



Primary Service Provider Model

Frequently Asked Questions

The Law says...

The Babies Can't Wait Program is Georgia's Part C Early Intervention Program under the federal Individuals with Disabilities Education Act (IDEA). Since its inception, the IDEA has mandated that all Part C programs nationwide must provide services to families of eligible infants and toddlers from birth to three years of age in natural environments. The law defines natural environments as "settings that are natural or normal for the child's age peers who have no disabilities" (34 CFR 303.18), such as home, childcare or community settings.

Why is Babies Can't Wait changing models of service delivery? What model is being adopted?

Current IDEA language encourages state Part C Programs to examine not only where services are provided but how services are provided, the research and evidence that supports the services, and the effectiveness of the services. Part C programs are being encouraged to provide supports that focus on helping families and care providers promote children's development and participation within their families and communities, through the numerous learning opportunities that occur within natural daily activities and routines.

The IDEA defines the roles of service providers in early intervention as "assessment, consultation and training" (CFR 303.12) in order to support families and caregivers. The role of the service provider is that of a coach, consultant, or facilitator, an equal partner in supporting learning and sharing strategies with the family/care provider and other professionals, rather than a provider of direct services to the child. Babies Can't Wait is currently examining a model of service delivery in which a primary service provider would support the family/caregiver's and other professionals' learning through a process of coaching. The primary service provider would function as part of an active team, with the parents/caregivers and other professional team members, and have access to input from the other members on the team on a regular basis and whenever needed. The primary service provider could be any one of a variety of disciplines and could change as the needs of the family/child changed.

How will decisions be made to identify the primary provider in this new model?

In a primary provider model of service delivery, the Individualized Family Service Plan (IFSP) team, including the parents, will determine who is selected as the primary service provider based on the outcomes listed on the IFSP. The professional who has the necessary training and expertise to support the family/caregiver in addressing the IFSP outcomes would be selected as the primary provider. The key person with the key expertise at the key time would be the designated primary provider.

Will professionals be asked to perform tasks that are outside of their scope of practice or provide coaching for children for whom they don't have "hands-on" knowledge?

No! Babies Can't Wait cannot mandate policies that would require professionals to perform outside of their scope of practice. Evaluation of child and caregiver skills/needs, as well as ongoing review of IFSP outcomes and strategies, will be the responsibility of the professionals with knowledge and experience in the specific developmental area in question. No professional practice act excludes consultation and training of others as a part of valid practice. In fact, many practice acts include these as stated elements of best practice. In a primary provider model of service delivery focused on coaching, the sharing of information and ideas among all team members, including parents and all professionals on the team, would occur on a regular basis, through regular team meetings, joint visits, phone calls, written information, etc. All persons on the team would benefit and increase their knowledge and skills through this open sharing.

Since teamwork and communication are central to this type of service delivery model, how will team meetings and joint visits be funded?

Babies Can't Wait recognizes that there are no current funding mechanisms for reimbursement for team meetings and joint visits. Discussions and planning are ongoing to address this area and no changes will be implemented until funding is identified for these critical components.

Will a primary service provider model of service delivery mean a reduction in or less individualized services to children and families?

Services in a primary service provider model will be better individualized to meet the needs of each child and family since the focus will be on team-identified routines, strengths, and needed supports unique to each child and family. In a primary service provider model, professionals may be present for fewer sessions, but the knowledge shared between professionals and caregivers for use across various settings and activities is greatly increased and ultimately provides the child many more opportunities for practice of skills. For example, in a direct service approach, a child may receive one hour of direct therapy a week. If, however, that same hour is used by the therapist to coach the family or childcare professional in how to support the child's development across all domains through natural activities such as feeding, dressing, bathing, play, etc., learning opportunities for that child/caregiver are expanded to many more hours per day or week.

Will information be provided to ensure that families, providers, and physicians are informed about the new model? Will training be provided to ensure providers have the skills to successfully implement the model?

The need for ongoing statewide information dissemination and training is evident. Babies Can't Wait, with input from stakeholders, Georgia's therapy associations and licensing boards, Georgia's institutions of higher education, and national consultants and experts in the field of early intervention, will continue to offer pertinent information, training and/or mentoring as efforts continue to implement changes in the early intervention service delivery system. All stakeholders share a responsibility to ensure that accurate information regarding changes is then shared among families and professionals. By working together, improved services for Georgia's families and children can be ensured.

When will these changes be implemented?

Final deadlines for full implementation have not been established. Babies Can't Wait will continue to gather information from national and state resources to inform careful implementation of positive systems change and will keep Georgia stakeholders informed of this process.

What if I have more questions?

Contact your local Babies Can't Wait Early Intervention Coordinator, BCW Parent Educator, or the State Babies Can't Wait office at 404-657-2726 or toll free 888-651-8224. Or visit the Babies Can't Wait website periodically for updated information: <http://www.health.state.ga.us/programs/bcw>

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