SCOPE:

County Mental Health/Mental Retardation Administrators
Early Intervention Program Directors

PURPOSE:

The purpose of this bulletin is to establish the Department’s policy for natural environments. This policy is to meet statutory requirements established by Public Law 105-17, the Individuals with Disabilities Education Act (IDEA), enacted on June 4, 1997.

BACKGROUND:

The initial Federal P.L. 99-457, Part H, under the “Education of the Handicapped Act Amendment” was enacted on October 8, 1986. In October 1991, Part H of the Individuals with Disabilities Education Act (IDEA) was reauthorized as P.L. 102-119, the “Early Intervention Program for Infants and Toddlers with Disabilities.” Part H of IDEA states “that to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate,” and that “natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” This law was amended by P.L. 105-17. As a result of these amendments, prior to October 1, 1997, Part C of the IDEA was known as Part H.

The statutory amendments reflected in P.L. 105-17, Part C, made changes to the original Part H, which impact on early intervention supports and services for eligible infants and toddlers and their families. Statutory amendments of 1997 added two requirements related to the provision of early intervention services in natural environments. First, 34 C.F.R. Part 303.167(C), requires that states develop policies and procedures to ensure that to the maximum extent appropriate, early intervention services are to be provided in natural environments and occur elsewhere only if early intervention cannot be achieved satisfactorily in a natural environment.

REFER COMMENTS AND QUESTIONS TO:
Appropriate Regional Office of Mental Retardation Early Intervention Coordinator
Second, 34 C.F.R. Part 303.344(d)(1)(ii), requires that each Individualized Family Service Plan (IFSP) identify the natural environments in which services are to be provided and a justification of the extent, if any, to which a service will not be provided in a natural environment.

DEFINITION:

“Natural environments means settings that are natural or normal for the child’s age peers who have no disabilities.” (34 C.F.R. Part 303.12(4)(b)(2).

“Early intervention services means developmental services that to the maximum extent appropriate are provided in natural environments, including the home and community settings in which children without disabilities participate” and “The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.” (P.L. 105-17 – June 4, 1997 Amendments to IDEA) In addition, under the new Part C 1997 Amendments of IDEA, the definition of “natural environments” moves from Section 303.12(b) to Section 303.18.

POLICY:

To the maximum extent appropriate, supports and services shall be provided in natural environments. Services shall be provided in communities or locations where the child lives, learns, and plays in order to enhance the child’s participation in family routines, and in the activities and routines that occur in a variety of community settings where children and families spend time. Home and community settings provide children the opportunity to learn and practice new skills within a context that provides educational and developmental interventions. The natural environment locations in which supports and services will be provided are determined by an individual assessment of the child’s need(s) and the family’s concerns, resources and priorities which relate to the outcomes outlined on the IFSP.

DEVELOPING THE IFSP:

The IFSP is developed to determine the supports and services to be provided to children from birth to age three and their families. The plan is based on the concerns, priorities and resources of the family and determined by a family directed assessment of what the family believes is important to enable their child’s participation in activities or routines that take place within the family’s naturally occurring settings. Planning is based on outcomes that the families and IFSP team members agree will be functionally suitable to promote the child’s increased competence, participation and learning, and the family’s capacity to support the child.

IFSP Development

(a) Assessment should include:

(1) The family’s identification of their priorities, concerns and resources
(2) The identification of the child and family’s daily routines and interests
(b) Establish outcomes specific to the child and family that:

(1) Enhance Child Competence
(2) Enhance Family Capacity
(3) Expand Child/Family Activity Settings
(4) Are Measurable

(c) Environments and Activities based on:

(1) Enjoyment/Interest of the child
(2) Enjoyment/Interest of the parents
(3) Typical of same age peers
(4) Part of child’s and family’s routines
(5) Respect for religious, ethnic and cultural practices

(d) When determining services and supports for the child and family the IFSP team must consider implementation of the IFSP in as many activity settings, as appropriate, that will allow learning opportunities for a child in a natural learning environment (home, community activity settings). Appropriate services and supports should be:

(1) Focused on placing an emphasis on functional competence
(2) Increasing the possibility of the child’s participation in natural environments

(e) The IFSP must include the activity location(s) in which services will be provided. Services for the child must occur in a natural environment (where the child lives, learns and plays; where the child spends time on a daily basis); only when the child’s and family’s outcomes cannot be achieved satisfactorily for the child in the natural environment can the IFSP team consider the provision of early intervention services for any child in a location other than the child’s natural environment.

(f) The IFSP team will determine what supplemental supports will be provided in order for the child to achieve the outcomes listed in his/her initial IFSP. To the extent appropriate the IFSP must include:

(1) Medical and other services that the child needs but are not required under Part C.
(2) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

Justification for Services Not Provided in a Natural Environment

(a) If the IFSP team members agree to the provision of supports and services in locations other than in a child’s natural environment(s) the team must show sufficient documentation, during the initial writing of the IFSP, that supports the teams decision that the child’s and family’s outcomes cannot be met by providing supports and services in the natural
environment (s) of the child and family. As part of the six-month review, or at the request of the family, the IFSP and justification are reconsidered, documented on the IFSP, and include:

(1) How services provided in locations other than a natural environment will be generalized enough to support the child’s future ability to function in his/her natural environment; including:

(2) A plan with timelines and the supports necessary to allow the child’s and family’s outcomes to be satisfactorily achieved in his/her natural environments (as an addendum to the initial IFSP).

(b) A review of the IFSP must be continued during the period that a child and family is receiving early intervention supports and services. This method should be repeated until the child and family can receive supports and services that are naturally provided in their everyday lives (home and community activities).

Roles and Responsibilities.

(a) County

(1) The County MH/MR Program will develop the IFSP on the basis of the multidisciplinary evaluation (MDE) and family concerns, priorities, and resources;

(2) The County MH/MR Program will arrange supports and services based on the IFSP that meet the unique needs of the child and family that have family-centered outcomes embedded in natural environments;

(3) The County MH/MR Program will be responsible for monitoring early intervention services;

(4) The County MH/MR Program will monitor the implementation of each IFSP to ensure the provision of services in natural environments; and

(5) In consultation with the Local Interagency Coordinating Council (LICC) and the County MH/MR Advisory Board, the county program shall conduct a self-assessment review of the county’s early intervention services at least every three years, in accordance with a process approved by the Office of Mental Retardation.

(b) Service Providers.

(1) Service providers will implement supports and services in the home and community in accordance with the IFSP;

(2) Service providers, as appropriate, will participate in the annual MDE of a child, assessment of the family’s resources, priorities and concerns, and in the development of integrated goals and outcomes for the IFSP; and
(3) Service providers will work with the parents, service coordinators, community agencies and other service providers to ensure the effective provision of services, to include supports and services in natural environments.

(c) Department of Public Welfare.

(1) The Department of Public Welfare will conduct Compliance Monitoring of the County MH/MR Programs including supports and services in natural environments;

(2) The Department of Public Welfare will enforce any obligations imposed on the County MH/MR Program for early intervention services under Part C of the Act;

(3) The Department of Public Welfare will provide technical assistance, as needed, to county early intervention programs, service agencies and organizations; and

(4) The Department of Public Welfare will assure that deficiencies identified through monitoring are corrected.