention system and prepare you to leave it once services are no longer needed or your child turns three.

How can I help my child?

You know your child best. Your Birth to Three team will enjoy learning from you about your child's interests, what helps him or her learn, and what he or she would rather avoid. Together, you will develop ways to help your child. You will learn from – as well as teach – the Birth to Three team working with your child.

Parenting is not always easy, especially when you may need some unique skills to help meet your child's special needs. You are your child's first and best teacher and advocate, with the passion, the dreams, and the commitment to guide your family through a series of decisions and special services.

As a parent advocate, you will have to understand and tell professionals, relatives, and friends about your family's priorities and concerns. Communicating with others about your child can sometimes be frustrating, especially when they have a different point of view or do not seem to understand you.

Ways to help people understand your point of view

- have a sense of your priorities and those of your family
- have a clear idea about what you want for your child
- know what your child likes and dislikes
- share what makes you proud of him or her
- be aware of and understand your own feelings and those of others
- be open to working with your Birth to Three team on creating a plan for your child and family

All children bring great joy to their families. But a child with special needs can also bring unique challenges. You and your family, together with your Birth to Three team, will talk about ways to meet those challenges. You will choose outcomes that fit your child and family and make sense to you.

What is an IFSP?

Your Individual Family Service Plan (IFSP) is an agreement between you and the Birth to Three program providing early intervention services and supports to your child and family. Your plan is a legal document designed to help everyone on your team understand what is going to happen, who is going to be involved, when and where supports will take place and for how long. You and your team (at least two individuals from separate disciplines one of whom must be your service coordinator) will check the IFSP at least every six months or as needed to make sure it still fits your priorities and your child's and your family's needs.



What is an IFSP meeting?

You, as the parent(s) or caregiver, and your service coordinator must be present at all IFSP meetings. The first IFSP meeting will also include a person who helped to gather and complete the developmental evaluation and assessment information about your child. You may invite others to attend the meeting such as family members, your childcare provider, and any friend or provider that you feel should be involved. If they cannot attend, their information can still be shared and included in the plan. Another important person is your child's doctor, who will be contacted for his or her input. Your child's doctor must sign the IFSP before services can begin.

The more involved you and your family members are in the IFSP meeting, the more meaningful your plan will be. Think honestly about what is important to you and what your child will need. Read the evaluations and assessments describing your child before the meeting and ask any questions you have. Your service coordinator will ask you to share information about your child and family, so think about the questions before the IFSP meeting.

Important Information About Your Child and Family

- What does your child like? Dislike?
- What frustrates your child?
- What does your child do during the day?
- Are there any significant changes in your life or your child's life that may contribute to behavioral changes in your child?
- What things do you like to do as a family? With friends?
- Which people and agencies do you find helpful?
- What are your family's strengths in meeting your child's needs?
- What else do you want the team to know about your child or family?
- What is there about your answers to these questions that you want early intervention services to help you change?

Think honestly about what is important to you and what your child needs.

All team members, including you and your family will work together to develop the IFSP. This will be done by reviewing information, making choices, and developing IFSP outcomes. The outcomes are the changes that you and your family have decided you want to work towards achieving. During these discussions, you will agree on the strategies you will use to reach those outcomes. You will also decide on activities and early intervention services that will support your outcomes for your child and family.

Supports and Services under IDEA, Part C

Your Birth to Three team will look at one or more of the following early intervention services and supports that may help you reach your IFSP outcomes:


Early Intervention Services are Developmental and May Include

- **assistive technology**
devices and services
- **service coordination**
sign language
- **sign language**
social work services
- **social work services**
specialized instruction
- **specialized instruction**
speech and language services
- **speech and language services**
transportation or mileage reimbursement when necessary to receive other IFSP services
- **transportation or mileage reimbursement when necessary to receive other IFSP services**
vision and mobility services
- **vision and mobility services**
- **occupational therapy (OT)**
- **physical therapy (PT)**
- **psychological services**



Cover Page, Section 1: Child and Family Information and Section 2: Information about My Child

This page of the form contains contact information about your child, family, health care provider, service coordinator, and program director. Your service coordinator and the director of your program are the first people to contact if you have any questions or concerns about your IFSP. Section 2 has a place to list the evaluations and assessments that have been completed most recently on your child. It also has a section to comment on your child's general health and development. Some of this information may have been gathered earlier, however, new information you might add is valuable.

Our Connecticut Birth to Three System Individualized Family Service Plan IFSP					
Meeting Type: <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Review		Meeting Start Date: _____			
Section 1: Child and Family Information					
*Child's Name: _____		*Date of Birth _____		_____	
Birth to Three #: _____		*Male <input type="checkbox"/>		*Female <input type="checkbox"/>	
Parent Contact Information/Primary			Parent Contact Information/Secondary		
Parent / Foster Parent / Guardian / Family Member (circle one)			Parent / Foster Parent / Guardian / Family Member (circle one)		
*Name _____			*Name _____		
Street _____			Street _____		
Town, State Zip code _____			Town, State, Zip code _____		
Phone _____			Phone _____		
Email _____			Email _____		
Program Contact Information					
Service Coordinator Name: _____			Contact #: _____		
Program Name: _____			Program Director's Name and Phone #: _____		
Program Address / Email _____					
Primary Care Physician Name: _____ Phone: _____					
Address: _____ FAX: _____					
Section 2: Information about My Child					
List any evaluations/assessments completed since the last IFSP meeting. Are any reports attached? __ Yes __ No					
General Health and Development Information: How is my child doing in these areas of development? <i>(overall health, allergies, summary of areas of development like communication, movement, thinking and learning, social / behavior, self help)</i>					

Section 3: Information about Our Family

An eco-map is a simple tool that allows you and your service coordinator an opportunity to identify the important people and supports your family uses during the week. This helps us understand your family's key supports so that you and your IFSP team can tailor your IFSP to your family. If you feel uncomfortable talking about your family and supports, you can still receive early intervention services. Or if you are not quite sure who to put on your eco-map, it can be completed at another time or updated as your life circumstances change.

Child's Name: _____	DOB: _____	Meeting Start Date: _____
Section 3: Information about Our Family		
<p>I choose to share this information about my concerns, priorities and resources for my child and my family. If I decide I am not comfortable sharing some information, I understand we can still receive early intervention.</p>		
<p>Our Family Map (ECO Map): An eco-map is a chart that identifies the people and places that are important in a family's life. It will help me and my team understand the key supports our family uses during the week. We begin by drawing a circle in the middle of the space below and include within it the names of the people living with us and our child. Other supports are shown by drawing a line from the center circle and ending the line with another circle that lists each support. For example we may have many circles such as grandparents, aunts, uncles, neighbors, people from our place of worship, or the nurse at our doctor's office. An ECO-map changes as people and supports in our life change so we can make changes to our eco-map any time.</p>		
Places we go: My child is usually at the following place(s):		
Day:		
Evening:		
Other places my child goes with me or others:		

CTBirth23 Form 3-1 (7/1/2013)

Places we go: This section allows you and your service coordinator to identify the places that your child will be during the day and evening in order to help us plan where your services should take place.



Section 4: Daily Activities

Babies, toddlers, and preschoolers learn best through everyday experiences and activities like play, mealtime, bath time, and outings. By talking about the times of day or routines in your life you and your team will be able to identify the areas that may be hard for your child as well as what is working well. You will also be able to choose what areas are most important to focus on. This will help with planning and developing outcomes.

Child's Name: _____ DOB: _____ Meeting Start Date: _____

Section 4: Daily Activities

Babies, toddlers and preschoolers learn through everyday experiences and activities. This page will help me and my team plan and develop outcomes.

How is it going? What's working well / not working well?	Developmental Skills Used	STRENGTH	CONCERN	EASY	SOME DIFFICULTY	DIFFICULT	PRIORITY	Y/N
Wake Up	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Dressing/Toileting	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Mealtime	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Outings	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Play	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Bath time	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Bedtime/Sleeping	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							
Other	Communication Movement/Sensory Thinking/Learning Social/ Behaviors Self-help							

CTBirth23 Form 3-1 (7/1/2013)

Section 5: What Else is Important

You may already have given us some of the information that is recorded on this page. If you would like, it can be added here. Any additional information helps us get to know your child better and develop a plan that fits your family.

Because both the plan and the interventions are geared towards the adults who are with your child daily, it is important to understand how these adults learn best. For example some adults learn best by being presented with written material. Others may need to listen to instructions and still others may find actually doing the strategy or task is most effective. Your learning style may be one or a combination of several styles. Once this is understood, information will be given to you in the way that is most compatible to your style.

The last questions on this page give you another opportunity to identify what your greatest concerns are and with what you would like help.

It is always up to you to decide whether you want to talk to another parent. Often families report their greatest source of support comes from other parents whose children have similar **disabilities**. If you are interested in being contacted by another parent, your provider will have you sign a release to share your name and contact information with another parent or parent organization. If you are not initially sure you want this, you will be asked again periodically while you are involved with Birth to Three.

Child's Name: _____		DOB: _____		Meeting Start Date: _____	
Section 5: What Else is Important					
Here is more information that will help everyone know what's really important.					
<i>For Example:</i>					
<ul style="list-style-type: none">• My child's favorite:<ul style="list-style-type: none">• objects or toys• foods• people or playmates					
<ul style="list-style-type: none">• My child does not like:					
<ul style="list-style-type: none">• I know my child:<ul style="list-style-type: none">• feels happy when...• feels frustrated and upset when...• wants (food, sleep, diaper change, toy) when...					
<ul style="list-style-type: none">• I calm my child down by:					
<ul style="list-style-type: none">• I am most proud of:					
<ul style="list-style-type: none">• My child is good at:					
What's on my mind: I worry about... / What keeps me up at night...					
Right now, my biggest questions are about:					
I would like your help with:					
The adults in my child's life learn best by: (reading, doing, hearing, watching)					
I am interested in being contacted by another parent whose child has gone through Birth to Three. (check one) ____ Yes ____ No ____ Not right now. Ask me again in _____ weeks / months.					
CTBirth23 Form 3-1 (7/1/2013)					

Section 6: Child/Family Outcomes and Other Services Related to This Outcome That Are in Place or That Are Needed

Outcomes are the changes you want to work toward for your child and family and are written in your own words.

Objectives (how will we know when we are making progress) are small, measurable steps that are stated in clear language and answer the question “Did it happen or not?”

Timelines give an approximate idea of how long it will take to reach your objectives.

Strategies are specific behaviors and activities that you and your child will participate in throughout your day. These strategies will be demonstrated to you by your Birth to Three team and may change over time.

Other services and supports refer specifically to the outcome on this page but are not part of the required services under Part C. For example, your child may be participating in a neighborhood play group or going to storytime at the Library. While these are not Part C services they are certainly important to have on the IFSP particularly if increasing socialization with peers is one of the outcomes.

Child's Name: _____DOB: _____Meeting Start Date: _____

Section 6: Child/Family Outcomes

Review Date: _____

Review Date: _____

What we want to see for our child or family is

How will we know when we are making progress or we are done? These are the steps we will use to measure progress on this outcome.

Expected Timeline

Met / Continue

Rev 1

Rev 2

What will we do to accomplish this? What strategies can we all use during daily routines or activities to reach this outcome?

Progress Updates as of: _____

Outcome

Met

Continue

Revised

Progress Updates as of: _____

Outcome

Met

Continue

Revised

Other Services Related to This Outcome That Are in Place or That Are Needed

What other services and supports do we have or need (such as medical, recreational, religious, social and other child related services) See ECO-Map.

Who will pay for it?

Attach additional outcome pages as needed.

CTBirth23 Form 3-1 (7/1/2013)

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NOTE: All bold underscored words are explained in the glossary.

Section 7: What's Next for Us? And Plan for Transition from the Birth to Three System

This section gives you and your team an opportunity to talk about what changes are coming up in your life in the next few months and what you may need to do to prepare for them. For example, your child may be moving out of the infant room into the toddler room at childcare.

Child's Name: _____ DOB: _____ Meeting Start Date: _____

Section 7: What's Next for Us?

What changes are coming up in our lives in the next few months? (For example a change from the toddler room to the preschool room at childcare, moving to a new home, or going back to work full time.)

What will help prepare for this?

What actions or activities?	Who will help?	When?

Plan for Transition from the Birth to Three System

As we think about Birth to Three ending, our hopes and concerns are:

We are interested in learning more about and/or participating in community-based and other program options:

Play group	Library programs
Parks and recreation programs	Head Start / School Readiness
Child care	Private preschool
Other community programs	Transportation to programs
Preschool special education through my local school district if my child is eligible	

The options we discussed are:

Transition Timeline Dates

Referral to School for Eligibility due by:	School Referral Form 3-8 sent on:
Transition Conference due by:	Transition Conference scheduled for/held on:
School District Contact Information Incl. Name & Phone	

What will help prepare our family and child for the next setting?

What actions or activities?	Who will help?	When?

CTBirth23 Form 3-1 (7/1/2013)

Plan for Transition from the Birth to Three System

This section helps to remind you that eventually Birth to Three services will end for you and your child. Leaving Birth to Three and moving on to other services or resources is called transition. In this section you and your Birth to Three team will talk about ways to prepare for a smooth transition to life after Birth to Three.

Section 8: Early Intervention Services and Support

This section names the **early intervention** services and supports that will be used to work on the outcomes listed in Section 6. As each service is listed you will discuss and agree on who will provide it, where, how often and for how long. This section indicates any payment sources for these services other than Birth to Three.

Informed Consent by Parents

Under Federal law, you must indicate that you understand your rights and give permission before services can begin. Your signature on the IFSP will indicate that you agree with the entire IFSP, or you give permission to begin one or more early intervention services as written while disagreeing about or declining others. If you do not fully accept a new IFSP you and your team must try to resolve the issue. In

the meantime, the agreed upon services must be delivered. If you would like more information on your rights, please see page 29 or refer to the brochure Parent Rights Under IDEA, Part C given to you by your service coordinator.

After you sign the IFSP, your child's physician will be sent a copy for his or her signature indicating agreement with the services and International Statistical Classification of Diseases 9 codes (ICD-9). ICD-9 codes are used to bill insurance.

Child's Name: _____		DOB: _____		Meeting Start Date: _____		
Meeting Type: (check one) <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Annual						
Program Name: _____		Fax Number: _____				
Section 8: Early Intervention Services and Supports						
*What is going to happen	*Delivered by: (Discipline responsible)	*Location	*How often	*How long	*Start date	*End date
Part C services are paid for by the Birth to Three System unless otherwise indicated here:						
All services are designed to teach parents and other caregivers to use early intervention strategies throughout their daily routines with their child. Service coordination is provided to all families at least monthly and is most often part of the early intervention visit.						
<input type="checkbox"/> Check if ANY early intervention service listed above cannot be achieved satisfactorily in a natural environment and attach a justification page for each service*.						
Informed Consent by Parents. Please initial A OR B and sign below.						
A. _____ (initial) I give permission to carry out this IFSP as written.						
B. _____ (initial) I disagree with this IFSP as written. I do give permission for some of the services (listed below) to start. The services that may start are as follows:						

If I have checked B above and if our team cannot come to an agreement within one month, I will request mediation, file a written complaint, and / or request a hearing.						
I understand my rights under this program and the proposed schedule. I have received a written copy of Parent Rights under IDEA Part C. I also understand that this is my written notice prior to starting the services listed above to meet IFSP outcomes established by our team. I agree that we have set the start date(s) above to be a reasonable amount of time from this meeting so that I may have time to consider the plan and take action if I wish to have another IFSP meeting.						
Parent Name: _____		Signature: _____		Date: _____		
Parent Name: _____		Signature: _____		Date: _____		
I have reviewed this Individualized Family Service Plan, which is based in part on an evaluation in all areas of development. I confirm the appropriateness of the diagnosis(es) as stated by the diagnostic (ICD-9) code and the recommendations for the treatment services as they are written.						
Physician Signature: _____		LIC# _____		*Date: _____		
Print Name: _____		*ICD9 Code(s): _____				
CTBirth23 Form 3-1 (7/11/2013)				*Denotes part of the electronic record		

Section 9: Who is Part of Our Team

This section serves as a record of each person who participated in the development of the IFSP. This includes people who were at the meeting as well as those who provided information, but did not attend.

The meeting notes section is used to record notes about what occurred at the IFSP meeting. For example, this may include decisions you make about having some services at childcare and other services at your aunt's house.

At the bottom of this page is a brief statement on cancellations of visits. This is here to encourage a discussion with your service coordinator about program schedules, vacations, holidays, weather cancellations, etc. You or your service coordinator will check this box to indicate it was discussed.

Child's Name: _____		DOB: _____	Meeting Start Date: _____			
Section 9: Who is Part of Our Team						
The following individuals have participated in the development of the IFSP and/or will assist in its implementation.						
Name	Relationship	Phone	Method of participation in this meeting			
			Present	Phone conference	Written Report	Video conference
Meeting Notes: (These are some of the things we talked about at the IFSP meeting)						
Missed Visits: _____ I understand my Birth to Three team is not required to reschedule any visits cancelled by our family but they may attempt to reschedule. If my family requests, my Birth to Three agency will make arrangements to provide for visits cancelled by my team (these visits may be filled by someone not currently on my team). All missed and rescheduled visits will be clearly documented on our Intervention Visit Plan/Service note. Further information on this topic is written in meeting notes or on an attached page.						
CTBirth23 Form 3-1 (7/1/2013)						

Connecticut Birth to Three System of payments policy for families

Part C of the Individuals with Disabilities Education Act (IDEA) requires states to identify how their early intervention services are funded, including the use of state and private resources and federal funds (which must be considered the payer of last resort). In Connecticut State and Federal funds cover approximately 80% of the cost of Birth to Three services. The remaining 20% is covered by billing family's private or public medical insurance and parents paying a monthly fee based on their annual income. The costs of service in early intervention are typically greater than the funds collected from these two sources however, if the total income from health insurance reimbursements and parent fees exceeds the cost to the State, the excess will be refunded to the family up to 100% of the parent fees paid.

Here is more specific information on billing insurance and family fees.

Billing Private or Public (e.g. Medicaid) Insurance General Policies:

1. You will not be required to sign up for or enroll in Medicaid or private insurance programs in order to receive services.
2. You can withdraw **consent** to bill insurance at any time.
3. No personally identifiable information for the purpose of billing private insurance or Medicaid will be released without your consent.
4. If your insurance plan is covered under Connecticut state insurance laws, the billing for services will not decrease the available annual or lifetime limits for the child or family.
5. Enrollment in Birth to Three will not adversely affect the availability of health insurance to you, your child, or to other members of your family.
6. The Birth to Three System will not pay for public or private insurance premiums, you are responsible for these costs. Billing insurance for services will not result in any increase in premiums or discontinuation of Medicaid or insurance benefits for your child or family.
7. You will not be required to pay an insurance company's deductibles or co-pays as a result of using their public benefits or private insurance to pay for services. (the State will cover the **co-payments** and deductibles for plans including high **deductible** plans)

8. The total combined reimbursement from your insurance and monthly fees will not exceed the state's cost for your child's services.
9. Connecticut will only file claims with private health insurance and will not file claims with Medicaid when the parent/child is dually enrolled.
10. If you do not provide consent to bill insurance this may not be used to delay or deny any services to their child.

Process for Billing of Private Health Insurance Company:

You will be asked to complete and sign Birth to Three Form 1-3. This authorizes the use of your private insurance and provides the necessary information to be used for the billing. You will be asked if you know whether your insurance plan is self-funded or from a company that does not have to conform to the Connecticut statutes. For parents whose insurance plan is covered by the Connecticut state laws, the permission to bill form (Birth to Three Form 1-3) will be completed before your insurance is billed for any services.

Examples of companies that may not have to follow Connecticut's Birth to Three insurance law:

- plans written by companies that do not sell health insurance in Connecticut
- plans that are self-funded by an employer, also called ERISA plans (e.g. state of Connecticut, some large school districts)
- You work for a large corporation with over 1,000 employees.

The best way to find out if you plan follows Connecticut's insurance laws is to call your insurance company. If your plan does not have to follow the Connecticut Birth to Three insurance law, they may not pay but this will not affect your child's receiving services. If they do pay, they may apply payments for Connecticut Birth to Three services against the maximum annual or lifetime caps of the policy. When an insurance plan does not follow the Connecticut law you will be asked to complete Form 1-3a along with Form 1-3. This authorizes payment while acknowledging that it may affect your child's annual or lifetime cap for services.

Three Possible Private Insurance Payment Problems Are:

#1: You receive one or more Explanation of Benefits forms from your insurer indicating a balance owed to Birth to Three. *What do you do?* Don't worry.

The insurance balance is absorbed by the Birth to Three System.

#2: You receive an insurance reimbursement check for Birth to Three services. *What do you do?* Some insurance plans will only issue checks directly to members.

When this happens you must return the payment to your Birth to Three program. Eventually the insurance company will notify Birth to Three that they have sent you the check. When this payment is not returned, you will be charged for this amount and all direct early intervention services will be suspended until the payment is reimbursed.

#3 You have a flexible spending account through your employer. *What do you do?* If your employer has an automatic withdrawal option it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent's responsibility.



Family cost participation: How much will I have to pay for these services?

If your family's annual income is \$45,000 or more you will be responsible for a monthly fee. This monthly fee is in addition to any money your insurance, state and federal monies may pay for your Birth to Three services. State and federal funds cover the bulk of early intervention services, (approximately 80%). Health insurance and the family fee cover the remaining 20%.

After your child has been determined eligible for Birth to Three you will be given the Family Cost Participation form. The form will ask you questions regarding your income, any change in your family's income since you filed taxes and if you have certain expenses that can reduce your income level for the determination of the monthly fee amount. You may decline to share any information about your income. You will then be billed at the highest income level per month based on your family's size (see the chart below). You must complete the form before your first service visit.

Reporting your family's annual income: The Birth to Three Family Cost Participation Form will walk you through identifying your current family income. This includes indicating that there has been a change since your most recent state tax return. For example jobs may have changed due to a maternity leave or reduced hours.

Requesting an adjustment: Section 8 of the Family Cost Participation Form will allow you to request an adjustment to your income level if you feel your annual income is not a true reflection of your family's **ability to pay**. Childcare costs (up to \$20,000 per child), support for family members outside the household are just a few examples of expenses that may be used to adjust your monthly fee.

Take your time and carefully go through the form. Talk with your service coordinator, someone at their office assigned to assist families with the Family Cost Participation form or the Family Liaison at 860-418-6136 for assistance. Gather documentation for each item as requested and a copy of page one of your most recent federal income tax return. Please return it to your service coordinator or to their office staff designated to assist families with this form. The family fee will remain at the unadjusted rate until all required documentation is complete. A decision on your income adjustment will be made by a Birth to Three representative and will apply to future payments only, not retroactively. Your service coordinator or their billing office designee will inform you of the decision.

If you disagree with the decision or the amount of the adjustment, or you wish to contest the imposition of a fee you may do the following:

- participate in **mediation**
- request a **due process hearing**. You must personally appear at this hearing or the appeal will be cancelled
- file a written complaint
- use any other procedure established by the State for speedy resolution of financial claims, provided that such use does not delay or deny your procedural rights under Part C of IDEA, including the right to pursue in a timely manner the options described above.

The following Table tells you the amount you will need to pay if your **annual family income** is over \$45,000 a year. Find your annual family income and then follow that line across the page to find your family size. Your “Family” is defined as a group of two or more persons related by birth or adoption, or adults who share legal responsibility for dependent children living in that household.

Monthly Fee Schedule				
FAMILY'S ANNUAL INCOME AMOUNT	FAMILY SIZE			
	2-3	4	5	6+
\$ 45,000 – \$ 55,000	\$ 24	\$ 16	\$ 8	\$ 8
\$ 55,001 – \$ 65,000	\$ 32	\$ 24	\$ 16	\$ 8
\$ 65,001 – \$ 75,000	\$ 40	\$ 32	\$ 24	\$ 16
\$ 75,001 – \$ 85,000	\$ 56	\$ 48	\$ 40	\$ 32
\$ 85,001 – \$ 95,000	\$104	\$ 96	\$ 88	\$ 80
\$ 95,001 – \$105,000	\$120	\$112	\$104	\$ 96
\$105,001 – \$125,000	\$152	\$144	\$136	\$128
\$125,001 – \$150,000	\$192	\$184	\$176	\$168
\$150,001 – \$175,000	\$232	\$224	\$216	\$208
Over \$175,001	\$272	\$264	\$256	\$248
I do not wish to disclose our income	\$272	\$264	\$256	\$248

You will be billed the same amount every month even if you have more than one child enrolled in Birth to Three or the frequency of your services changes. The first bill will arrive during the month following the first full month of Birth to Three services. No bill will be sent for any month that you did not receive services unless you cancelled a scheduled visit giving less than 24 hour notice. There will also be no bill for your last month of service if your child exited before the last day of the month.

Tell your service coordinator if your family size or income changes, since this will affect your cost participation. You will need to fill out a new Family Cost Participation form each time there is a change that reflects your income.

Services provided at no cost: If you decline to fill out the form, then according to federal law there are services that must be offered to families at no cost. You cannot be charged for:

- referral to the Birth to Three System
- the evaluation and assessment of your child to determine eligibility and needs
- the development and review of your child's plan (IFSP)
- the availability of a process to settle disagreements
- service coordination (including transition planning)

For more information about family fees contact:

Birth to Three

460 Capitol Avenue
Hartford, CT 06106
The Family Liaison
860-418-6136

For information specifically about your bill contact:

Customer Service Center

1-844-293-0023

between 8 a.m. and 5 p.m. ET

<https://hus.pcgus.com/CTEIBilling/Public/Portal.aspx>



What are my responsibilities in Birth to Three?

As the most important member of your child's Birth to Three team, it is your responsibility to be an active participant in every visit. Your Birth to Three team members will involve you by demonstrating new skills and techniques they are working on with your child. They will make sure you understand everything they are doing and that you feel comfortable practicing these new skills with your child both during and between visits.

The following are some ways you can actively participate during a visit

- Share any relevant information that happened since the last Birth to Three visit that might impact your child. This may include medical or outside evaluations.
- Hold or sit close to your child and practice new teaching techniques and ways of learning together.
- If the television is on, turn it off so you can focus on learning how to teach your child new skills.
- Do not plan to take care of chores, return phone calls, or be in another room while the early interventionist is in your home.

Early intervention visits are like coaching sessions where Birth to Three staff teaches you new ways of teaching your child. You can then work on outcomes with your child during playtime, meals, bath time, and other daily activities. Try to make learning fun for your child!

If you cannot be available for a visit, call at least 24 hours ahead to cancel. Then you can reschedule at a time that is convenient for both you and the provider.

It is also important to remember that services and supports are flexible and adjustable. If your child is not making the progress you expect and have planned for, discuss this with your service coordinator.

It is your responsibility to talk with her or him about new things you see your child doing or about things you expected to see that he is not yet doing, so that you can plan together for changes.

How do I get the most out of my visit?

BEFORE Your Visit

- **Be prepared.** Make sure you schedule your visit when you can be there and not have a lot of distractions. Decide how brothers and sisters will be involved or plan an activity for them.
- **Turn off your phone, television, radio and anything else that might distract you from your visit.** Let family and friends know that during your child's visit, you won't be available.
- **Make sure to choose a time where your child is alert and well rested.**
- **Plan the agenda.** Let the Birth to Three staff know what you want to discuss at your visit. Remember or write down any questions that you may have since your last visit.
- **Be ready to share what has happened since your last visit.** Think about or make a list of anything you think is important to share such as a trip to the doctor or changes in routine. Think about what suggestions have worked well and those that have not worked so well.

DURING Your Visit

- **Ask questions.** Make sure you understand what is being said. If you are not sure why something is being done, just ask. If it helps, ask for information to be put in writing.
- **Ask for another demonstration.** Ask to be shown again, anything you don't understand. Practice strategies together during the visit. Hands-on instruction is the best way to learn.
- **Discuss ideas for carrying over strategies between visits.** Practice time between visits is just as important as the visit itself. Be sure to talk about ways to use the strategies and activities during everyday family activities.

Celebrate Successes! Even the tiny ones!!

AFTER Your Visit

- **Try things out.** Try out the suggested activities. What is working? What isn't?
- **Make a note of it.** Remember to make a mental note or keep a notebook for questions that may come up between visits.
- **Have fun.** The best teaching and learning occurs when you and your child are having fun.

How does Birth to Three measure child progress?

During each IFSP review your team will discuss progress unique to your child and family. They will also complete a written assessment of how your child is doing in all areas of development at least once every 12 months. On a larger scale, at the beginning and end of your child's enrollment, Birth to Three collects outcome data about three broad areas of your child's development:

- positive social-emotional skills
- learning and using new skills
- using appropriate behaviors to meet their needs

Your home visitor will go over the three outcomes with you in greater detail after your first IFSP meeting and again right before your family leaves Birth to Three. The ratings are only collected for children who have been enrolled in Birth to Three for at least six months. To view the form your home visitor will use to collect outcome data, turn to page 48 in the Appendix.

Does Birth to Three gather information about family outcomes?

Yes, each spring families that have been enrolled in Birth to Three for a least six months will be given a family survey asking not only what you learned from Birth to

Three but also whether it was helpful. Your responses are kept **confidential**. The results are analyzed and reported in the State's Annual Performance Report (APR). They are also posted on **Birth23.org** by program. For more information visit **Birth23.org** and read the State Performance Plan under **How are we Doing?**



What are my rights?

IDEA gives you certain rights beginning immediately with your first contact with Birth to Three, whether you called to refer your child or someone else did. If at any time you are not sure of your rights, please talk with your service coordinator, program director, or call the Birth to Three family liaison. Your service coordinator should also give you a brochure called, "Parent Rights Under IDEA Part C," which describes your rights in more detail. Here is a brief summary:

- **You have the right to give written permission before your child is evaluated,** before services begin or change, and before any information about your child or family is shared with anyone.
- **You have the right to be notified in writing.** You must be told in advance about any meetings, evaluations, services, or actions affecting your child under the Birth to Three System. This is called prior written notice. You will be asked to sign forms given to you by your service coordinator to show that you agree. You can change your mind at any time.
- **You have the right to an Individualized Family Service Plan (IFSP) delivered by a multidisciplinary team that includes you and anyone you want to invite.** Meetings to develop or review an IFSP should be at a convenient time and place for you and your family. IFSP meetings must be held in your native language or other mode of communication you need, such as sign language, unless it is not possible to do so. You may ask for an interpreter to help you understand and actively participate in the IFSP discussion. You have the right to request an IFSP meeting at any time to review, change, discontinue, or add a different service that will help you and your family reach your outcomes. You always have the right to stop a meeting in progress and reschedule for a later date.
- **You have the right to privacy.** Information about your child or family is confidential. Only Birth to Three staff, state and federal auditors and **accrediting agencies** can review your child's record without your specific written consent.
- **You have the right to examine your child's record.** An electronic record is begun at the time your child is referred and is updated until you exit. Your service coordinator also maintains a folder with important papers. You may schedule an appointment to examine these records at any time. Your provider must comply with your request to review records within 10 days. If there is anything you do not understand in the record, it will be explained

to you. If you do not agree with something in the record, you can request to have it changed.

- **You have the right to disagree with the Birth to Three System.** There are four ways to do this.
 1. Very often the quickest and most satisfying way to resolve a concern is to talk with your service coordinator. If you feel uncomfortable doing this you can also speak to the program director of your Birth to Three program. If you are uncomfortable doing this or you feel the problem has not been resolved you may contact the family liaison at Birth to Three Central office. They will try to understand the problem and work with you and your Birth to Three program to make adjustments to meet the needs of the situation. In many situations a simple explanation of why something is done in a certain way usually resolves the problem. The family liaison may also ask if you are interested in a facilitated IFSP or team meeting lead by an impartial third party. The facilitator is trained in dispute resolution and is there to make sure the meeting runs smoothly and that everyone has a chance to be heard. This is entirely voluntary and up to the parents and team to decide if this is something they would like to pursue.
 2. If this is not successful or if you choose, you may also file a written complaint. The written complaint should be signed by you and addressed to:

Director

CT Birth to Three System
460 Capitol Avenue
Hartford, CT 06106-1308



and must include your name, address, and phone number; the name and address of the program or person that you are complaining about; plus a statement of what the complaint is about and your proposed resolution. It would be helpful to also include the best days and times that you can be reached by telephone. If you prefer instead, you can fill out a complaint form located on our Birth to Three website. A copy of the complaint (either letter or form) must also be mailed by you to the program with which you have the complaint.



3. The Director will then ask the Birth to Three family liaison or an independent person to investigate your charges. That person will contact you to see if you have any additional information that you want to submit. The Director will send you a written response within sixty calendar days that will include:
 - the facts and conclusions
 - the reason for the decision
 - the corrective actions, if needed, that will be taken

Another way to resolve a disagreement is to write to the director to request mediation. Mediation allows you and your program's staff to talk about the details of your disagreement with an impartial, trained mediator. The mediator will work with you and your program to find a solution that suits both of you, then write up the terms of your agreement. Mediation works well in many situations, and you are encouraged to consider this option, but you are not required to use mediation.

4. You may also write to the family liaison to request a due process hearing, a more formal process conducted before an impartial hearing officer. You would usually have legal counsel or another person with professional knowledge of your child represent you. An Assistant Attorney General would represent the Birth to Three System.



Witnesses are called to testify and are cross-examined, evidence is presented, and shortly after the hearing ends, the hearing officer issues a written decision. The timeline for a due process hearing is 30 days but may be extended by the hearing officer at the request of either party. The hearing is provided at no cost to you, but you must pay for any professionals that represent you.

You can request a brochure on mediation or due process hearings from the family liaison.

While a complaint is being resolved in any of these ways, you have the right to continue receiving services not in dispute until your child turns three or unless you and the Birth to Three team agree that this is not in the child's best interest.

For more information about your rights in Birth to Three visit our website at www.birthe23.org and click on **Videos for Families**, then click on **Welcome videos for families**.

How can I get more involved?

There are many ways that you and your family can get involved with the Birth to Three System beyond the service and support activities specifically designed for you. The Birth to Three System depends on your ideas and information to keep supports and services family-centered. Think about what is important to you, when you are available, and the kinds of activities you are interested in. Here are some examples:

- serving on committees or task forces created to address a specific topic
- reviewing written materials
- responding to surveys or phone interviews about Birth to Three
- participating with your State or Local Interagency Coordinating Council

To find out more about these and other possibilities, [contact the family liaison at 1-866-888-4188](tel:1-866-888-4188).

When is it time to leave Birth to Three?

It is good to think about and plan for the future at every stage of your family's Birth to Three experience. Just as supports and services are adjusted when your child makes developmental gains, these early intervention activities will be replaced by other community activities at some point. You may notify your service coordinator that you wish to transition out of Birth to Three at any point, or your service coordinator may discuss ending Birth to Three visits if your child no longer needs early intervention. By law, Birth to Three services and supports will end when your child turns three years old. New partners will enter your life as you plan to say good-bye to Birth to Three.

If your child leaves before age three or if your child will not be receiving early childhood special education, your service coordinator will work with you to identify other available activities in your community.

Community Activities

- library story hours
- Head Start
- community nursery schools
- local play groups
- recreational programs
- childcare centers

There are many community options to choose from that you and your child may enjoy. If you would like, your service coordinator can help you collect information about how to enroll in a program and possible funding or scholarship information. You will receive prior written notice that Birth to Three services are ending and a **transition conference** will be held to develop your **transition plan**.

If your child needs special education services beyond age three, your service coordinator will help you to work with your local public school system to determine your child's eligibility for early childhood special education and related services. Planning for this transition may begin anytime, but usually increases during the nine months before your child turns three.

How does a transition to school happen?

All families go through similar steps when their child is ready for **transition** to preschool:

STEP 1: Notification

If your child is 2½ or older and enrolled in Birth to Three, there is a presumption that he or she is potentially eligible for early childhood special education at age three. Your school district and the State Department of Education will electronically receive your child's name and date of birth, along with your contact information. The district may contact you to ask if you would like an evaluation to determine if your child is eligible for early childhood special education if you have not already decided to invite them to a transition conference.

STEP 2: Invite the School District to Attend a Transition Conference

Even though your school district has already been notified that your child is enrolled in Birth to Three, a formal referral (which serves as your consent to invite the school district to a transition conference) must be made if you are interested in having your child receive early childhood special education services at age three. The Birth to Three System encourages families to make this decision about six months prior to age three, however, if everyone agrees, a transition conference could be held as early as nine months before the age of three. Families who make the decision at about 2½ report that the process is completed more easily.

STEP 3: Transition Conference

At least three months (90 days) before your child turns three or as early as 9 months prior to age 3, you will meet with your Birth to Three team to develop your child's transition plan. The plan outlines the steps that you and your family, the Birth to Three team, and your district will follow in the next few months. It will include a plan to determine your child's eligibility for special education services through your district if you request them.

STEP 4: Determining Eligibility for Early Childhood Special Education

The school district determines eligibility for early childhood special education. Using information available from Birth to Three or after conducting their own evaluation, the school district convenes a **Planning and Placement Team (PPT)** meeting to decide whether your child is eligible for early childhood special education services. For a variety of reasons, not all children who were eligible for Birth to Three will be eligible for early childhood special education, but about 70% of the children who leave at age three are eligible.

STEP 5: Developing an IEP

If your child will be enrolling in a special education program, you and your child's Planning and Placement Team (PPT) will develop an **Individualized Education Program (IEP)**. The IEP is a written plan for providing special education to your child during the school year including annual goals and objectives, and the methods and people who will help your child achieve them in the **Least Restrictive Environment (LRE)**. A school district is required to provide special education services to eligible children by the first school day that is on or after their third birthday. If your child is not eligible for early childhood special education, your service coordinator will work with you to identify other appropriate services in the community.

We hope that the Birth to Three experience gives you new ways of shaping your child's life, and that this family handbook makes it easier.

Best Wishes

as we start our work together, and as you move on to future partnerships!

Ask your service coordinator for a copy of the **transition handbook**.

Frequently asked questions

Q How do we decide how often my child will need services?

A How often your early intervention team coaches you and your child depends on a number of things:

- How much time do you need to understand what to do with your child?
- How long can you practice new skills with your child before he or she gets tired?
- How quickly can your child learn new things, since some children need more practice than others before fully mastering a new skill?

The visit schedule may change over time. You and your Birth to Three team will measure your child's progress and make changes to your IFSP when needed.

Q My doctor and the team of specialists, who have worked with my daughter in New York, have prescribed specific amounts of times they feel my child should receive OT, PT, and speech. Shouldn't my Birth to Three team honor these prescribed amounts?

A When you and your Birth to Three team sit down to an IFSP meeting, doctors' suggestions are certainly considered. You and your team will discuss your child's individual needs and abilities and develop an IFSP based on these needs during daily routines. The team may decide on a different amount of services based on your child's unique situation. Your doctor may not be aware that Birth to Three services are carried out during daily routines. When your doctor and Birth to Three provider have different recommendations, it is helpful for them to talk with each other.

Q Why is my child's teacher talking with me about his speech needs? Don't I need someone who is an expert in speech and language?

A Your Birth to Three team works with you and each other to reduce the number of people with whom you need to coordinate services and recommendations. Your service coordinator's job is to make sure that information gets shared among all members of your team. It is important that all the providers listed on your IFSP are working on the same outcomes and strategies and that everyone on your team is periodically spending time with you and your child. Transdisciplinary teaming across professional specialties cuts down on the number of phone calls you need to make and receive and reduces the numbers of different people you and your child need to get used to and fit into your schedule. Your child and family still get the special knowledge of all the different professionals on your team with fewer demands on your time.



Q Would my child improve faster if he got services five times a week instead of once a week?

A Imagine that you are learning to play a musical instrument. You would quickly learn the importance of practicing between your lessons. Taking three or even five lessons each week would not speed up your learning process without practice. Children also develop by using new skills over and over during their daily lives. Time between visits is the most important time for learning. During visits, you and your Birth to Three staff choose the skills you will work on and figure out how you can practice them during mealtimes, bath times, and other daily activities. This helps your child work on new skills many times each day. It is this practice that counts!

Q Who Me? How can I be expected to practice physical therapy (for example) if I am not trained as a physical therapist?

A Everyone who works in Birth to Three, including physical therapists, has expertise in their specialty, but you are the expert on your child and his life. The therapist's role is to teach you ways to help your child grow and develop. The practicing you do with your child during your daily time together is more important for helping your child learn new skills than the brief time the therapist spends with you.

Q If my child doesn't seem to be making progress, does that mean that he needs more services?

A Sometimes children seem to pause in their development in one area while they focus on growth in another. When your child's progress appears to have slowed it is time for your team to talk about what is happening, and

- look at the strategies that are being used.
- consider what is working and what is not.
- talk with your team about how progress toward achieving the outcomes is being measured.

This is often more effective than increasing the frequency of services that don't seem to be helping.

Q Do we need to get therapy in a clinic where there are fewer distractions and more specialized equipment?

A A clinic setting is only used in Birth to Three when specific equipment that is not transportable is necessary to achieve an outcome, for example ongoing audiological services. Children learn best when they are comfortable and happy. When very young children learn skills in a clinic, they may not be able to use those skills outside of the clinic. It is important for young children to learn new skills in many places and with different people. Intervention that “fits” your own home and routine is easier to practice during everyday life.

Q I work all day. Can my program’s staff work with my babysitter or childcare center teacher?

A It is important that everyone who takes care of your child knows how to meet his or her special needs and to teach new skills, including those who care for your child while you are at work. Your involvement as a parent is most important, so building in a method for you to receive the information shared with other caregivers is critical for your child’s success. Birth to Three staff will work with all of you to help your child to learn – at home, at the babysitter’s, and in the community.

Q My son has been using a stander (a piece of assistive technology equipment) while in Birth to Three program, but we’re getting ready to transition in a few months when he turns three. Do I get to keep his equipment?

A All assistive technology devices should be listed on your IFSP, including who paid for it. If you or your insurance company paid 51% or more of the cost for the item, it belongs to your family and you keep it. If Birth to Three paid 51% or more, it belongs to the Birth to Three System. You may continue to use the item, even after your child turns three, but when it is no longer needed or is outgrown, please return it to Birth to Three by calling the **New England Market Place (NEAT) at 860-526-4492** and someone will arrange to pick it up. You may also choose to donate devices that you own after your child is no longer using them.

Q My friend gets twice as many early intervention visits per month as I do; yet our income and family size are the same so we pay the same monthly fee. Why doesn't she need to pay more?

The frequency of early intervention visits is based on the child and family's needs, while the monthly fee is based on the family's ability to pay which is determined by income and family size. Your friend's child or family may have more significant needs requiring more frequent service visits.

Q Since I'm paying for early intervention, can I ask for more early intervention visits?

A The decision about whether more visits are recommended is not related to payments in any way. You can talk with your service coordinator at any time about reviewing your IFSP due to changes in your child's or family's needs. However, making monthly payments does not entitle you to more frequent visits.

Q If I have a flexible spending account through my employer do I need to change any options since Birth to Three will be billing my health insurance?

A If your employer has an automatic withdrawal option, it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent's responsibility.

Q How are HSAs (Health Savings Accounts) different from regular insurance plans?

A HSAs are high-deductible insurance policies that qualify the insured to open a Health Spending Account. Since the deductibles are different for these types of policies, please notify your service coordinator that you have an HAS.

**Q I don't like the person who is coaching my child and me.
Can I get a different provider?**

A You should talk with your service coordinator or program director about your concerns. The program director may be able to assign a different team member work with you and your child. Keep in mind that your team is made up of people with specific kinds of training and expertise to match your objectives for your child and family. Your Birth to Three program may or may not have a second qualified staff person to accommodate your request

Q My family is planning to move next month. How will this affect our early intervention sessions?

A Tell your service coordinator if you are moving so they can help you prepare for this change in your family life. If moving out-of-state, your service coordinator can help put you in contact with that state's early intervention system. If you are moving to a new town in Connecticut that is served by your current program, you may not need to change anything on your IFSP. If your current program does not serve your new hometown, your service coordinator will contact the Child Development Infoline to see which programs have openings to work with families in that town. After you choose a new program and give written permission, your current service coordinator will transfer your early intervention records to the new program. The service coordinator of the new program will contact you to schedule an IFSP review so that you can make decisions with your new team members about your outcomes for your child and family and how best to meet them. Your IFSP outcomes and strategies probably won't change very much, but the exact service schedule and personnel probably will change. Telling your service coordinator about a family move as soon as it is decided can help prevent a long delay between your last session with your current provider and the first session with your new provider.



Glossary

ability to pay: The State of Connecticut determines the ability to pay by considering the **adjusted gross annual family income** and family size after any further adjustments for extraordinary expenses.

accrediting agencies: national organizations that give an “approved” status to those programs that meet their standards for excellence

adjusted gross annual family income: the total amount of money you (and your spouse) earn before any taxes and after allowed adjustments. IRS allowed adjustments may include certain retirement fund contributions, student loan interest, moving expenses, alimony paid, medical savings account deduction, and other expenses.

advocate: a person who speaks for the best interests of another person

annual family income: for purpose of reporting for family cost participation, your annual income is either your adjusted gross income (AGI) on your last tax return, or your AGI adjusted to reflect changes in your income since last filing or any further adjustments for extraordinary expenses.

assistive technology: devices or services that allow or improve your child’s independence in daily activities (for example, a curved handle on a spoon for easier self-feeding; a wheelchair; a communication device)

Birth to Three program: an agency approved by the Birth to Three System to provide any of the possible services and supports listed on page 11 that your child and family may use to reach your IFSP outcomes

Birth to Three team: people who have specialized knowledge about what works to reach developmental outcomes; the team always includes your family and may include one or more therapists, a teacher, and other professionals to match your outcomes and needs

confidential: private; cannot be shared without your permission

consent: the approval that you give for someone to do something; consent in Birth to Three is always voluntary and may be cancelled at any time

co-payment: the part of the total cost of a medical bill that you are responsible for paying

deductible: the amount of money that you must pay each year before your health insurance will begin to pay for services

development: the process of learning and mastering new skills over time. This includes the ability to move, communicate, think, see, hear, and play with toys or other people.

disabilities: conditions that limit or slow down one or more kinds of development

due process hearing: the most formal way to resolve a disagreement between an enrolled family and the Birth to Three System. It is used generally after verbal discussion, written complaint, and/or mediation have not successfully resolved the complaint.

early intervention: supports and services offered to an eligible child and family, early in the child's life, in order to improve the child's ability to live, learn, and play in their community

eligible: meeting the requirements to participate

entitlement: Regardless of any other factor (such as family income, birth country, etc.), all eligible children will receive services.

Individualized Education Program (IEP): a written education program for each student in special education developed by a team of professionals (teachers, therapists, etc.) and the child's parents

Individualized Family Service Plan (IFSP): a written plan describing the outcomes you want for your child and family, the Birth to Three services and supports used to reach those outcomes, as well as where and when they take place and who will work with you

Individuals with Disabilities Education Act (IDEA): a federal law that guarantees certain educational rights for all people, including those with disabilities. Part C covers birth up to three; Part B covers ages three to twenty-one.





Least Restrictive Environment (LRE): a legal term meaning that each child with a disability has a right to be educated with their peers who are not disabled and should remain in a regular education setting unless it is not appropriate to do so

mediation: a way to settle a conflict so both sides win. Parents and professionals discuss their differences and, with the help of a trained mediator, reach a settlement that both sides accept.

multidisciplinary evaluation: Professionals with different kinds of training (e.g., a speech pathologist and a physical therapist) use tests to identify your child's abilities and needs.

occupational therapy (OT): activities designed to improve fine motor skills (finger, hand, or arm movements) and oral-motor (eating, swallowing) abilities

outcomes: the changes that a family wants to work toward achieving

Part C: Part of the Individuals with Disabilities Education Act providing funds to state-lead agencies to assist in the provision of early intervention services to infants and toddlers with disabilities, ages birth through two.

physical therapy (PT): activities designed to improve gross motor skills (leg, back, or whole body movements)

Planning and Placement Team (PPT): a group of professionals from your LEA who will determine your child's eligibility for early childhood special education after age three and who will help to develop your child's IEP

service coordination: a way to bring together the different people, information, and resources that your child and family may work with as a team. Your service coordinator is the person who will help the most to make these connections and identify resources.

special education: programs, services or specially designed instruction, which meet the unique needs of children over three years of age with special needs and who are found to be eligible; these include special learning methods or materials in the regular classroom and special classes and programs if the child requires them

speech and language services: activities or materials designed to improve your child's ability to understand and express ideas and information

transition: the process or period in which a family and Birth to Three team discuss possible future supports and services a child will need as he leaves Birth to Three services

transition conference: a meeting with the family, service coordinators and program staff, who work with the family to discuss community services and supports that are available for young children and their families. When a child is referred to early childhood special education, the meeting will include your family, Birth to Three staff, and early childhood special education staff. By federal law this meeting can take place up to 9 months before, but no later than 90 days before your child's third birthday.

transition plan: the outline of the steps that your family, your Birth to Three program staff, and school district staff will take to address the end of Birth to Three services and the transition to new programs, services, and people.





Appendix

Allowable Extraordinary Expenses for Possible Income Adjustment	
May Include:	Documentation Required:
CHILD CARE EXPENSES WHEN CHILD’S PRIMARY CAREGIVER IS EMPLOYED (UP TO \$20,000 PER CHILD INCLUDING THE ENROLLED CHILD OR SIBLINGS OF THE ENROLLED CHILD)	
The annual cost of childcare as long as the parent who could look after the child is prevented from doing so due to employment outside the home or actively searching for employment that removes the parent from the home on a regular basis.	IRS 1040 form a copy of a fee schedule, a one-month invoice from the childcare provider, or a cancelled childcare payment check.
MEDICAL EXPENSES GREATER THAN 6% ADJUSTED GROSS ANNUAL INCOME	
Expenses for the Enrolled Child not reimbursed: prescription diets, durable medical equipment (the portion that is not reimbursed by your insurance plan), dental or orthodontia expenses not reimbursed; could also include ramps, lifts, or other accessibility modifications that are required for your child who is receiving early intervention services. For the Immediate Family (parents and brothers and sisters of the enrolled child): Medical expenses not reimbursed, prescription medications not reimbursed, health insurance premiums and deductibles	Copies of bills or receipts and an explanation of each. The total amount must be greater than 6% of your adjusted gross annual income. Only the portion that is more than 6% will be deducted.

Allowable Extraordinary Expenses for Possible Income Adjustment	
May Include:	Documentation Required:
PAYMENTS MADE TO SUPPORT FAMILY MEMBERS LIVING OUTSIDE YOUR HOME	
Payments to support immediate family members who do not live at your address, including parents, siblings, and other children.	Copies of cancelled checks and an explanation of the purpose, or a copy of the child support agreement.
HOME REPAIRS NECESSARY TO MAINTAIN YOUR HOME IN A LIVABLE CONDITION	
Out-of-pocket, current year expenditures not covered by your home owners insurance that are necessary to allow you to continue to live in your home or would be required for a Certificate of Occupancy. Examples might be repairs to the roof, plumbing, and electrical wiring, or replacing a broken furnace or water heater. It does not include normal home maintenance, home additions, general home improvements, landscaping, or decorative improvements.	Invoices, cancelled checks, and an explanation of the purpose of the repair.
EDUCATIONAL EXPENSES (UP TO \$10,000 PER YEAR)	
Tuition, books, room and board for college or technical schools and tuition for non-public schools up to a yearly maximum of \$10,000 for you as a parent or any sibling of the child receiving early intervention services. Only payments made in the current year are considered allowable. This does not include repayment of student loans.	Tuition or room and board bills, or cancelled checks, or textbook receipts. No more than \$10,000 will be deducted.

Allowable Extraordinary Expenses for Possible Income Adjustment

May Include:

Documentation Required:

JOB-RELATED NECESSITIES

Required purchases of tools, equipment, uniforms or materials for your job that are not furnished or reimbursed by your employer. Only purchases made during the current year are considered allowable. This does not include wage earners who are self-employed.

Your job title plus a copy of your IRS 1040 form or receipts plus an explanation of each.

MANDATORY PAYMENTS ON LARGE ACCUMULATED DEBTS


Court-ordered payments, payments negotiated between you and various creditors, or payments negotiated by a debt-counseling service. This does not include making any payments on your credit card balance, mortgage or rent payments, car payments or payments to a line of credit or other bank loans.

Copy of Court Order, written payment plan, or written agreement with creditor(s).

Combination Child Outcomes Summary Form/Decision Tree

Connecticut Birth to Three System

Combination Child Outcomes Summary Form / Decision Tree*



Child:		Today's Date:		Circle one per form: Entry / Exit	
Who was involved?	Name:	Role: Parent			
	Name:	Role:			
	Name:	Role:			
Information based on (Check all that apply)		<input type="checkbox"/> Family Observations <input type="checkbox"/> Assessment information, please circle one: HELP / Carolina / AEPs (with crosswalks) <input type="checkbox"/> Other, please describe (i.e. Child Care Observations)			

Outcome A Positive social-emotional skills – including relationships with adults and children (and following rules if over 18 months old)

Does (name) ever do things we'd expect to see for his or her age?	<input type="checkbox"/> Yes	Do we see these skills in all or almost all settings and situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Does anyone have concerns about this outcome area? <input type="checkbox"/> No <input type="checkbox"/> Yes, Examples:	7 6
		Do we see these skills in any different settings or situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Sometimes there is a mix in different settings and situations, Examples: <input type="checkbox"/> Rarely, Examples:	5 4
	<input type="checkbox"/> No/ Not yet	Do we see skills that are related to this area but that develop earlier? (sometimes called Foundational Skills)	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Do we see these earlier skills in different settings / situations? <input type="checkbox"/> Most or all of the time in different settings and situations, Examples: <input type="checkbox"/> Sometimes in different settings and situations, Examples:	3 2
		Exit only: Have any new skills been acquired since entry? <input type="checkbox"/> No / Not yet <input type="checkbox"/> Yes			

Connecticut Birth to Three System Form 3-18 (11/22/10) Page 1 of 2 (ECO 2006)

Connecticut Birth to Three System - Combination Child Outcomes Summary Form / Decision Tree*

Outcome B Acquiring and using knowledge and skills – thinking, reasoning, remembering, problem solving, language / communication

Does (name) ever do things we'd expect to see for his or her age?	<input type="checkbox"/> Yes	Do we see these skills in all or almost all settings and situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Does anyone have concerns about this outcome area? <input type="checkbox"/> No <input type="checkbox"/> Yes, Examples:	7 6
		Do we see these skills in any different settings or situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Sometimes there is a mix in different settings and situations, Examples: <input type="checkbox"/> Rarely, Examples:	5 4
	<input type="checkbox"/> No/ Not yet	Do we see skills that are related to this area but that develop earlier? (sometimes called Foundational Skills)	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Do we see these earlier skills in different settings / situations? <input type="checkbox"/> Most or all of the time in different settings and situations, Examples: <input type="checkbox"/> Sometimes in different settings and situations, Examples:	3 2
		Exit only: Have any new skills been acquired since entry? <input type="checkbox"/> No / Not yet <input type="checkbox"/> Yes			

Outcome C Taking appropriate action to meet needs – basic needs (e.g., showing hunger), getting around, using "tools" (i.e., a spoon)

Does (name) ever do things we'd expect to see for his or her age?	<input type="checkbox"/> Yes	Do we see these skills in all or almost all settings and situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Does anyone have concerns about this outcome area? <input type="checkbox"/> No <input type="checkbox"/> Yes, Examples:	7 6
		Do we see these skills in any different settings or situations?	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Sometimes there is a mix in different settings and situations, Examples: <input type="checkbox"/> Rarely, Examples:	5 4
	<input type="checkbox"/> No/ Not yet	Do we see skills that are related to this area but that develop earlier? (sometimes called Foundational Skills)	<input type="checkbox"/> Yes, Examples <input type="checkbox"/> No/ Not yet	Do we see these earlier skills in different settings / situations? <input type="checkbox"/> Most or all of the time in different settings and situations, Examples: <input type="checkbox"/> Sometimes in different settings and situations, Examples:	3 2
		Exit only: Have any new skills been acquired since entry? <input type="checkbox"/> No / Not yet <input type="checkbox"/> Yes			

Connecticut Birth to Three System Form 3-18 (11/22/10) Page 2 of 2 (ECO 2006)



What I wish I had known – advice from a Mom who has been there

1. There is no crystal ball, and that is a good thing. You may wish you could know now what things will be like in a month, a year, 10 years. Your child will grow and develop in ways that will amaze you. Enjoy today and do not worry about tomorrow.
2. Trust the coaching model. I worried about my ability to follow through successfully with all that I was trying to learn from my Birth to Three team. Looking back, everything my husband and I did within our daily routine was valuable and helped our son's development.
3. My service coordinator was as much a resource to me as she was for my son. My service coordinator became a trusted advisor, active listener and loyal supporter. She helped connect us to all the resources we needed outside our home and understood that all members of our family counted.

4. Transition to early childhood special education is not as scary as it seems. The school system has well-trained partners who will guide you. There are people to help at each step of the way by answering questions and developing a plan for the years ahead. Communicate with them and be an active member of the team.
5. It is important to involve the whole family in the Birth to Three process. Siblings, grandparents, and anyone who is part of the family is impacted by the Birth to Three process and the needs of the child receiving services. For some, these will be lifelong needs. All members of the family have a role to play.
6. There are times when we just needed to “be.” I was taught to use opportunities throughout the day, such as diaper changes, bath time, playtime, and mealtime to apply strategies to help my son’s development. There were times when I needed a break from that, too. I learned that it was ok, once in a while, to enjoy the bath, the game, or even the diaper change for what it was and to give us both a break.
7. There are other parents out there who know what this experience is like. There are people in your community, your neighborhood, and your faith-based organization with whom you can connect. Talk to your service coordinator or [Connecticut Parent Advocacy Center at 1-800-445-2722](https://www.ctparentadvocacycenter.org/) to find out about ways to connect with other families.
8. You have a voice! You are the expert on your child. Be an active participant in the Birth to Three process and communicate with your team. Share your thoughts, concerns, progress you see, and your ideas. Your input helps ensure your child has the most appropriate and valuable supports and services. It is important now, will be important for the school years and always!
9. Celebrate your child’s strengths and interests. Your child has strengths and interests that are important. Although he or she may be receiving services and supports because of a disability or developmental delay, it will always be important to highlight the positives – celebrate the strengths and the successes!
10. You will have your days . . . It is important to keep in mind that as a primary caretaker of your child, you can only do that successfully by taking care of yourself. Your time, your ability to nurture yourself, your marriage, your friendships, and other relationships will be fueled when you take care of your needs, too. You will be more valuable to your child and your family.

Connecticut Birth to Three Contact information

FAMILY LIASON

Phone: 1-866-888-4188

Phone: 1-860-500-4405

450 Columbus Blvd, Hartford, CT 06103

Birth to Three Billing Office Customer Service Center

1-844-293-0023

between 8 a.m. and 5 p.m. ET

<https://hus.pcgus.com/CTEBilling/Public/Portal.aspx>

Addresses are subject to change.
Please call to confirm before mailing
any important documents.



Other sources of information

The Birth to Three website is a great source of information and it is updated often. You will be able to download a copy of the Birth Through Five News, discover the skills that other children your child's age are learning, connect with other families, and more.

Visit us at: www.birth23.org





www.birth23.org
1-866-888-4188

Funding provided under Part C of the Individuals with Disabilities Education Improvement Act (IDEA), through the United States Department of Education, Office of Special Education Programs

Designed by Gardner Group Graphic Design, LLC, West Hartford, CT www.gardnergdd.com

Printing by State of Connecticut, Department of Administrative Services Print Shop