



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

December 18, 2002

Honorable Johnny V. Rullan
Secretary of Health
Maternal and Child Health
Call Box 70184
San Juan, Puerto Rico 00936

Dear Secretary Rullan:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted reviews in Puerto Rico during the weeks of January 21, 2002, and March 18, 2002, for the purpose of assessing compliance in the implementation of Part C of the Individuals with Disabilities Education Act (IDEA) and assisting Puerto Rico in developing strategies to improve results for children with disabilities.

The IDEA Amendments of 1997 focus on "access to services" as well as "improving results" for infants, toddlers, children and youth with disabilities. In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, the Puerto Rico Department of Health (PRDH), and parents and advocates in Puerto Rico. In conducting its review of Puerto Rico, OSEP applied the standards set forth in the IDEA 97 statute and in the Part C regulations. 34 CFR Part 303.

A critical aspect of the Continuous Improvement Monitoring Process is collaboration among a Steering Committee of broad-based constituencies, including representatives from the Puerto Rico Department of Education (PRDE), PRDH, and OSEP. The Steering Committee assessed the effectiveness of Puerto Rico's systems for ensuring improved results for children with disabilities and protection of individual rights. In addition, the Steering Committee is designing and coordinating implementation of concrete steps for improvement. Please see the Introduction to the Report for a more detailed description of this process in Puerto Rico, including representation on the Steering Committee.

This Report reflects OSEP's first monitoring review of Puerto Rico's Part C system. OSEP concentrated its review on areas closely associated with positive results for infants and toddlers and their families: Child Find and Public Awareness, Early Intervention Services in Natural Environments, and General Supervision. OSEP identified components for each major area as the basis of reviewing Puerto Rico's performance at the Commonwealth and local levels. Findings in the Report address areas that require corrective action because they represent noncompliance with the requirements of the IDEA, and technical assistance regarding improvement for best practice.

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Our mission is to ensure equal access to education and to promote educational excellence throughout the Nation.

As part of the Continuous Improvement Monitoring Process, Puerto Rico developed an Improvement Plan for Part C, based on the Self-Assessment that Puerto Rico submitted to OSEP. Puerto Rico submitted that Improvement Plan to OSEP on October 15, 2001. Puerto Rico must: (1) review the Improvement Plan; and (2) submit to OSEP, within 60 days of the date of this Report, an amended Improvement Plan with revised strategies, benchmarks, timelines, and evidence of change for all improvement strategies and specifically identify those that are necessary to ensure that each of the findings of noncompliance in this Report will be corrected within one year from the date of OSEP's approval of the revised Improvement Plan. It is important that PRDH work with its Steering Committee in developing improvement strategies that will ensure improved results for children with disabilities and their families, and timely and effective correction of the noncompliance.

The PRDH has indicated that this Report will be shared with members of the Steering Committee, the State Interagency Coordinating Council, the State Advisory Panel under Part B of the IDEA, and members of the public. OSEP will work with Puerto Rico's Steering Committee to develop corrective actions and improvement strategies to ensure improved results for infants and toddlers with disabilities and their families.

Thank you for the assistance and cooperation provided by your staff during our review. Throughout the course of the review Doctora Naydamar Otero and her staff were responsive to OSEP's requests for information and provided access to necessary documentation that enabled OSEP staff to work in partnership with the Steering Committee to better understand Puerto Rico's system for implementing Part C of the IDEA.

Thank you, also, for your continued efforts toward the goal of achieving better results for infants and toddlers with disabilities and their families in Puerto Rico. Today, families can have a positive vision for their children's future. While agencies have made great progress, significant challenges remain. The critical issue is to place greater emphasis on attaining better results. To that end, we look forward to working with you in partnership to continue to improve the lives of individuals with disabilities.

Sincerely,

Stephanie S. Lee
Director
Office of Special Education
Programs

Enclosures

cc: Dra. Naydamar Otero
Part C Coordinator

EXECUTIVE SUMMARY

This Report includes an introduction and a description of OSEP's findings and suggestions for improved results. It contains the results of the data collection activities conducted as part of the Office of Special Education's (OSEP) Continuous Improvement Monitoring Process (CIMP) of Part C of the Individuals with Disabilities Education Act (IDEA), in the Commonwealth of Puerto Rico during the week of March 18-22, 2002. OSEP's monitoring process is designed to focus resources on improving results for infants and toddlers with disabilities and their families through enhanced partnerships between OSEP, Commonwealth agencies, parents, and advocates. The Self-Assessment phase of the monitoring process included the organization of a Steering Committee and a series of public input meetings to obtain comment on the Self-Assessment. The Data Collection phase included reviews of children's records and interviews with Puerto Rico Department of Health staff, parents, agency administrators, local program administrators, service providers, service coordinators, and State Interagency Coordinating Council members.

This Report contains a detailed description of the results of the process utilized to collect data. OSEP's monitoring activities focused on Puerto Rico's implementation of Part C of the Individuals with Disabilities Education Act (IDEA). This data was used to determine areas of noncompliance with Part C of the IDEA, as well as areas for improvement.

As PRDH develops an improvement plan to address the areas of noncompliance identified in the Report, OSEP will provide assistance to PRDH and the Steering Committee to complete the improvement plan.

Early Intervention Services for Infants and Toddlers with Disabilities Part C of IDEA

Areas of Noncompliance

OSEP observed the following areas of noncompliance:

- Puerto Rico has not developed and implemented a monitoring system that ensures compliance with Part C, provides for the correction of deficiencies, and results in improved results for infants and toddlers with disabilities.
- Puerto Rico has not ensured that (1) the decision-making process at Individualized Family Service Plan (IFSP) meetings is individualized and results in infants and toddlers receiving services in natural environments and (2) each IFSP contains a justification statement when services are not provided in natural environments.
- Puerto Rico has not ensured that transportation is identified and provided as an early intervention service to enable an eligible child and the child's family to receive early intervention services.
- Puerto Rico has not ensured that services are provided in a timely manner.

Suggestions for Improved Results for Infants, Toddlers and their Families

OSEP provides the following suggestions for improved results for infants, toddlers and their families:

- Improve the coordinated child find and public awareness system to increase the number of eligible infants and toddlers, especially ethnic and culturally diverse populations, by providing information to all physicians regarding the interaction of early intervention referrals and services and the Government Health Reform Initiative and improving methods of informing families in rural and remote areas about early intervention services.
- Improve coordination of services by service coordinators by providing training for service coordinators on their role and the availability of resources to ensure that service coordinators provide this information to parents throughout Puerto Rico.
- Expand the types of professions or disciplines that are State approved or recognized to provide direct services to infants and toddlers with disabilities and their families.

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INTRODUCTION

Puerto Rico is a self-governing commonwealth in association with the United States. Located about 1000 miles southeast of Miami, Florida, in the Caribbean, the island of Puerto Rico is roughly the size of the state of Connecticut and has a general resident population of 3,800,000, one-third of which is concentrated in the capital area around San Juan-Carolina-Bayamon. The people of Puerto Rico are a cultural and racial mix. Although Spanish is the primary language, English is taught from kindergarten to high school as part of the school curriculum.

Under Law #51, enacted in 1994, the Puerto Rico Department of Health (PRDH) is the lead agency for the Infants and Toddlers with Disabilities Program under Part C of the Individuals with Disabilities Education Act (IDEA). The Puerto Rico Department of Education (PRDE) is responsible for providing educational services for children with disabilities ages three through 21. PRDH is responsible for implementing Puerto Rico's early intervention system and for providing early intervention services to eligible infants and toddlers ages birth to 36 months. PRDH also implements other related programs such as the Universal Newborn Hearing Screening Program, the Medical Home Project, and the Title V Children with Special Health Care Needs program. These programs and services are provided through a network of pediatric habilitation centers located in seven health regions: the San Juan metropolitan area, Arecibo, Bayamon, Caguas, Fajardo, Mayaguez, and Ponce. In addition, some private profit and non-profit organizations contract with PRDH to provide speech and occupational therapies. Part C services were historically provided at the Pediatric Habilitation Centers, but recent changes to the early intervention system have shifted service provision to more natural environments, especially the home.

PRDH has entered into interagency agreements with other Commonwealth-level agencies involved in the early intervention system. These interagency agreements include the financial responsibility of each agency, the procedures for resolving intra-agency and interagency disputes, and additional components necessary to ensure effective cooperation and coordination among all involved agencies. PRDH currently has interagency agreements with Head Start, the Puerto Rico Departments of Education and Family and Administration for Families and Children, the Puerto Rico Developmental Disabilities Council, the University of Puerto Rico Medical Sciences Institute on Developmental Disabilities, the University Affiliated Program, and the Office of the Ombudsman for Persons with Disabilities.

As part of OSEP's Continuous Improvement Monitoring Process (CIMP), PRDH organized and conducted a self-assessment of Puerto Rico's implementation of Part B and Part C of the IDEA. PRDH and the Puerto Rico Department of Education (PRDE) together selected a 47-member Steering Committee. Subcommittees of the Steering Committee addressed the Part C issues of: (1) location and identification of eligible infants and toddlers; (2) services in the natural environment; (3) family-focused services; (4) transition from Part C; and (5) supervision and monitoring of the Part C system. After gathering and compiling data from many sources, participants in the self-assessment activities identified areas in need of improvement (including areas where insufficient data impeded their ability to make a determination about compliance) and the activities and resources necessary to address the areas of need.

In preparation for the data collection visit to Puerto Rico, OSEP reviewed Puerto Rico's current Part C application, annual performance reports, annual child count data, IFSPs, other information about the birth-to-three population, and the Part C self-assessment document. In addition, OSEP conducted a visit to Puerto Rico in January, 2002, to gather additional information about Puerto Rico's early intervention system. Based on the review of this information and interviews with PRDH staff, OSEP determined that a data collection visit to Puerto Rico for Part C would be necessary.

During the week of March 18-22, 2002, OSEP visited the regions of San Juan, Arrecibo, Mayaguez, Ponce, and Fajardo. At the local sites, OSEP staff reviewed local policies and procedures, as well as conducted interviews with personnel responsible for implementation of Part C, including service coordinators, service providers, local interagency collaborators, and program administrators. At the Commonwealth level, OSEP interviewed PRDH administrators, interagency collaborators, and members of the Puerto Rico Interagency Coordinating Council.

In response to this Report, PRDH must develop an improvement plan to address the areas of noncompliance identified in the Report. OSEP is available to provide assistance to PRDH and the Steering Committee as it develops and completes the improvement plan.

I. GENERAL SUPERVISION AND ADMINISTRATION

The Puerto Rico Department of Health (PRDH), the lead agency for Part C, is responsible for developing and maintaining a Statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize the potential for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the State ensures that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervisory and administrative responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements, and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcing mechanisms to ensure correction of identified problems.

Data Collection

The General Supervision subcommittee of the Self-Assessment Committee analyzed information gathered in the area of General Supervision and Monitoring and identified areas of strengths and concerns. Among their findings, the General Supervision subcommittee identified the following needs: (1) to move from an informal monitoring system comprised of monthly regional meetings to a more formal comprehensive system that identifies and corrects noncompliance; (2) to develop a monitoring and self-assessment procedures manual and train all personnel on its use; (3) to develop and implement a complaint system, including procedures for reporting, investigating, resolving, and establishing corrective actions within required timelines; (4) to update interagency agreements to ensure they address changes in State law, and agencies' roles in service delivery and in the monitoring system; (5) to train all people connected with the early intervention system in all aspects of the system; and (6) to evaluate the funding system and develop a plan for maximal and effective use of funds, including invoicing private insurance companies and ensuring that early intervention services are covered by the government health plan. PRDH also acknowledged in its Self-Assessment that its informal monitoring process was inadequate.

Based on information obtained during OSEP's visit to Puerto Rico in January, 2002 to gather information from State staff and interagency collaborators about the Part C system, as well as through review of the Self-Assessment, local applications, and local and State procedures, OSEP identified monitoring as a concern to be addressed during its data collection visit.

¹ 34 CFR §303.24 defines State as including the Commonwealth of Puerto Rico. For the purpose of this report, the term "State" is inclusive of the Commonwealth of Puerto Rico.

During the week of March 18-22, 2002, OSEP staff collected additional information from direct interviews with service providers, service coordinators, administrators, parents, lead agency staff, and members of the State Interagency Coordinating Council related to the Lead Agency's responsibility for supervision and administration of the early intervention program. OSEP reviewed and analyzed the data and identified the following area of noncompliance.

Area of Noncompliance

Puerto Rico has not developed and implemented a monitoring system that ensures compliance with Part C, provides for the correction of deficiencies, and results in improved results for infants and toddlers with disabilities.

The regulations at 34 CFR §§303.501(a) and (b)(1)-(4) require the State Part C lead agency to be responsible for “the general administration and supervision of programs and activities” and the monitoring of programs and activities used by the State to ensure that the State is in compliance with the Part C requirements. In order to meet these requirements, the lead agency “shall adopt and use proper methods of administering each program, including - (1) monitoring agencies, institutions, and organizations used by the State to carry out this part; (2) enforcing any obligations imposed on those agencies under Part C of the Act and these regulations; (3) providing technical assistance, if necessary, to those agencies, institutions, and organizations; and (4) correcting deficiencies that are identified through monitoring.” 34 CFR §303.501(b).

OSEP finds that PRDH has not ensured compliance with the requirements of Part C through adequate monitoring of programs and activities that implement Part C in Puerto Rico. While Puerto Rico began developing monitoring activities in 2000 as part of its self-assessment process, OSEP has determined, based on its review of the proposed monitoring activities, that the proposed activities do not address all areas of an early intervention system, do not provide for the correction of deficiencies, and do not have action steps that would result in systems change and improved outcomes for infants and toddlers with disabilities. State staff told OSEP that Puerto Rico conducted Part C monitoring activities for the first time as part of the self-assessment process, and were not on a schedule to conduct monitoring activities on a regular basis. During its January, 2002 meeting with OSEP, State staff told OSEP they were in the process of developing the checklists and other monitoring tools necessary to begin monitoring on a regular basis.

OSEP interviews with service providers, PRDH agency staff, interagency collaborators, the State interagency Coordinating Council, local program providers and administrators at all sites visited by OSEP confirmed that the monitoring activities did not meet the monitoring requirements of Part C at 34 CFR §§303.501(a) and (b)(1)-(4). There is a general lack of understanding in the regions about the necessary components of a comprehensive, formal monitoring system. In one region, service coordinators and service providers were not aware of any monitoring by PRDH, but instead discussed local monitoring activities such as local staff discussions of progress and issues, interviews with parents by local program supervisors; and program supervisors asking clinic supervisors what occurs at IFSP meetings. Service coordinators in another region were unaware of whether monitoring activities had been undertaken by PRDH. Parents in this region were not aware of State-level monitoring. A medical director in one region reported that the local

agency was monitored by PRDH in October 2000. These “monitoring activities” included parent and staff interviews, file reviews, child count data, work plans, referral management plans, waiting lists, and all reports compiled by the local agency. According to the medical director, even though PRDH provided verbal feedback on the results of the “monitoring activities,” PRDH did not issue a report.

OSEP also found that PRDH does not correct deficiencies when deficiencies are identified. In the one area visited by OSEP where PRDH had conducted monitoring activities (as noted in the previous paragraph), the medical director reported that PRDH had visited the agency since the October 2000 monitoring visit but had not discussed with the region’s staff the issues that PRDH identified during the monitoring visit nor did PRDH issue a report. The medical director in that region was unaware of any follow-up activities by PRDH to ensure that the agency had corrected the identified areas on non-compliance.

To meet the requirements of 34 CFR §§303.501(a) and (b), Puerto Rico must adopt and use monitoring methods that measure the administration of each program, including monitoring agencies, institutions, and organizations that implement the Part C program in Puerto Rico. Deficiencies identified by PRDH through the monitoring process must be addressed through some formal method and PRDH must develop methods for determining when deficiencies have been corrected. OSEP will continue to work collaboratively with PRDH to ensure the development and implementation of appropriate methods of monitoring that meet the requirements in 34 CFR §303.501.

II. CHILD FIND AND PUBLIC AWARENESS

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration for service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families. With the passage of Part H in 1986 (now Part C), Congress sought to ensure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented, (e.g., minority, low-income, inner-city, American Indian and rural populations) through an interagency, coordinated, multidisciplinary system of early intervention services.

Each State's early intervention system must include child find and public awareness activities that are coordinated and collaborated with all other child find efforts in the State. Part C recognizes the need for early referral and short timelines for evaluation because development occurs at a more rapid rate during the first three years of life than at any other age. Research in early brain development has demonstrated what early interventionists have known for years: that children begin to learn and develop from the moment of birth. Therefore, identifying children with disabilities and providing timely early intervention services to infants and toddlers with disabilities are critical.

Data Collection

The subcommittee on Public Awareness and Comprehensive Case Identification System of Puerto Rico's Self-Assessment Committee analyzed information gathered in the area of child find and public awareness. They identified several achievements on various indicators, including: (1) a fifteen percent (15%) increase in children served between 1998 and 1999, attributed to the use of pediatrician and hospital system referral sheets and plans for identification and referrals at each pediatric center; (2) identification and referrals tripled between 1997 and 2000; (3) interagency agreements contain explicit language regarding cross-agency referral procedures and are in place with the Departments of Education and Family, Administration for Families and Children; Head Start; Puerto Rico Developmental Disabilities Council; University of Puerto Rico Medical Sciences Institute on Developmental Disabilities; University Affiliated Program; and Office of the Ombudsman for Persons with Disabilities.

The Puerto Rico Self-Assessment also identified concerns regarding child find and public awareness linked to the overarching need for a public awareness master plan to address the need for: (1) a uniform referral form and accessible materials; (2) consistent data collection and compilation procedures; (3) public awareness activities, including distribution of public awareness materials by primary referral sources; (4) efforts to improve outreach to minority and culturally and ethnically diverse groups; (5) additional referral sources such as the Women, Infants, and Children Program (WIC), Birth Registry offices, Medicaid, and Department of Family; and (6) improving parent participation in public awareness activities.

OSEP reviewed Puerto Rico's Self-Assessment and other documents and identified the following issues to be investigated during the Data Collection week: (1) coordination of all child find

activities; and (2) location and identification of all children who may be eligible, especially ethnic and culturally diverse populations.

To investigate these child find and public awareness issues, OSEP collected data from parents, service providers, service coordinators, local program staff, interagency collaborators, State Interagency Coordinating Council members, and State personnel. OSEP makes the following suggestions for improved results for infants, toddlers, and their families.

Suggestions for Improved Results for Infants, Toddlers, and Their Families

Each State's child find system must include the policies and procedures that the State will follow to ensure that: (1) all infants and toddlers in the State who are eligible for services under Part C are identified, located, and evaluated and (2) an effective method is developed and implemented to determine which children are receiving needed early intervention services. 34 CFR §303.321(b). The lead agency, with the assistance of the State Interagency Coordinating Council, must ensure that the child find system under Part C is coordinated with all other major efforts to locate and identify children conducted by other State agencies. The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for an evaluation and assessment or, as appropriate, the provision of services. 34 CFR §303.321. Each system must also include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation. 34 CFR §303.322(a).

An effective public awareness program includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The system provides for informing the public about the State's early intervention program, how to make referrals, how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and a central directory. In addition, the system: (1) is a continuous, ongoing effort in effect throughout the State, including rural areas; (2) provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in Part C, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations; (3) has coverage broad enough to reach the general public, including those who have disabilities; (4) includes a variety of methods for informing the public about early intervention; and (5) is culturally appropriate.

Puerto Rico should improve the coordinated child find and public awareness system to increase the number of eligible infants and toddlers, especially ethnic and culturally diverse populations. OSEP makes the following suggestions for improvement in the area of child find and public awareness.

1. Provide information to all physicians regarding the interaction of early intervention referrals and services and the Government Health Reform Initiative.

A statewide system of early intervention services must include a public awareness program, including procedures for primary referrals, that focuses on the early identification of children

who are eligible to receive early intervention services. 34 CFR § 303.320. Physicians in Puerto Rico are in a unique position to assist families in accessing the resources in the early intervention system. However, information gathered from parents, service providers, and service coordinators in four regions suggests that misperceptions about the Government Health Reform system is a barrier to obtaining referrals from primary care physicians. For instance, OSEP was told by service coordinators that some private physicians fail to make timely referrals and believe it necessary to obtain authorization prior to making a referral, believe their monthly allocation from the State government will be reduced according to the number of children they refer to early intervention services, or believe that they will be responsible for paying for expensive medical examinations resulting in doctors exceeding their capitation rate. OSEP suggests that PRDH expand its efforts to increase outreach to physicians regarding early intervention referrals and the relationship of the Government Health Reform to the early intervention system to help physicians better understand the services and financial responsibilities of each program. Expanded outreach activities could include appointing physicians to the steering committee or including physicians in the development of training and outreach materials.

2. Improve methods of informing families in rural and remote areas about early intervention services.

Each State's early intervention system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services. The public awareness program must include the preparation and dissemination to all primary referral sources of culturally relevant materials for parents on the availability of early intervention. Effective public awareness programs should be on-going, include a variety of methods, and have coverage broad enough to reach the general public to inform it about the provision of early intervention services. 34 CFR §303.320.

While public awareness activities are conducted throughout Puerto Rico, parents, service coordinators, and administrators told OSEP that greater efforts need to be made to reach more families in rural and remote areas. OSEP suggests that Puerto Rico ensure that culturally appropriate materials are disseminated to increase the awareness of families about Part C program culturally appropriate materials and improve methods to increase the awareness of families in remote and rural areas about the Part C program in remote and rural areas. PRDH may want to consider focusing outreach in these more remote regions by providing materials at schools for students in these areas to take home to their parents, coordinating outreach efforts with participants of the Women, Infant and Children Program, and disseminating information through rural churches and community groups.

III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

In creating the Part C legislation, Congress recognized the urgent need to ensure that all infants and toddlers with disabilities and their families receive early intervention services according to their individual needs. Three of the principles on which Part C was enacted include: (1) enhancing the child's developmental potential; (2) enhancing the capacity of families to meet the needs of their infant or toddler with disabilities; and (3) improving and expanding existing early intervention services being provided to children with disabilities and their families.

To assist families in this process, Congress also requires that each family be provided with a service coordinator, to act as a single point of contact for the family. The service coordinator assures the rights of children and families are provided, arranges for assessments and IFSP meetings, and facilitates the provision of needed services. The service coordinator coordinates required early intervention services, as well as the medical and other services the child and the child's family may need. With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies and trying to coordinate their own service needs.

Part C requires the development and implementation of an IFSP for each eligible child. The evaluation, assessment, and IFSP process is designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family, related to enhancing the development of their child, are conducted within 45 days of the initial referral. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessments, in determining the appropriate services needed to meet the needs.

The IFSP must include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and places where their non-disabled peers would be found, so that they will not be denied opportunities that all children have to be included in all aspects of our society. In 1991, Congress required that early intervention services be provided in natural environments. This requirement was further reinforced by the addition of a provision in 1997 that early intervention could occur 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. In the event that early intervention cannot be satisfactorily achieved in a natural environment, the IFSP must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

Data Collection

The Early Intervention Services in Natural Environments subcommittee of Puerto Rico's Self-Assessment Committee analyzed information gathered in the area of early intervention services in natural environments. It identified several achievements including: (1) all evaluations were performed by specialized personnel; (2) 100% of eligible children were assigned a service

coordinator; and (3) 96% of the parents surveyed indicated they understood the results of their child's evaluations and believed that they had participated in the process.

The Self-Assessment subcommittee also identified a number of concerns and areas needing improvement, including the need to: (1) develop a family-centered curricula; (2) provide information about natural environments to service providers working in sites such as Pediatric Centers; (3) address differences in wages between service providers employed by the PRDH and contract providers; (4) address personnel shortages, especially speech pathologists and service coordinators; (5) ensure that children and parents are transported to assessment locations, as well as transported to IFSP service locations; (6) address issues about IFSP meetings, including contents of IFSPs and the decision-making process about natural environments, and (7) provide all services in a timely manner.

OSEP reviewed the Puerto Rico self-assessment and other documents and identified the following issues to be investigated: (1) the manner in which service coordinators coordinate all services; (2) the decision-making process at IFSP meetings to determine where and how services are provided in natural environments; (3) the lack of a justification statement in IFSPs if any service is not provided in the natural environment; and (4) the provision of all needed early intervention services, including transportation to enable the provision of other services.

To investigate these issues, OSEP collected data from parents, service providers, service coordinators, local program staff, interagency collaborators, State Interagency Coordinating Council members, and State staff. OSEP reviewed and analyzed the data and identified the following areas of non-compliance and suggestions for improved results for infants, toddlers, and their families.

A. Areas of Noncompliance

1. Puerto Rico has not ensured that (1) the decision-making process at IFSP meetings is individualized and results in infants and toddlers receiving services in natural environments, and (2) each IFSP contains a justification statement when services are not provided in natural environments.

The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified on the IFSP, including the natural environments (as described in 34 CFR §303.12(b) and 34 CFR §303.18) 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. 34 CFR §303.344(d)(1)(ii). The provision of early intervention services occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. 34 CFR §303.167(c)(2).

The IFSP process requires that the participants at the IFSP meeting, which includes the parents, determine the services to be provided based on the child's needs, as well as the natural environments in which the services will be provided. 34 CFR §303.344(d)(1). Decisions cannot be based solely on parent or agency choice, the decision of a single participant at the IFSP

meeting, or on the availability of a service provider. While participants in an IFSP meeting must carefully consider family routines and priorities, family "choice" does not diminish the responsibility of the participants at the IFSP meeting to develop the IFSP, including ensuring the provision of early intervention services in natural environments. If the participants determine that the early intervention needs of an infant or toddler can be met in a natural environment, the written justification for not providing a service in a natural environment cannot be "parent or agency administration choice."

Information gathered by OSEP indicates that the decision-making process at IFSP meetings does not necessarily result in services being provided in natural environments. In four of the regions visited by OSEP, service coordinators, service providers, administrators, and parents reported that services, especially speech services, are provided in centers when the family prefers center-based services. They reported that the justification form in the IFSP is filled out to reflect the parents' choice or preference and includes justifications reflecting that: (1) families do not feel capable of providing services to their children and view home-based services as inadequate or inappropriate; (2) some families, especially those from rural areas, request center-based services so that the family can go to the city to take care of other family needs; and (3) children like the toys and equipment at the centers and pay more attention to the therapist at the center. Additionally, an administrator reported that when children cannot be provided individual services due to provider unavailability, group services are provided until the waiting list is reduced. In one of the regions visited by OSEP, the agency administrator reported that the home was the only service location. The delivery of services in any other natural environment is not considered in that region.

Information gathered by OSEP does not indicate that decisions at IFSP meetings regarding natural environments are made on an individualized basis. PRDH revised its policies in 2001 in order to decrease the number of services provided in medical centers and increase the number of services provided in home-based natural environments. Service coordinators, service providers, and administrators in several regions reported that they contact families to counsel them about receiving services at home. Administrators and service providers in two regions cited resistance from families to receiving services in the home as a continuing reason for providing center-based services.

OSEP finds that PRDH has not ensured that (1) the decision-making process at IFSP meetings is individualized and results in infants and toddlers receiving services in natural environments, and (2) IFSPs contain justification statements when services are not provided in natural environments. PRDH must ensure that (1) the decision-making process at IFSP meetings is individualized and results in infants and toddlers receiving services in natural environments, and (2) IFSPs contain justification statements when services are not provided in natural environments.

- 2. Puerto Rico has not ensured that transportation is identified and provided as an early intervention to enable an eligible child and the child's family to receive early intervention services.**

“Transportation and related costs” is an early intervention service that must be provided in conformity with an IFSP and at no cost (unless subject to a State system of payment by families). 34 CFR §303.12(a). “Transportation and related costs” includes the cost of travel including mileage, or travel by taxi, common carrier, or other means; and other costs, such as tolls and parking expenses where transportation is necessary. 34 CFR §303.12(d)(15). Each IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes listed in the IFSP, including the method of providing the service. 34 CFR §303.344(d)(2)(ii).

Service providers, service coordinators, administrators, and parents in five regions visited by OSEP reported serious difficulties with transportation and cost reimbursements. Parents reported waiting for reimbursements anywhere from 60 days to two years. Families are expected to pay expensive parking costs at centers but, according to service coordinators in one region, do not request reimbursement because the process takes too long. Although PRDH does not have a fee schedule for transportation and related costs, an administrator in one region reported that the service coordinator assesses the family’s need for transportation during the intake process and families unable to pay for transportation must apply for assistance at the Medicaid office in their community in order to utilize Medicaid transportation services. Families who do not meet the income guidelines to be eligible for Medicaid are not informed of other transportation options. In another region, parents and administrators agreed that transportation is not discussed at IFSP meetings or at any other time during the IFSP process. Parents in another region reported that reimbursement for transportation is not mentioned or provided. Service coordinators, service providers, and administrators were unable to articulate whether transportation was discussed during the IFSP process.

OSEP found through interviews with PRDH staff, service coordinators, and local administrators that there is inconsistent understanding about whether and which funds are available to pay for transportation costs for Part C eligible children. Staff reported that transportation money is available from pediatric centers. Service coordinators in one region said that the early intervention system does not pay for transportation and that families who meet income guidelines for reimbursement are provided forms for taxis and sent to apply for assistance at their local Medicaid office. Administrators in another region reported that families could be reimbursed for transportation with early intervention funds. One regional director reported using Part C “petty cash” to cover immediate transportation needs but providers and agency personnel were not aware of the process to use “petty cash.”

Parents, service providers, and service coordinators told OSEP that lack of transportation is a factor preventing children and families from receiving all needed services. In one region, parents reported that they did not have sufficient transportation to get their child to a center for services where all services for their child are provided. Service coordinators and service providers in the same region reported that they become aware of transportation difficulties when parents and children miss services or fail to return for follow-up services at pediatric centers. In another region, the director of a Medicaid office reported having to limit the population to which transportation is provided because Medicaid must look at factors such as income, medical condition, size of the family, or social condition such as disability or elderly. An administrator in one region reported that a lack of transportation impacts on the timely completion of evaluations.

Service coordinators and service providers in another region concurred that lack of transportation can delay some services.

Information provided to parents about the availability of and reimbursement for transportation is not consistent across regions. In one region, parents indicated that they are told about transportation but that they have not received any reimbursement. A service coordinator reported, however, that transportation information is not part of the orientation process if families do not meet income guidelines. In another region, an administrator reported that transportation can be reimbursed if needed, but parents were not aware of this possibility. Parents concurred that service coordinators do not ask about all services a family might need, including transportation. Parents in another region reported that reimbursement for transportation is not mentioned or provided. A service coordinator in that region determines eligibility for transportation when there is a disruption in attendance for services. Service coordinators, service providers, and administrators were unable to articulate whether transportation is discussed during IFSP meetings even though new IFSP forms include a place to record the discussion about transportation.

OSEP finds that PRDH has not ensured that transportation is provided to enable eligible children and the child's family to receive early intervention services. PRDH must ensure that transportation is (1) discussed during the IFSP process to determine if necessary to enable an eligible child and her/his family to receive early intervention services; (2) provided to enable eligible children and the child's family to receive early intervention services; and (3) raised as an issue with all regional staff and included in training materials provided to staff so that consistent information is disseminated.

3. Puerto Rico has not ensured that early intervention services are provided in a timely manner.

A public agency must complete the evaluation and assessment activities and hold an IFSP meeting within 45 days of receiving a referral. 34 CFR §303.321(e). Services must begin as soon as possible after the IFSP meeting. 34 CFR §303.344(f).

OSEP staff found delays in provision of services contained in IFSPs in all five regions visited. Speech services, including evaluations and therapy, were the most frequently cited services with waiting lists. Shortages of speech therapists and speech pathologists were typically stated bases for the waiting lists. Parents and service providers in one region reported that children have to wait as long as three months for speech services. An administrator in one region reported that 25 children are waiting for initial speech evaluations and 11 children are waiting for speech therapy. An administrator in another region reported approximately 100 children waiting for speech services at any given time. Service providers, a coordinator, and an administrator in two other regions reported that children have to wait to receive speech services but did not state how many children had to wait for services at any given time.

Administrators, parents, service providers, and service coordinators also reported delays in the provision of other services, including physical therapy, occupational therapy, transportation, and oral-motor feeding services. One administrator reported a waiting list of 15-20 children for

occupational therapy. Service providers, service coordinators, and administrators in two areas reported a delay in providing speech services and occupational therapy.

OSEP finds that PRDH has not ensured that early intervention services are provided in a timely manner. PRDH must ensure that early intervention services are provided in a timely manner, including immediately addressing the shortages in speech therapists and other personnel.

B. Suggestions for Improved Results for Infants, Toddlers, and their Families

1. Improve coordination of services by service coordinators by providing training for service coordinators on their role and the availability of resources to ensure that service coordinators provide this information to parents throughout Puerto Rico.

Service coordinators must carry out activities to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program. 34 CFR §303.23. OSEP obtained inconsistent information regarding the adequacy of service coordination services. Service coordinators in three regions reported meeting their duty to locate and coordinate services. Service coordinators in another region reported their reliance on families to inform them if a service is not being provided or is ineffective. An administrator in one region did not know how service coordinators monitor the delivery of services. A parent in one region reported that service coordinators did not seem to know all the resources to which parents could be referred. OSEP suggests that PRDH continue its staff development activities to ensure effective service coordination and include methods to monitor effective service coordination in the comprehensive monitoring system.

2. Expand the types of professions or disciplines that are State approved or recognized to provide direct services to infants and toddlers with disabilities and their families.

To address the provision of services in a timely manner (previously identified in this section), Puerto Rico may consider developing an early childhood developmental specialist as a professional field as a provider of direct services to infants and toddlers with disabilities and their families. Many States have utilized early childhood specialists to enhance the capacity of the lead agency to provide services to eligible children and their families. As a result, waiting lists can be reduced or eliminated by expanding the number and types of personnel certified to provide direct services to children and their families.

In this service delivery model, the therapist completes evaluation in their specialty area, and provides therapy for children whose condition warrants the specialized service. The early childhood developmental specialist provides services such as special instruction, parent training and developmental services to eligible children and their families. The early childhood interventionist can provide developmental services in areas such as motor and language development. In addition, paraprofessionals who work under the direction of therapists and specialists, can enhance the service delivery capacity.

