



***Physicians
and
Tennessee's
Early Intervention System
TEIS***





Introduction

There is a growing body of research to support the benefits of early intervention programs for children who have or are at high risk of having a developmental disability. The recently released publication, *Neurons to Neighborhoods: The Science of Early Childhood Development* co-written by the physician, Dr. John Shonkoff and Deborah Phillips for the Committee on Integrating the Science of Early Childhood Development, for the Institute of Medicine and the National Research Council of the National Academy of Sciences presents extensive scientific data supporting the benefits of early intervention. Excerpts of this publication can be viewed on the National Academy Press (www.nap.edu) web site. There are additional websites to visit for further documentation on the benefits of early intervention. The following internet sites contain extensive information: zerotothree.org, nectas.unc.edu, and nichey.org to name just a few.

These findings have led to the development of state and federally supported programs to provide these services. In 1986 Congress enacted Public Law 99-457, amending the Education of the Handicapped Act. The amendment included an outline of requirements for statewide early intervention systems. This is now known as the Early Intervention Program for Infants and Toddlers With Disabilities of the Individuals with Disabilities Education Act. This is Part C under IDEA.

Physicians play an important role in providing comprehensive developmental services for young children with a developmental disability. They are often the first professionals to get to know the child and family. The purpose of this brochure is to help physicians understand who is eligible for early intervention services, the scope of services provided, and how services can be accessed.

Tennessee initiated its participation in the program in 1988 by organizing the state into nine districts. It was one of the first states to begin full implementation, starting in 1991. The program has become an important resource for young children who have or are at high risk of having a developmental disability and their families.

Tennessee's Early Intervention System (TEIS) was developed to ensure that all families of children birth through age two who have a developmental disability have access to comprehensive, coordinated, community-based, and family-oriented services. TEIS provides this through service coordination and referral to community-based services that are available through both the public and private sectors.

Referral

TEIS has simple and effective mechanisms of referral for young children birth through age two through a single point of entry (the district TEIS office) in each of the nine districts in Tennessee. Physicians should refer potentially eligible children through the district's single point of entry (see "TEIS Districts and Counties Served") or through the statewide point of entry (1-800-852-7157). Any child who is suspected to have a delay or a condition likely to result in delay is potentially eligible. TEIS will arrange for further evaluation of your patient, if necessary, to determine eligibility.

This is at no cost to the family.

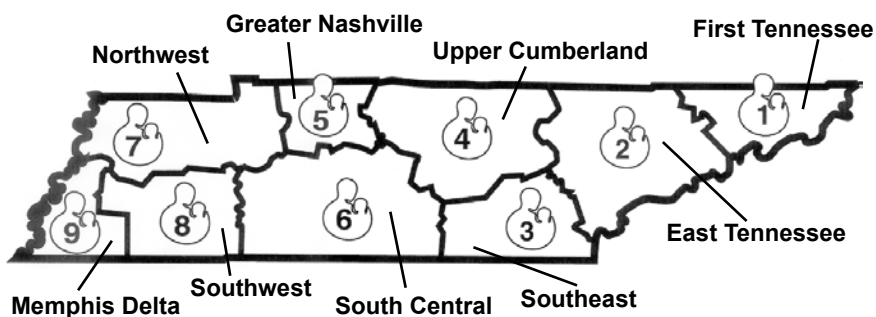
Physicians will be asked to provide the following information on children being referred:

- Relevant medical history;
- Current health status;
- Vision and hearing status;
- Developmental status; and/or
- Certification of a diagnostic condition likely to cause developmental disabilities (e.g., Down Syndrome, Fetal Alcohol Syndrome, etc.)

or

- If no diagnosis exists, reason for referral; and
- Description of what has been discussed with the parents by the physician.

TEIS Districts and the Counties Served



First Tennessee (423) 434-4401

Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington

East Tennessee (865) 974-2838

Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union

Southeast (423) 425-4779

Bledsoe, Bradley, Grundy, Hamilton, McMinn, Marion, Meigs, Polk, Rhea, and Sequatchie

Upper Cumberland (931) 372-3561

Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Sumner, Trousdale, Van Buren, Warren, and White

Greater Nashville (615) 936-1849

Cheatham, Davidson, Dickson, Montgomery, Robertson, and Wilson

South Central (615) 849-8404

Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Rutherford, Wayne, and Williamson

Northwest (731) 587-7114

Benton, Carroll, Crockett, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, and Weakley

Southwest (731) 512-1550

Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy, and Madison

Memphis Delta (901) 678-4655

Fayette, Lauderdale, Shelby, and Tipton



Eligibility for Services

Eligibility for services depends on the presence of developmental delay or the presence of a condition likely to result in delay. Any child from birth through age two is eligible if he or she meets Tennessee's eligibility requirements. These are given in the:

State of Tennessee Definition of Developmental Delay

The term "infant and toddler with disabilities" means a child, from birth through age two, who is eligible for early intervention services because he or she:

- a. Is experiencing developmental delays, as measured and verified by appropriate diagnostic instruments, administered by qualified examiners, indicating that the child is functioning at least 25% below his or her chronological age in two or more of the following developmental areas:
 1. Cognitive development
 2. Physical development, including fine motor, gross motor, and sensory development (vision and hearing)
 3. Communication development
 4. Social/Emotional development
 5. Adaptive skills

or

Is functioning at least 40% below his or her chronological age in one of the areas listed above;

or

- b. Has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, i.e. known, obvious, or diagnosable conditions such as sensory losses and severe physical impairments.



Examples include, but are not limited to:

1. Hearing loss which can be verified or estimated to be significant as indicated through an audiological evaluation;
2. Vision loss, which has been verified or estimated to be significant, for example, cataracts, glaucoma, strabismus, albinism, myopia, retinopathy of prematurity, or dysfunction of the visual cortex;
3. Neurological, muscular or orthopedic impairment which prevents the development of other skills, for example, congenital dislocation of the hip, spina bifida, cerebral palsy, rheumatoid arthritis, autism, epilepsy;
4. Organic conditions or syndromes which have known significant consequences, for example, tuberous sclerosis, hydrocephalus, muscular dystrophy, fetal alcohol syndrome;
5. Chromosomal, metabolic, or endocrine abnormalities, for example, Down Syndrome, Klinefelter Syndrome, Turner Syndrome, hypothyroidism;
6. Prematurity as specified by Tennessee's Early Intervention System.

Eligibility for services shall be determined by a multidisciplinary team, based on a review of the results of an appropriate evaluation of the developmental domains as described in part "a" of this definition or the verification of a diagnosed condition as described in part "b" of this definition.



Scope of Services

TEIS provides a number of different services including:

Developmental Screening - The screenings are provided to identify previously unidentified children. The provider of this service will vary from district to district. Most districts work with community agencies in their area to provide this service.

Developmental Evaluation to Determine Eligibility -The evaluations are provided by community professionals or TEIS staff to determine if a child is eligible for TEIS. Evaluation for eligibility is not required if a qualified professional diagnoses a physical or mental condition that has a high probability of resulting in development delay.

Developmental Assessment - Once eligibility is determined, further assessments may be required to plan for appropriate services. These are frequently interdisciplinary.

Service Coordination - Service coordinators from TEIS help families determine the child and family's needs, develop an Individualized Family Service Plan (IFSP), identify appropriate community service providers to meet their needs, and help identify possible sources of payment for the services. They also facilitate the development of a transition plan to other programs as the child approaches his or her third birthday.

Financial Support - TEIS will pay for some specific early intervention services when no other financial resources (e.g. health insurance, Children's Special Services [CSS], or Supplemental Security Income [SSI]) are available. The early intervention services must be identified on the child's IFSP as needed in order to achieve Outcomes identified on the IFSP. These may include such services as physical therapy, occupational therapy, speech/language therapy, assistive technology, audiology, vision services, and transportation to early intervention services.



An Overview of the Early Intervention Process

After the initial referral, a service coordinator is assigned to the child. This person will contact the child's family to obtain some basic information including the child's full name, date of birth, and social security and birth certificate numbers. Other information often collected includes physicians' names, birth history, pertinent medical records, developmental history, insurance carriers' names and numbers, disability diagnoses, and the family's resources, concerns and priorities. In some cases, developmental evaluation results are available and can be included.

Once all the relevant information is obtained, the child will receive a multidisciplinary evaluation to determine eligibility for early intervention services. The evaluation and/or assessment will vary depending on the needs of the child but may include many different professionals such as physical, occupational and speech/language therapists, developmental pediatricians, audiologists, and early intervention educators.

In addition, a structured interview with the family is completed by the service coordinator to determine specific family needs and how they relate to the child's developmental delay. This will help better define the family's concerns and aid in the development of the Individualized Family Service Plan (IFSP).

An IFSP meeting is then held with the parents, the service coordinator (in most cases this is a TEIS service coordinator but in some cases it may be a professional from a community program), and other professionals who have participated in the multidisciplinary evaluation process or are likely to provide services. Professionals who are not able to attend the meeting usually provide written reports. At this meeting specific action steps and plans for each Outcome (goals) are generated. TEIS will work to ensure that the early intervention services required to meet each Outcome are provided.

Once the IFSP is implemented, the service coordinator will review the child and family's progress at least every six months and help to modify the IFSP as needed. As the child approaches the third birthday, the service coordinator will help the family plan the transition to other programs which may include the local school system or other programs.





Neonatal Intensive Care Unit

Early intervention is critical for newborns with known risks or identified birth defects. NICU (Neonatal Intensive Care Unit) health care professionals play a crucial role in referring children for early intervention services. Children who have spent time in the NICU and in NICU follow-up care may be eligible for assistance through Tennessee's Early Intervention System.

Tennessee families were surveyed regarding their experience in transitioning from the NICU to services in the community. Findings indicate that families understand and desire referrals to the early intervention system. Sixty-eight percent of families indicated they would choose to have a TEIS service coordinator while they were still in the NICU. The family-centered approach to early intervention employed by TEIS promotes the strengths and competencies of families while allowing them to participate to the degree that fits their family's unique situation, values, and needs.

While an adaptive fit between the family and the service delivery system is essential, families depend on NICU health care professionals to inform them of resources that may benefit their child. Medical and educational communities need each other, because families depend on us.

Premature Infant Criteria

Tennessee's Definition of Developmental Delay includes diagnosed physical or mental conditions that have a high probability of resulting in developmental delay. A child with a diagnosis of prematurity may be eligible for early intervention services through Part C if the child meets Tennessee's eligibility requirements as stated in Tennessee's Definition of Developmental Delay. A premature infant may be eligible if:

- He or she is born at a gestational age of less than 30 weeks
- or**
- He or she is born at a gestational age of 30-36 weeks and meets at least one of the following criteria:
 - Intrauterine growth retardation (IUGR) less than 10th percentile
 - Hypoxic ischemic encephalopathy
 - Seizure activity in neonatal period
 - Meningitis in neonatal period
 - Intraventricular hemorrhage (IVH) grade III/IV
 - Abnormal CT/US findings, including ischemia, thrombosis, significant hydrocephalus, major malformations, disorders of myelination
 - Microcephaly at less than 10th percentile for gestational age
 - Metabolic derangement: inborn error of metabolism, prolonged hypoglycemia more than eight hours, bilirubin reaching exchange level
- or**
- He or she is born at a gestational age of 30-36 weeks and meets at least two or more of the following criteria:
 - APGAR score of less than three at five minutes
 - Prolonged ventilation for apnea or hypoventilation for more than 48 hours
 - Prolonged hypoxemia for greater than 24 hours
 - Hypotonia for more than 48 hours
 - Prolonged hypotension for more than eight hours





Physician's Roles

TEIS encourages physicians to be active participants in the early intervention system.

Physicians are urged to participate by:

- Providing information about the child's health status;
- Providing information about the child's developmental status, such as developmental milestones or developmental screening results;
- Verifying diagnostic conditions that have a high probability of causing a developmental disability;
- Facilitating access to other medical specialty services necessary for diagnosis and intervention planning; and
- Facilitating communication between the medical sector and the multidisciplinary team.

TEIS, through its service coordinators, can help physicians in their care of young children with developmental disabilities by:

- Completing developmental screenings for physicians upon request when physicians suspect that a child is delayed and
- Providing physicians with information about various community resources that are available for children with developmental
- disabilities, such as early intervention programs, possible financial support programs, and parent support groups.



“Tomorrow’s Success Begins Today”

TEIS would like to thank the following people
for their participation in the development of this booklet:

Mark L. Wolraich, M.D.
Quenton Humberd, M.D.
Fred Palmer, M.D.
Fathima Humera



Department of Education; Nov. 2004; Publication Authorization
No. 331417, 6500 copies. This public document was
promulgated at a cost of \$ 0.4891 per copy.