



Infant & Toddler Connection of Virginia

Policy Pages

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Question: As more children are receiving cochlear implants to address hearing impairments, some questions have come up regarding appropriate Part C supports and services following the cochlear implant. If the IFSP team determines that a child needs auditory verbal therapy in order to meet the desired outcomes does that service have to be provided by a *certified* auditory verbal therapist? Do auditory verbal therapy services have to be provided in natural environments? Also, is cochlear mapping considered a medical or developmental service?

Response:

Following a cochlear implant, the IFSP team will need to obtain information about the child's current level of auditory function (which will be available from the medical records, with parent permission) and should seek a re-evaluation in the area of communication development. Once that new information is available, an IFSP review should be conducted in order to review and revise outcomes with consideration for the child's new levels of functioning and developmental needs in hearing and communication; any new interests, successes and challenges for the child and family; and any other new circumstances regarding the child's and family's routines and desired activity settings. The family must be provided with the *Parental Prior Notice* form in advance of any IFSP review meetings; and the *Confirmation of IFSP Meeting* form must also be used, as appropriate.

Once the outcomes have been determined, the IFSP team then identifies the Part C supports and services needed to address those outcomes. In response to the specific questions asked above, please note the following information related to Part C supports and services:

1. IFSP outcomes for children who have received cochlear implants are likely to include development and use of spoken language in the context of desired activity settings. One method used to teach spoken language to children with severe to profound hearing loss is the auditory verbal method, in which

spoken language is taught through listening. As with all Part C eligible children and families, the determination about who will provide Part C supports and services is based on the expertise needed to support the parents/caregivers to implement the IFSP strategies. Although a certified auditory verbal therapist certainly has the expertise to address outcomes related to helping a child develop spoken language through listening, Virginia's Part C personnel standards do not include a highest standard for that profession (auditory verbal therapists). Since all Part C services must be provided by an individual who meets a Part C highest standard, a certified auditory verbal therapist can only provide Part C services if that therapist meets the highest standard for another profession listed in Virginia's Part C Policies and Procedures (e.g., speech-language pathologist, audiologist or Educator of the Hearing Impaired). In addition, a professional (other than a certified auditory verbal therapist) who meets one of Virginia's highest standards and has the expertise to support the family in implementing auditory verbal techniques and strategies may be the service provider.

At this time, there are only 6 certified auditory verbal therapists in Virginia. It is recommended that local interagency coordinating councils establish working relationships with these individuals. Certified auditory verbal therapists may be able to assist the LICC by providing training in auditory verbal techniques to other professionals in the local early intervention system. They also may be service providers in the system, may serve as consulting service providers on the team (e.g., coming on joint home visits monthly or quarterly to assist the primary service provider and family in assessing progress, developing new strategies, demonstrating new techniques, etc.), and may be involved on evaluation and IFSP teams.

2. Like all other Part C supports and services, those designed to implement auditory verbal techniques

must be provided in natural environments, unless the IFSP team determines that the child's outcomes cannot be met in the natural environment. If that is the case, then those reasons must be documented in the child's IFSP and a plan **must** be developed for returning services to the natural environment. Because of the small number of certified auditory verbal therapists available in Virginia, the natural environments requirement may be a barrier to those professionals being primary service providers within the Part C system. In most cases, another professional (such as a speech-language pathologist or educator of the hearing impaired) who has the expertise to support the family in implementing auditory verbal techniques would be the primary Part C service provider with the certified auditory verbal therapist as a consulting team member (at a frequency appropriate to the learning and support needs of the child, family and primary service provider).

3. Virginia has requested and is awaiting further guidance from the Office of Special Education Programs (OSEP) regarding whether cochlear mapping would be considered a medical or developmental service. That information will be forwarded to the field once clarification is received from OSEP.

Please note that families who wish to receive auditory verbal therapy services from a professional who does not meet a Part C highest standard or who provides those services only in a clinic setting (when the rest of the IFSP team has determined the outcomes can be met in a natural environment) is welcome to seek those services outside the Part C system.

The following relevant citations from Virginia's Part C Policies and Procedures are provided for your reference:

- The Lead Agency ensures that a periodic review of the IFSP for a child and family is conducted every six months or more frequently if conditions warrant VII. B.1.b)
- Because the needs of infants and toddlers change so rapidly, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings. (VII.B. 2.e - Note)
- Audiology includes:

- Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- Provision of auditory training; aural rehabilitation; speech reading and listening device orientation and training; and other services;
- Provision of services for the prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. (34 CFR 303.12 (d)(2))
- Health services include:
 - Services necessary to enable a child to benefit from the other early intervention services under this part... (34 CFR 303.13)
- Personnel who serve children with disabilities in Virginia must meet one of the highest standards, according to the Part C Personnel Standards Table . (IX.B.1)
- 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 in a natural setting. The IFSP includes a statement of the natural environment in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment. (XVII.A.2 & 3)

Thank you for your efforts to provide appropriate Part C supports and services to children with hearing impairments and those who are benefiting from cochlear implants, and to the families of those children. If you have additional questions regarding auditory verbal therapy or other issues related to cochlear implants, please feel free to contact your Part C Technical Assistance Consultant.