
SUBSTITUTE HOUSE BILL 1090

State of Washington 52nd Legislature 1991 Regular Session

By House Committee on Human Services (originally sponsored by Representatives Leonard, Ferguson, Pruitt, Holland, Rayburn, Prentice, Brekke, Appelwick, Anderson, Silver, Scott, R. Johnson, Wineberry, Inslee, Hargrove, Sprenkle, Dorn, Spanel, Dellwo, R. King, Winsley, Phillips, Riley, Haugen, Vance, Kremen, Rasmussen, Franklin, Basich, Jacobsen, Fraser, Broback, Edmondson, D. Sommers, Roland, Jones, Chandler, Ludwig, Mielke, Nelson, Miller, Wood, Cooper, Bray, Ogden and Morris).

Read first time February 21, 1991.

1 AN ACT Relating to early intervention services for infants and
2 toddlers; adding a new chapter to Title 70 RCW; making an
3 appropriation; providing an effective date; and declaring an emergency.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that there is
6 an urgent and substantial need to:

7 (a) Enhance the development of all infants and toddlers with
8 disabilities in the state of Washington in order to minimize
9 developmental delay and maximize individual potential for adult
10 independence;

11 (b) Enhance the capacity of families to meet the needs of their
12 infants and toddlers with disabilities and maintain family integrity;

13 (c) Reduce the educational costs per child by minimizing the need
14 for special education and related services after infants and toddlers
15 with disabilities reach school age;

1 (d) Reduce social services costs and minimize the likelihood of
2 institutional or out-of-home placement of children with disabilities;

3 (e) Reduce the health costs of preventable secondary impairments
4 and disabilities by improving the long-term health of infants and
5 toddlers with disabilities; and

6 (f) Reduce the human costs to families and society.

7 (2) It is the policy of Washington state to:

8 (a) Affirm that all children are valued members of society;

9 (b) Affirm the importance of the family in all areas of the
10 infant's or toddler's development and reinforce the role of the family
11 in the decision-making processes regarding their infant or toddler;

12 (c) Ensure that services are provided in ways that are as
13 nonintrusive as possible, that respect individual and family privacy,
14 and that support families' access to legal safeguards;

15 (d) Ensure that services are provided in ways that promote dignity
16 and respect for individual differences and that acknowledge and respect
17 differences in race, religion, ethnic and cultural background, gender,
18 age, disability, sexual orientation, geography, and economic status;

19 (e) Provide assistance and support to the family of an infant or
20 toddler with a disability that address the individual needs of that
21 family;

22 (f) Coordinate and enhance the state's existing early intervention
23 services to ensure a state-wide, community-based, comprehensive,
24 coordinated, multidisciplinary, interagency program of early
25 intervention services for all infants and toddlers with disabilities
26 and their families;

27 (g) Ensure that personnel necessary to provide early intervention
28 services are appropriately and adequately trained and that every effort
29 is made to utilize existing early intervention personnel without
30 replacement;

1 (h) Facilitate the coordination of payment for early intervention
2 services from federal, state, local, and private sources including
3 public and private insurance coverage; and

4 (i) Guarantee financial assistance to local public health
5 departments or health districts for the purposes of coordinating early
6 intervention services in their communities and enhance their capacity
7 to provide individualized early intervention services to all infants
8 and toddlers with disabilities and their families.

9 NEW SECTION. **Sec. 2.** Unless the context clearly requires
10 otherwise, the definitions in this section apply throughout this
11 chapter.

12 (1) "Infants and toddlers with disabilities" means children from
13 birth through three years of age who need early intervention services
14 because:

15 (a) Based on standard evaluation procedures, they are experiencing
16 delays in one or more of the following areas of development:

17 (i) Sensory or physical, including vision, hearing, or fine or
18 gross motor;

19 (ii) Cognitive;

20 (iii) Communication;

21 (iv) Psychosocial;

22 (v) Self-help skills; or

23 (b) They have a diagnosed physical or mental condition that has a
24 high probability of resulting in functional delay. Examples of such
25 conditions include, but are not limited to:

26 (i) Chromosomal abnormalities associated with mental retardation
27 such as down syndrome;

28 (ii) Congenital central nervous system birth defects or syndromes
29 such as myelomeningocele or fetal alcohol syndrome;

1 (iii) Established central nervous system deficits resulting from
2 hypoxia, trauma, or infection;

3 (iv) Significant vision or hearing impairments;

4 (v) AIDS; or

5 (vi) Medically fragile.

6 (2) "Early intervention services" means developmental services as
7 defined in 20 U.S.C. Sec. 1472, as amended, that are:

8 (a) Selected by the parents;

9 (b) Provided at no direct cost to the family;

10 (c) Offered in the setting or settings most appropriate for the
11 infant or toddler with disabilities and the family in their community;

12 (d) Provided on a year round basis; and

13 (e) Designed to offer the opportunity, as appropriate, for an
14 infant or toddler with disabilities to interact with children who do
15 not have disabilities when such services are provided out of home.

16 (3) "Parent" means the parent, guardian, or a person acting as a
17 parent of a child with disabilities, or someone who has been appointed
18 as a surrogate. The term does not include the state if the child is a
19 ward of the state.

20 (4) "Family resources coordination" means an ongoing case
21 management process consisting of activities to assist the child and
22 family to:

23 (a) Identify, obtain, and effectively utilize services and other
24 resources; and

25 (b) Be informed of their rights and procedural safeguards.

26 (5) "Family resources coordinator" means the person, as agreed upon
27 by the family, who will be responsible for facilitating the development
28 of an individualized family service plan and for providing family
29 resources coordination as defined in subsection (4) of this section.

1 (6) "Multidisciplinary" means the involvement of two or more
2 disciplines or professions in the provision of integrated and
3 coordinated services including evaluation and assessment activities and
4 development of the individualized family service plan.

5 (7) "Evaluation" means a timely, comprehensive, multidisciplinary
6 evaluation process for the purpose of determining an infant or
7 toddler's initial and continuing eligibility.

8 (8) "Assessment" means a comprehensive and multidisciplinary
9 assessment of the unique needs and strengths of the infant and toddler
10 with disabilities for the purpose of developing and updating an
11 individualized family service plan for each infant and toddler.
12 Parents shall be fully participating members of the multidisciplinary
13 assessment team.

14 (9) "Individualized family service plan" means a written plan
15 jointly developed by the family and service providers for providing
16 collaborative developmental services for eligible infants or toddlers
17 with disabilities and the family as specified in section 3 of this act.

18 (10) "State council" means the state early childhood interagency
19 coordinating council established under section 5 of this act.

20 (11) "Department" means the department of health.

21 NEW SECTION. **Sec. 3.** (1) Infants and toddlers with
22 disabilities and their families shall be entitled to receive:

23 (a) An evaluation;

24 (b) An assessment of the unique needs and strengths of the infant
25 or toddler and the identification of services to meet such needs;

26 (c) An explanation of the evaluation and assessment and all service
27 options in the family's primary language or through a certified
28 interpreter for the deaf, if necessary;

29 (d) Family resources coordination;

1 (e) An individualized family service plan that accommodates
2 cultural differences and is developed by a multidisciplinary team
3 including the family resources coordinator with the parents as fully
4 participating members of the team; and

5 (f) Any developmental services that are included in the infant's or
6 toddler's individualized family service plan.

7 (2) The individualized family service plan shall be in the family's
8 primary language, when necessary to ensure understanding, and contain
9 the following:

10 (a) A statement of the infant's or toddler's present levels of
11 cognitive development, sensory or physical development including
12 vision, hearing, fine and gross motor, communication skills including
13 speech and language, psychosocial development, and self-help skills;

14 (b) With the concurrence of the family, a statement of the family's
15 strengths and concerns related to enhancing the development of the
16 infant or toddler with disabilities;

17 (c) A statement of the major outcomes expected to be achieved for
18 the infant or toddler with disabilities and the family, including the
19 criteria, procedures, and timelines used to determine the degree of
20 progress toward achieving the desired outcomes; and whether
21 modifications or revisions of the outcomes or services are necessary;

22 (d) A statement of specific developmental services necessary to
23 meet the individual needs of the infant or toddler with disabilities
24 and the family, and should include the frequency, intensity, and method
25 of delivering these services;

26 (e) A statement of the health status and medical needs of the
27 infant or toddler with disabilities, and shall include the names of the
28 child's health care providers;

29 (f) The projected dates for initiation of services and the
30 anticipated duration of such services;

1 (g) The name of the family resources coordinator; and

2 (h) The steps to be taken supporting the transition of the infant
3 or toddler from one setting to another.

4 (3) The individualized family service plan serves as the
5 comprehensive service plan for all agencies involved in providing
6 developmental services to the infant or toddler with disabilities and
7 the family.

8 (4) The individualized family service plan must be evaluated at
9 least once a year.

10 (5) The family resources coordinator and the family shall review
11 the individualized family service plan at six-month intervals or more
12 often based on the needs of the infant or toddler with disabilities and
13 the family.

14 NEW SECTION. **Sec. 4.** (1) Each local public health department
15 or health district shall initiate a local planning effort to coordinate
16 and enhance existing early intervention services and assist each
17 community to meet the needs of infants and toddlers with disabilities.

18 (2) Participants in the planning effort shall, to the extent
19 possible, reflect the population and cultural diversity of the
20 geographic area covered by the local planning effort and shall include
21 representatives of the following agencies or organizations and the
22 following individuals:

23 (a) Parents of young children with disabilities;

24 (b) Health care providers, including neuromuscular centers, mental
25 health providers, and therapists in private practice;

26 (c) Developmental disabilities centers and other developmental
27 disabilities agencies;

28 (d) Public school districts;

1 (e) Head start and early childhood education and assistance
2 programs;

3 (f) social services providers;

4 (g) High priority infant tracking program;

5 (h) Other appropriate agencies or organizations; and

6 (i) Parent and nonparent members of existing community councils
7 whose responsibilities are similar to those of the planning effort.
8 Parents of children with disabilities shall constitute at least twenty-
9 five percent of the participants in the planning effort.

10 (3) The early intervention plan shall be submitted to the
11 department and the state council by January 1, 1992, and biannually
12 thereafter. The plan must consider other plans developed within the
13 jurisdiction of the local health department or health district that
14 address the needs of infants and toddlers and must incorporate those
15 plans to the extent possible. The plan must address:

16 (a) The number of children in need of early intervention services
17 in the county or counties covered by the plan, including children being
18 served in the schools and children receiving services through the
19 department of social and health services, and the department of health,
20 and the department of community development;

21 (b) The number of those children who are underserved or unserved;

22 (c) Identification of the primary service providers of early
23 intervention services;

24 (d) Mechanisms to ensure better coordination of existing early
25 intervention services;

26 (e) Mechanisms to enhance existing early intervention services to
27 better serve infants and toddlers with disabilities and their families;

28 (f) Needed services, both formal and informal, currently not
29 available in the jurisdiction of the local health department or health
30 district and how these services might be developed and provided;

1 (g) How early intervention funding made available to the planning
2 agency by appropriation will be used to provide services to eligible
3 infants and toddlers and their families;

4 (h) Development of a public awareness program focusing on services
5 for infants and toddlers with disabilities;

6 (i) Development of early identification efforts that are
7 coordinated with state-wide efforts;

8 (j) Designation of a fixed point of referral in each community
9 served by the local health department or health district to facilitate
10 access to early intervention services; and

11 (k) Development of formal interagency mechanisms that define the
12 financial responsibility of each participating public agency for paying
13 for early intervention services, establish procedures for resolving
14 disputes, and ensure meaningful cooperation and coordination.

15 (4) Each local public health department or health district shall be
16 primarily responsible for implementation and administration of the
17 early intervention plan developed pursuant to this section.

18 NEW SECTION. **Sec. 5.** (1) The governor shall appoint a state
19 early childhood interagency coordinating council as provided in 20
20 U.S.C. Sec. 1482, as amended. As part of its responsibilities, the
21 council shall establish a process that seeks information from
22 community-based service providers, family resources coordinators,
23 parents, and others about any federal, state, or local policies that
24 impede timely delivery of early intervention services, and provides for
25 steps to ensure that any identified policy problems are resolved.

26 (2) The state lead agency shall ensure that a state-wide system of
27 early intervention services is developed and maintained for infants and
28 toddlers with disabilities and their families, in compliance with 20
29 U.S.C. Sec. 1476, as amended.

1 (3) The department shall establish procedural safeguards for
2 infants and toddlers and their families in compliance with 20 U.S.C.
3 Sec. 1480, as amended, to be included in the state-wide system of early
4 intervention services. The safeguards shall include a mediation system
5 to guide both parties toward a mutually satisfactory solution of
6 disputes. Neither party shall be obligated to resolve the dispute with
7 this process. The mediation service shall be:

8 (a) A voluntary process until July 1, 1995, at which time if the
9 parents request mediation, a local service provider shall enter into
10 mediation;

11 (b) Provided by properly trained and certified mediators;

12 (c) Free to the parents or service provider; and

13 (d) Selected by the local health department or health district.

14 NEW SECTION. **Sec. 6.** For the purposes of implementing this
15 chapter, the governor shall ensure that state agencies involved in the
16 provision of, or payment for, early intervention services to infants
17 and toddlers with disabilities and their families shall coordinate and
18 collaborate in the planning and delivery of such services.

19 NEW SECTION. **Sec. 7.** No state or local agency currently
20 providing early intervention services to infants and toddlers with
21 disabilities may use funds appropriated for the purposes of this
22 chapter to supplant funds from other sources. No state or local agency
23 may delay, interrupt, or divert funds appropriated in the 1991-93
24 biennium for early intervention programs for infants and toddlers with
25 disabilities from those programs.

26 Each county shall ensure that the implementation of this chapter
27 will not cause any interruption in existing early intervention services
28 for infants and toddlers with disabilities.

1 Nothing in this chapter shall be construed to permit the
2 restriction or reduction of eligibility under Title V of the Social
3 Security Act, P.L. 90-248, relating to maternal and child health or
4 Title XIX of the Social Security Act, P.L. 89-97, relating to medicaid
5 for infants and toddlers with disabilities.

6 NEW SECTION. **Sec. 8.** The department shall, in accordance with
7 this chapter, enter into contracts with local health departments and
8 health districts to assist in the provision of comprehensive,
9 coordinated, multidisciplinary, interagency early intervention services
10 for infants and toddlers with disabilities and their families within
11 the jurisdiction of the local health department or health district.
12 The early intervention plans developed under section 4 of this act
13 shall be used to assist the department in determining what funding
14 should be provided to the counties to address gaps in early
15 intervention services. Funds made available under this chapter shall
16 be disbursed in a manner that enables the optimum provision of
17 necessary services for eligible infants and toddlers and their family.

18 NEW SECTION. **Sec. 9.** The sum of nine million seven hundred
19 thousand dollars, or as much thereof as may be necessary, is
20 appropriated for the biennium ending June 30, 1993, from the general
21 fund to the department of health for the purposes of this act.

22 NEW SECTION. **Sec. 10.** Sections 1 through 8 of this act shall
23 constitute a new chapter in Title 70 RCW.

24 NEW SECTION. **Sec. 11.** This act is necessary for the immediate
25 preservation of the public peace, health, or safety, or support of the
26 state government and its existing public institutions, and shall take

1 effect July 1, 1991.