

# North Carolina Infant-Toddler Program Procedures

Reference: Infant-Toddler Program Services Policy

## *Service Planning and Delivery*

### **Introduction**

The North Carolina Infant-Toddler Program (N.C. ITP) provides early intervention supports and services (EI) to children ages birth to three and their families. Early intervention supports and services are designed to meet the developmental needs of each child enrolled in the N.C. ITP, as well as the needs of the family related to enhancing the child's development. Early intervention supports and services are determined in collaboration with the family and based on scientifically peer-reviewed research to the extent practicable. Early intervention supports and services are provided by persons qualified to serve children birth to three years of age and, to the maximum extent appropriate to a child's needs, are provided in natural environments, including the home and community settings in which children without special needs participate. Early intervention service providers must be flexible and offer support to families in a variety of ways. Any required service and related support agreed upon by the IFSP team and consented to by the parent must be made available as indicated in the IFSP. *(For additional information about required and recommended services, see Infant-Toddler Program Services Policy.)*

The "Requirements and Procedures for Service Planning and Delivery" described in this document are meant to assist IFSP teams in considering a variety of factors as they make decisions that are individualized for each child and based on the priorities, concerns, and resources of each enrolled child and their family. This procedural document incorporates N.C. ITP requirements related to service planning and delivery, procedural instructions for implementing these requirements, and rationale for the service planning and delivery approaches expected of all EI service providers. These procedural requirements support the N.C. ITP's family-centered philosophy and implementation is expected to result in:

- the provision of supports and services that build on existing child and family strengths and interests;
- assistance to the family in achieving outcomes that make a meaningful difference in the life of their child and family;
- an increase in the child's participation in family and community activities; and
- support to the family in identifying learning opportunities and enhancing their child's development.

No two children or families have the same constellation of interests, needs, skills, challenges, resources, and desired outcomes even when they have similar evaluation and/or assessment results. Therefore, IFSPs are expected to show a wide range of supports and services, service providers, service locations, service frequencies and durations, and community resources being used to address individual child and family outcomes.

These procedures reflect expected practice throughout the time the child and family are enrolled in the North Carolina Infant-Toddler Program, not just during the initial planning and service delivery phases. Child and family needs, informal supports and resources, and routines and activities change over time. Discussion with the parent must be ongoing in order to plan and provide intervention that is appropriate for each child and family.

Service planning and delivery are based around the daily activities and settings in which children participate. Therefore, service planning and delivery often involves caregivers other than the child’s biological parent or immediate family members. These caregivers may include (but are not limited to) extended family members, neighbors, childcare providers, or other community support agency personnel. Service providers are expected to consider other caregivers when implementing these requirements and involve them to extent appropriate and as described in the IFSP.

## **Requirements and Procedures for Service Planning and Delivery**

### **1. *Outcome Development***

- a. Outcomes are statements of change that the parent wants to see for the child and family as a result of their involvement in early intervention. As part of the IFSP process, outcomes are identified based on information gathered through the evaluation and assessment processes. This process includes conversations with the family to identify current activities and settings, potential child learning opportunities, successes and challenges, and areas where the family would like assistance. This process also includes a functional assessment that addresses those activities, settings, opportunities, and areas. After child and family outcomes have been identified, the IFSP team, which includes the family as an equal team member, determines the early intervention supports and services, including frequency, intensity, duration, and method.
- b. Individualized outcomes are provided in the context of everyday routines and activities and are functional and integrated (i.e., outcomes are relevant for the family, focus on the child’s participation in activities and settings that are important to the family, and focus on the whole child rather than discreet skills). Services are not outcomes; they are a means to achieving a desired outcome. For example, “Johnny will receive physical therapy weekly” is not an outcome. In contrast, “Johnny will sit independently while playing with toys” is appropriate wording for an outcome statement. In developing desired outcomes, the IFSP team starts with activities and settings in which the family participates and identifies as important, as well as activities and settings the family would like to pursue.
- c. Service delivery options, including specific supports and services, service providers, and locations of service delivery, are driven by the child and family outcomes developed by the IFSP team. They are only determined after the desired child and family outcomes and potential learning opportunities have been identified.

### **2. *Family-Provider Partnership***

- a. In partnering with families to address IFSP outcomes, service providers join their developmental expertise with the family’s expertise about their child and family in order to establish a shared understanding about how to support the child’s participation in family and community life. The focus is on expanding the family’s confidence and competence to identify opportunities to help the child learn during everyday activities.

- b. Parents help identify other family members and caregivers in the child’s life who may be able to assist in addressing the IFSP outcomes. The extent to which other caregivers are involved in addressing the IFSP outcomes depends on a number of factors including (but not limited to): the extent to which the family would like to have these other caregivers involved, how much time the child spends with these other caregivers, and the willingness of these other caregivers to learn and apply strategies for increasing the child’s learning opportunities and ability to participate in everyday activities.

**3. *Provision of Services***

- a. The early intervention approach used in North Carolina allows for flexibility in how the specialized skills of EI service providers are used in partnership with families to address the desired child and family outcomes identified by the IFSP team. EI services in North Carolina include direct intervention, consultation with parents and caregivers as they interact with the child, and collaboration with other providers as needed. Intervention is focused on the practitioner teaching and supporting the parent to use engaging and responsive parent-child interactions to promote child learning. Early Intervention service providers support parental use of responsive parent-child strategies and interactions as the primary means of promoting positive outcomes for children and families.
- b. The IFSP team (which includes the parent) determines the appropriate supports and services needed to meet the desired outcomes. The team then identifies the expertise needed to support the implementation of strategies as reflected in the IFSP. The N.C. ITP promotes a teaming approach to service provision that supports communication and collaboration among parents and EI service providers. Early intervention services occur in the context of parent/caregiver and child interactions during everyday routines and activities.
- c. Sometimes, one service provider working in partnership with the family is appropriate to address the IFSP outcomes. This approach supports the focus on the natural flow of the family’s life within everyday routines, activities, and places and also recognizes that natural learning opportunities and activity settings belong to the child and family rather than to any one discipline. Other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and suggesting strategies and techniques to enhance progress toward outcomes. The services provided by these other team members are listed as Infant-Toddler Program services on the IFSP.
- d. When a need for more than one service provider is identified by the IFSP team, it is critical that all service providers collaborate with each other, the Service Coordinator, and the parent to ensure that services are provided in an efficient and effective manner. Outcomes are to be integrated and discipline free, meaning not necessarily related to a single developmental domain or discipline, but reflective of the functional skills needed for participation in family and community life. The family’s ability and desire to accommodate multiple providers should be considered when determining the frequency and intensity of contacts with providers.

**4. *Supports and Services in Everyday Routines, Activities and Settings***

- a. Consideration of child and family routines, activities, and natural settings must occur throughout the early intervention process. The idea of supports and services in everyday routines, activities, and

settings broadens the definition of natural environments to more than just a location for services. While location is important, it is only one element of quality services and supports. The elements of why the service is being provided, what the service is, who is providing it, when it is provided, and how it is being provided are the other essential characteristics. Natural learning environments are settings that are natural or typical for a child's same aged peers who have no disabilities. Natural environments include familiar places, people, and activities.

- b. Strategies to address IFSP outcomes must focus on learning opportunities that occur throughout the daily routines and activities of the child and family. These strategies recognize the family as the primary influence of change in the child's development. Information provided by the family helps the IFSP team and EI service providers understand these daily routines and activities. EI service providers assist the parent in recognizing and using existing opportunities, as well as creating new learning opportunities that will help the child reach the desired outcomes. Service providers work with the family to formulate adaptations to strategies and recommendations that will promote a child's participation in the activities and routines of their natural settings. Whenever possible, service providers use items already present in the child's environment when providing early intervention supports and services. They also assist the family to identify what they have in their own environment that can be used during daily routines and activities to accomplish the identified outcomes.
- c. The IFSP team must consider multiple factors when identifying appropriate supports and services. Strategies must support the child's and family's ability to achieve the identified outcomes and their ability to function where they live, learn, and play. Strategies for meeting outcomes incorporate activities other than the formal services provided by a particular discipline. Examples of informal activities may include library story time, playing in the park, swimming lessons, and grocery shopping.

## **5. *Location of Services***

- a. Federal regulations require early intervention services be provided in natural environments and may only be provided in other settings when outcomes cannot be achieved satisfactorily in the natural environment. The IFSP team's decision that an outcome cannot be achieved satisfactorily in the natural environment must be justified in the IFSP. *(For additional information, see NC ITP Instructions for Completing the Individualized Family Service Plan (IFSP), Section VI.)*
- b. Supports and services occur in the context of, and must be integrated into, the normal daily activities, routines, and environments of each child and family. Supports and services fit into the family's life and build effectively on the resources and supports already in place.
- c. For each child and family, the choice of location for supports and services is based on the activities associated with the desired outcomes on the IFSP. While the child's home or childcare center may be an appropriate setting for supports and services for many activities, other natural settings such as a community center, a neighborhood park, the grocery store, etc. may be appropriate instead of, or in addition to, the home or childcare center depending on the activity settings and learning opportunities the family identifies as important to them. The IFSP team should also consider providing services in multiple settings when appropriate for helping the child generalize new skills (e.g., mobility, behavior) in a variety of locations.

- d. The team should consider the following questions when discussing the specifics about where supports and services are provided:
- Does the environment support the child’s participation in the daily activities and routines of their family in community settings where children live, learn, and play?
  - Does the environment promote the parent’s ability to model and reinforce behaviors in daily activities and caregiving between contacts with the provider?
  - Does the environment allow the child to experience a variety of sensory and physical stimuli that can enhance the child’s responsiveness to the service?
  - Does the environment foster the use and development of natural supports in the family’s social and cultural network and promote the family’s integration into community life?
  - Does the environment support the acquisition of skills in the child’s and family’s daily routines?

**6. *Frequency and Intensity of Supports and Services***

- a. Early intervention supports and services are focused on enhancing the child’s ability to participate in family and community life and supporting the family’s ability to enhance their child’s development. Frequency and intensity mean the number of days or sessions that a service is provided, and the service is provided on an individual basis.
- b. Two critical questions for the IFSP team to ask in determining the frequency and intensity of supports and services needed to meet the IFSP outcomes are:
- How often will the child’s intervention likely need to be changed?
  - How often does the family need support to feel confident in using intervention strategies?

In determining the answer to each of these two broad questions, the IFSP team is expected to consider the following factors:

**How often will the child’s intervention likely need to be changed?**

- Is the relationship between the child and family and the provider new (e.g., because they have just begun Infant-Toddler Program services or there has been a change in providers) or well established? If the family is just beginning services from their IFSP, there may be more frequent changes in strategies as the service provider continues learning about the activity settings, routines, and how the child responds to proposed strategies.
- Will the strategies used to address the outcomes need to be modified frequently, or will the same strategies be used for a long period of time?
- Is attainment of an outcome especially urgent and able to be resolved quickly with intensive intervention (e.g., new referral of a child with non-organic failure-to-thrive that needs quick resolution, a child’s behavior is prohibiting the family from finding a childcare provider to accept the child)?
- Are there a large number or a wide variety of strategies involved in addressing the desired outcomes, or are there relatively few or more similar strategies?

- Is the child progressing at the expected rate in meeting identified outcomes?

**How often does the family need support to feel confident in using intervention strategies?**

- Are the services provided at a frequency and intensity that matches the family's need for timely support?
- Do the outcomes identified require a high level of specialized skill, or are they more easily implemented with minimal support and coaching? When a higher level of skill is needed to address outcomes, there may be a need for an increased frequency or intensity of services and supports for a period of time while the family becomes comfortable in implementing the strategies.
- Are the outcomes or strategies new for the child and family? The need to increase frequency or intensity of services may be evident when a child enters a new developmental phase and more frequent support is needed by the family.
- Will the service provider be working with other caregivers in addition to the family in addressing outcomes? If the service provider will be working with a variety of caregivers, more frequent services may be needed for a period of time. This extra time will allow the service provider to learn more about the child's daily activities and routines with these other caregivers and to teach them various strategies and skills to address desired outcomes.
- Is the parent's ability to participate in implementing suggested activities affected by his or her own cognitive or emotional issues? If so, the IFSP team will need to consider how other informal and formal community resources and supports, other caregivers, and direct Infant-Toddler Program early intervention services can be combined to best address the full constellation of child and family needs. However, more frequent Infant-Toddler Program early intervention services are not a substitute for an active parent-provider partnership that includes involvement by the parent in each early intervention session.
- Does the child need intensive, one-on-one support to participate in the environment? Under these circumstances, there also may be a need for an increase in support to the family in addressing the IFSP outcomes.

c. It is expected that the frequency and intensity of Infant-Toddler Program supports, and services will change over time for an individual child and family, sometimes increasing and sometimes decreasing as the variety of factors outlined above change. As with other aspects of service delivery, only the IFSP team can make decisions about the frequency and intensity of service delivery. This decision cannot be made by individual providers. Third party insurance payers may authorize or reimburse service providers for more visits or place limitations on the frequency and intensity of services and may specify the number of contacts by a service provider. The entitlement of the Infant-Toddler Program guarantees that services must be made available as determined by the IFSP team, defined by the Infant-Toddler Program, and listed on the IFSP regardless of service levels approved by funding sources. In other words, the Infant-Toddler Program may pay for services specified on the IFSP beyond those reimbursed by third party payers. Service providers should not circumvent the planning process by increasing or decreasing the frequency or intensity of services agreed upon by the IFSP team.

## 7. *Missed Appointments, Limited Parent/Caregiver Participation, and Lost to Follow-up*

- a. Missed appointments, limited parent/caregiver participation during contacts with EI service providers, as well as a lack of response to program communication are cues that discussion may be needed to determine if supports and services are adequately meeting the family's needs. It is important for the IFSP team to discuss any barriers that might be preventing a parent/caregiver from keeping scheduled appointments, being an active participant during contacts with service providers, or responding to program communications. Revisions to the IFSP may be needed to better align outcomes, supports, and services with family priorities and daily activities and routines. It is important for all EI service providers to communicate effectively so that parents/caregivers understand their role in the provision of services and how early intervention services may be beneficial to the child and family.
- b. The assigned Service Coordinator must be notified when challenges in parent/caregiver participation are encountered. Service Coordinators should make a diligent attempt to involve the parent/caregiver in a team discussion related to program participation.
- c. When a parent/caregiver cannot be reached and/or is not responding to communications, the Service Coordinator must make numerous and varied attempts at contact (e.g., phone calls, home visits, mail, requesting assistance from the referral source, the child's physician, relatives, or other community resources) to explore with the parent/caregiver how the Infant-Toddler Program might best support the child and family's needs.
- d. If the Service Coordinator is unsuccessful in contacting the parent/caregiver or resolving issues related to program participation, the IFSP Team must review the current situation and discuss recommendations to increase parent/caregiver participation and/or the need for the child to be exited from the program due to being lost-to follow-up.
- e. Should the IFSP team agree that the child be exited from the program due to being lost-to follow-up, the Service Coordinator must send the caregiver a letter by mail that:
  - reviews what the Infant-Toddler Program is and how it may be beneficial to the child and family;
  - includes a copy of Child and Family Rights under the Infant-Toddler Program;
  - states that attempts to involve the caregiver have been unsuccessful and briefly describes these attempts; and
  - requests that the caregiver contact the Service Coordinator within a specified timeframe if they wish to discuss continued involvement and the receipt of services.

If the caregiver does not respond to this letter in the specified timeframe, the Service Coordinator must proceed with the process to exit the child from the Infant-Toddler Program.

- f. If it is decided that the child will be exited from the program, the Service Coordinator is required to send ***Prior Written Notice (PWN)***, along with ***Notice of Child and Family Rights***, to the family informing them that the child will be exited from the Infant-Toddler Program and all services will end in 10 days. As appropriate, the Service Coordinator must complete the process to exit the child from the program and the program's data system.

## 8. *Parent Decision to Discontinue in the Program*

- a. If at any time after enrollment in the North Carolina Infant-Toddler Program, a parent states that they no longer wish to participate, the Service Coordinator must provide the parent with ***Prior Written Notice*** of intended action to exit the child from The N.C. ITP prior to age three, along with ***Notice of Child and Family Rights*** under the Infant-Toddler Program. A letter can be sent along with this correspondence restating the parent's decision to discontinue services, reiterating the purpose and scope of the Infant-Toddler Program and how it may be beneficial to the child and family. Parents can be reminded that they may contact the Children's Developmental Services Agency (CDSA) to review the information and/or to re-refer their child at any time prior to their third birthdate. The Service Coordinator must complete the process to exit the child from the Infant-Toddler Program and the program's data system.
- b. The Service Coordinator must communicate all decisions and actions related to parent participation and the child's enrollment to the members of the IFSP team. A copy of all written communication to the parent and notes of any other attempts to communicate with the parent must be filed in the child's record.

## 9. *Infants and Toddlers in Residential Programs*

Some families choose residential placements for their children. This may be either a temporary or permanent arrangement. The Infant-Toddler Program offers the same entitlement for services and procedural safeguards for children under age three in residential programs as those mandated for children receiving services in community settings. Infant-Toddler Program requirements must be followed for children in residential programs. For example, a child must be deemed eligible for the Infant-Toddler Program by the Children's Developmental Services Agency in the family's county of residence and an IFSP must be developed.

- a. The Children's Developmental Services Agency must designate a Service Coordinator for an infant or toddler residing in a residential program and that child's family. The Service Coordinator must work with residential staff, including other case managers, to ensure continuity of Infant-Toddler Program services.
- b. Responsibility for ensuring the availability of needed early intervention services and payment of related costs not covered by existing resources or programs (e.g., public and private funding received by the residential program for providing certain services) is the responsibility of the Children's Developmental Services Agency in the family's county of residence, even if the residential program is located in a different county. For needed services not provided by the residential program, the Children's Developmental Services Agency may provide a service directly, negotiate for the provision of the services with a service provider in the county where the residential program is located, and/or ensure provision by other acceptable means. Responsibilities of the residential program and other agencies providing services must be clearly defined and delineated on the IFSP.
- c. When a family is considering residential placement, it is important to involve the appropriate agencies from both the family's county of residence and the county where the residential program is located. Involvement of community agencies is critical in order to provide optimal early intervention programming and to meet state and federal requirements for due process and service delivery.



- d. Because the family's county of residence may be geographically distant from the county where the residential program is located, the ability of the Service Coordinator to be actively involved should be an important factor in making a selection. The Service Coordinator is responsible for coordinating services and for ensuring that Infant-Toddler Program requirements are met.
- e. Infant-Toddler Program procedures regarding transition at age three should be followed. Local educational agency (LEA) staff from the family's county of residence must be involved in transition discussions. Approval for the provision of special education and related services in a residential setting for children ages three to twenty-one (3-21) must be given by the local educational agency from the family's county of residence.

**Related Requirements**

- 1. All child and family rights related to service planning and delivery must be followed. These include, but are not limited to, Prior Written Notice, Written Parental Consent, Native Language, and Surrogate Parent. *(For additional information, see Procedural Safeguards Policy.)*
- 2. All requirements related to IFSPs must be followed. These include, but are not limited to, content, timelines, and participants. *(For additional information, see Individualized Family Service Plan Policy.)*
- 3. The parent may determine whether the family and child will accept or decline any early intervention service under the Infant-Toddler Program without jeopardizing the right to receive other early intervention services.
- 4. The contents of the IFSP must be fully explained to the parent and informed written parental consent obtained on the IFSP prior to the provision of the Infant-Toddler Program services described in the Plan. If the parent does not provide consent with respect to a particular service, then only the services to which consent is obtained may be provided.
- 5. A child and family are not automatically entitled to all services required to be available under the Infant-Toddler Program. They are entitled to those that have been identified by the IFSP team as needed by the child to meet his or her developmental needs or by the family in order to enhance their capacity to meet the child's developmental needs and included on the IFSP.
- 6. While the parent is a member of the IFSP team, there may be instances when the parent disagrees with the other members of the team. If this occurs and an acceptable agreement cannot be reached through discussion among the involved parties, the Service Coordinator must inform the parent of the right to file a due process complaint. This starts a process that may lead to a formal hearing where a hearing officer may decide the outcome. *(For additional information, see Dispute Resolution Policy.)*
- 7. In order for the child and family to receive a service required under the Infant-Toddler Program, it must be included in the IFSP. Services required under the Infant-Toddler Program and listed on the IFSP must begin within 30 days from the date of parental consent and be carried out within the specifications of the service plan. If a service provider is no longer available to serve a child and family, the Service Coordinator should work to locate another provider as soon as possible and document any gaps in service delivery. The 30-day timeline is not applicable in this case, as this situation pertains to a change in the service provider and not the service itself.

8. Service Coordinators must involve the Children’s Developmental Service Agency Director or designee if they are unable to locate a provider for a specific service. The Children’s Developmental Service Agency Director or designee must assist the Service Coordinator and the parent in identifying additional providers.
9. The Service Coordinator must document efforts to secure services not immediately available (within 30 calendar days). For example, if physical therapy is recommended and there is not a therapist readily available, documentation must reflect the search for these services and methods sought to obtain them. The Service Coordinator must keep the parent informed of all efforts to secure services. A copy of this documentation must be filed in the Children’s Developmental Services Agency’s record on the child at the time of the notation.
10. Services that a child is entitled to receive cannot be delayed or denied because of disputes between agencies regarding financial or other responsibilities. Any disputes that occur are to be resolved using the Infant-Toddler Program interagency dispute process. *(For additional information, see Complaint Resolution-Interagency Disputes Policy.)*
11. The IFSP team must identify other services (e.g., well-child care, immunizations, genetic counseling) and supports, in addition to the required Infant-Toddler Program services, that are needed by the child and family. By including these on the IFSP, a complete, coordinated plan is developed for the child and family. Listing these on the IFSP does not obligate the Infant-Toddler Program to provide or pay for these services. However, Service Coordinators should assist the family in accessing these services as needed.
12. If an enrolled service provider is available to serve a child and family and the family chooses to pursue services from a provider who is not enrolled with the ITP, the parent must be informed that the Infant-Toddler Program cannot assure the quality of the service and the parent will be responsible for any costs associated with the delivery of the service. While families have the right to accept or decline any early intervention services offered without jeopardizing other early intervention services, the ITP is not responsible for the services rendered by non-enrolled providers. Services provided by individuals and/or entities not enrolled with the Infant-Toddler Program should be listed under ‘Other Services.’ The parent’s choice to obtain services from a non-enrolled provider should be clearly documented in the ITP record. *(For additional information, see Infant- Toddler Program Services Policy and Instructions for Completing the Individualized Family Service Plan (IFSP).)*
13. Families must be informed about fee policies, including if there are fees for any services, and agency provisions regarding inability to pay. *(For additional information, see Policy on Fees, Billing and Reimbursement.)*
14. Enrolled service providers must contact the Service Coordinator any time a need for changes to services listed on the IFSP is identified. This is crucial for collaborative planning and decision making and to ensure compliance with legal requirements such as prior written notice and written parental consent.
15. While the parent may take additional time to explore recommended services or treatment options, the initial IFSP should be developed and implemented with those services that have been agreed upon. For example, the parent may be in the process of exploring treatment options for their child who is hearing impaired and not ready to commit to a method of communication. In this instance, the IFSP is written with Assistive Technology listed as a service and a related outcome developed so that the process of

investigating or exploring potential listening devices can begin Service coordination activities to assist the family with obtaining the device, exploring treatment options, etc. would be included. Other services and strategies can be added and integrated into the plan as soon as the parent makes a decision. There also may be circumstances when the only service the parent chooses initially to address outcomes is service coordination. It is acceptable to write the initial IFSP with only service coordination listed and add other services at a later date.

16. If a planned hospitalization for the child occurs after the child is enrolled in the Infant-Toddler Program, the Service Coordinator, the parent, and relevant service providers must meet to discuss the hospitalization, the anticipated length of stay, the needs of the child and family during this time, etc. Appropriate changes to the IFSP must be made. The Service Coordinator, with the parent's written authorization, is to contact the hospital to discuss collaborative efforts to provide services during this time, particularly if the hospital stay is expected to be lengthy. If the hospitalization is unplanned, the Service Coordinator must maintain contact with the parent, as appropriate, and work with the parent and other IFSP team members, in addition to appropriate hospital staff, to ensure that services continue, and that the child's and family's rights are protected. While all Infant-Toddler Program assurances must be met for these children and their families, services by non-hospital providers may not be reimbursed by third party payors while the child is an inpatient in the hospital.
17. Children's Developmental Services Agencies must work together to plan and implement services for children and families when a service is most appropriately provided in a Children's Developmental Service Agency catchment area other than the one where the child resides. For example, the parent may work in one county and have the child in a childcare setting in that county but reside in another county.
18. Sometimes a child in legal custody of a county Department of Social Services is placed in a foster home or living arrangement in another county. The Children's Developmental Service Agency in the county of the Department of Social Services with legal custody of the child is responsible for Infant-Toddler Program requirements, including eligibility determination, service delivery, required documentation, and appointment of a surrogate parent if applicable. If two Children's Developmental Services Agencies are involved because the Department of Social Services is in one Children's Developmental Services Agency catchment area and the child is residing in a different catchment area, they must work together to ensure rights and the provision of services. Providers in the county where the child resides may be more appropriate to provide services because of proximity to the child and knowledge of local resources. The Service Coordinator can be designated from either Children's Developmental Services Agency; however, discussion among all involved needs to occur to ensure the selection of the most appropriate Service Coordinator. The surrogate parent can be designated from either county; however, the Children's Developmental Services Agency appointing the surrogate parent needs to consider the most appropriate person for the specific circumstances. *(For additional information, see Procedural Safeguards Policy and Surrogate Parent Procedure.)*
19. Sometimes children may be in the legal custody of a parent or a Department of Social Services in another state. The Children's Developmental Services Agency must coordinate efforts with the appropriate legal guardian in order to ensure that the child is served appropriately and within established legal requirements.

20. If a family moves to a county in a different Children’s Developmental Services Agency catchment area and has already been deemed eligible for the Infant-Toddler Program in North Carolina and has an IFSP, every effort should be made to minimize a disruption in services. The Children’s Developmental Services Agency in the new county must be informed of the child and given written documentation of eligibility from the Children’s Developmental Services Agency that initially deemed the child eligible. The initial Children’s Developmental Services Agency must update the program’s data system indicating appropriate changes and send an updated “NC ITP Referral Form” and a copy of the child’s “NC ITP Eligibility Determination Documentation Form” to the new Children’s Developmental Services Agency along with the current IFSP and any other relevant documentation. The Children’s Developmental Services Agency for the new county must ensure the designation of a Service Coordinator, who will see that the IFSP is revised and updated to reflect service delivery in the new county. *(For additional information, see Record Transfers Between CDSAs for Enrolled Children Procedure.)*
21. If a family moves to North Carolina from another state, the child must be referred to the Children’s Developmental Services Agency for eligibility determination. Obtaining and using previous evaluation information and the child’s and family’s current IFSP from the other state can be invaluable in moving the process along and getting services in place as soon as possible. *(For additional information, see Policy on Infant-Toddler Program Services and Referral Process Procedure.)*