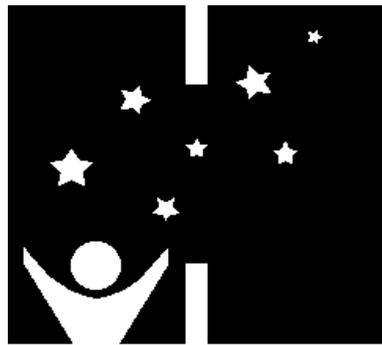


Interagency Agreement for the
Delaware Early Intervention System
Under Part C of the
Individuals with Disabilities Education Improvement Act of 2004

DATE: November 2006



BIRTH TO 3

TABLE OF CONTENTS

Signatures.....	3
Purpose Statement	4
Vision To Guide Program Implementation	5
Authority	6
Objectives of the Birth to Three Early Intervention System.....	6
Agency Responsibilities.....	8
DEPARTMENT OF HEALTH & SOCIAL SERVICES.....	8
DEPARTMENT OF EDUCATION.....	14
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & FAMILIES.....	15
INTERAGENCY RESOURCE MANAGEMENT COMMITTEE	16
Financial Matters	16
Provision of Services Under Part C	17
Individualized Family Service Plan (IFSP) and Direct Services	
Child Find and Service Coordination	18
Transition	19
Supervision and Monitoring.....	20
Personnel Development.....	21
Due Process Hearing	22
Procedures To Resolve Disputes Regarding Program And Fiscal Issues	22
Reauthorization Schedule And Negotiation Procedures.....	23
APPENDIX A (Interagency Task Force).....	24
APPENDIX B (Part C Model Flow Chart)	25

Signatures

Cari DeSantis, Secretary Date
Department of Services for Children, Youth & Families (DSCYF)

Valerie Woodruff, Secretary Date
Department of Education (DOE)

Vincent P. Meconi, Secretary Date
Department of Health & Social Services (DHSS)

Purpose Statement

The purpose of this agreement is to ensure collaboration in the continuation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and/or developmental delays who are eligible under Part C of the Individuals with Disabilities Education Improvement Act of 2004(IDEA). Part C of IDEA, which is administered by Delaware Health and Social Services, provides funding and management to support a statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. The operations of the Part C Birth to Three Early Intervention System is carried out by Child Development Watch (CDW). This system is designed to ensure the availability and accessibility of early intervention services for all eligible children and their families.

The agencies involved in this agreement are: The Department of Health and Social Services (DHSS) - including the Division of Public Health (DPH), the Division of Management Services (DMS), the Division of Developmental Disabilities Services (DDDS), the Division for the Visually Impaired (DVI), and the Division of Medicaid and Medical Assistance; the Department of Education (DOE); and the Department of Services for Children, Youth and Their Families (DSCYF) - including the Division of Family Services (DFS), the Division of Child Mental Health (DCMH), and the Division of Management Support Services (DMSS).

This agreement specifies the roles and responsibilities of the participating agencies and provides guidance for its continuation. All parties to this agreement are referred to as agencies. Each agency was represented on the Interagency Agreement Task Force. The membership of the task force is included in Appendix A.

State departments have authority to manage the provision of services through contracts, grants, policies and procedures, or regulations. It is the intent of this agreement to ensure the following:

1. The continuation of an interactive, cooperative relationship at the State level which results in effective and efficient services and supports for eligible infants, toddlers and their families, and minimizes duplication of such services and supports.
2. Cooperative fiscal planning which will maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with disabilities and/or developmental delays and their families.

Vision To Guide Program Implementation

The mission of this statewide effort is to enhance the development of infants and toddlers with disabilities and developmental delays, and to enhance the capacity and abilities of their families to meet the special needs of these young children.

A comprehensive, coordinated early intervention system that empowers families, makes available resources to enable their children to reach their maximum potential, and provides long term benefits to the children, their families and the Delaware community. Such an effort reflects the national and state goal that all children start school ready to learn.

Principles of the program:

- * **Family-centered focus** Delaware has a commitment to strengthening and supporting families. As the primary influence in the child's life and the most knowledgeable source of information about the needs of the child and family, family members should be included in each step of service design and delivery. A key function of service providers is to enhance and build the capacity of the family to meet their own needs. Furthermore, the program will be sensitive to the family's right to privacy and to multi-cultural differences.
- * **Integration of services** The needs of infants and toddlers and their families require the perspectives of various disciplines; thus, services should be planned using a collaborative, multidisciplinary, interagency approach. Services and supports should occur in settings most natural and comfortable for the child and family. The development of a natural system of supports within a family's community should be promoted at all times. Existing services and programs, both public and private, should be supported with appropriate linkages promoted.
- * **Universal application** Families throughout Delaware with infants and toddlers with disabilities or developmental delays should receive comprehensive, multidisciplinary assessments of their young children, age's birth through 36 months, and have access to all necessary early intervention services.
- * **Cost effectiveness** The system should maximize the use of third party payment, and avoid duplication of effort.
- * **High quality services** Services should be provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

Authority

The responsibilities and objectives delineated in this agreement are derived from the following federal and state legislation which requires collaboration with other related federal and state initiatives:

- .. Part B and Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA);
- Delaware Law to Amend Chapter 2 of Title 16 of the Delaware Code Subchapter II - Infants and Toddlers Early Intervention Program;
- .. Public Law 100-146, The Developmental Disabilities Assistance and Bill of Rights Act;
- .. Title XIX, Medicaid, of the Social Security Act;
- .. Title V, Maternal and Child Health Block Grant, of the Social Security Act;
- .. Title IV, Grants to States for Aid and Services to Needy Families with Children and for Child Welfare Services, of the Social Security Act;
- .. The WIC Program - The *Special Supplemental Nutrition* Program for Women, Infants, and Children;
- .. The Child Care and Development Block Grant enacted under OBRA'90;
- .. The Head Start Act; and
- .. The Americans with Disabilities Act of 1990.

Objectives of the Birth to Three Early Intervention System

Each agency agrees to support the attainment of the following objectives of the Birth to Three Early Intervention System. Agencies agree:

1. To coordinate the provision of services and to ensure the availability of all necessary services to eligible children and their families;
2. To participate in the IFSP (Individualized Family Service Plan) process as needed for children and families with whom the agencies are involved;
3. To participate in and provide information, on a timely basis, to the state ISIS (Integrated Service Information System) data system, and to supply data on Part C eligible children so that accurate and unduplicated counts can be given to the U.S. Department of Education;
4. To participate in the design and provision of cooperative interagency and multidisciplinary training opportunities for parents and service providers;
5. To provide appropriate information to the Birth to Three Central Directory of services;

6. To collaborate on and participate in Birth to Three public awareness activities;
 7. To include parents as active participants in policy development, program development and service provision for their child with disabilities;
 8. To provide early intervention services in accordance with Delaware Child Development Watch Policies and Procedures and Child Development Watch Standards; and to assure the quality of service providers and service delivery in providing comprehensive early intervention to Part C eligible children.
 9. To support participation in and representation on the State (ICC) Interagency Coordinating Council, committees and task forces by their appropriate staff; and to consider the recommendations of the ICC;
 10. To develop and support joint budget requests to the state legislature to ensure the maximum utilization of existing resources and to assist in securing additional state resources as needed;
 11. To develop and support policies to ensure services will be provided in natural environments to the maximum extent appropriate to the needs of the child;
 12. To follow the procedural safeguards developed for the Part C Birth to Three Early Intervention System under Part C of IDEA;
 13. To share information in accordance with applicable federal and state confidentiality requirements;
 14. To support development and use of appropriate interagency forms and procedures;
 15. To collaborate on the development of policies to ensure that traditionally underserved groups (including minority, low-income, rural families, and families with infants and toddlers with disabilities who are homeless) are meaningfully involved in the continued planning and implementation of the Birth to Three Early Intervention System and that these families have access within their geographic areas to culturally sensitive services;
- and
16. To support policies and procedures for a comprehensive system of personnel development.

Agency Responsibilities

The ultimate responsibility for the Part C Birth to Three Early Intervention System rests with the lead agency, the Department of Health and Social Services with the advice and assistance of Delaware's Interagency Coordinating Council. However, each agency agrees to continue existing

responsibilities already under their agency and to participate in the overall coordination and implementation of services. The following narratives describe the specific roles and responsibilities currently held by each agency.

DEPARTMENT OF HEALTH & SOCIAL SERVICES

The mission of the Department of Health and Social Services (DHSS) is to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self sufficiency, and protecting vulnerable populations. The following agencies within DHSS participate in the Birth to Three Early Intervention System.

Services in the Division of Management Services

The Division of Management Services (DMS) is the administrative office for the Part C Birth to Three Early Intervention System under IDEA. This office provides funding, coordination of training, technical assistance and management to support the statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. This office is responsible for developing and coordinating resource materials, public awareness information and activities; monitoring compliance with federal guidelines; completing federal reporting requirements; and securing federal and state funding.

Services in the Division of Developmental Disabilities Services

The Division of Developmental Disabilities Services (DDDS) offers services, as part of Child Development Watch, to children birth to three years of age who are at extremely high risk for developmental delays or with established conditions and their families, as outlined in the Memorandum of Understanding approved between DDDS, DMS and DPH. These services, provided by Advanced Practice Nurses with expertise in neuro-developmental pediatrics, include developmental assessment, intervention for developmental and/or medical problems, family service coordination, and facilitation of the role of parents as primary advocate and teacher for their child. The Advanced Practice Nurses also serve as consultants to other service coordinators, physicians, and public and private agencies.

Respite

DDDS offers different types of respite experiences depending on the needs of the individuals and family requesting the service. Respite is a term used to identify a situation in which an individual who meets the criteria of the Division is given a period of temporary relief or rest. They experience a social/recreational experience in the community while their family is afforded a period of relief from the daily care responsibilities. The length of the respite is pre-determined according to the family's need and the availability of resources. Respite mainly takes place in the private home of a DDDS screened and qualified provider. However, a provider may come to the family's home to care for the individual or the family may choose their own provider. Any infant, child or adult who meets the criteria of the Division and who is a resident of Delaware is eligible for the program. Requests for services may be made through the Intake Coordinator or the regional respite coordinator of DDDS.

Residential Services

Under the Omnibus Budget Reconciliation Act of 1987 (OBRA), DDDS will work with a family who is referring a child for long term care outside the home. DDDS is responsible for determining if the child is eligible for placement, could benefit from specialized services and is nursing home appropriate. DDDS provides case management, which advocates for services the child needs and coordinates the services the child receives. For children under three years of age, the OBRA case manager and the Child Development Watch service coordinator work together to provide services.

Services in the Division of Medicaid and Medical Assistance

Delaware Medicaid pays for medically necessary services that are ordered by a physician for persons determined to meet the Medicaid eligibility requirements. Services for which reimbursement is available are those which are approved in the State Plan for Medical Assistance. These services may be provided as part of the basic benefit package of the Diamond State Health Plan (Medicaid managed care), or they may be provided through the Medicaid fee-for-service system.

Under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), reimbursement for non-state plan covered services may be obtained if the services are medically necessary, are the result of an EPSDT screen, and are allowable under Section 1905(a) of the Social Security Act. Reimbursement may require prior authorization from a managed care organization or from the Medicaid Program.

Medicaid eligibility determinations are made by the Division of Social Services and, in the case of Supplement Security Income (SSI) recipients, the Social Security Administration. Recipients are eligible as "categorically needy". Medicaid will not pay for care or services rendered before the beginning date of eligibility or after the end date of eligibility.

By Federal regulation, Medicaid is the payer of last resort. If a recipient has access to other health insurance, that payment source must be utilized before Medicaid reimbursement can be made. The existence of Part C funds notwithstanding, Medicaid is obligated to pay for allowable services covered through the EPSDT Program.

Medicaid is required to establish interagency collaborative activities with related agencies and programs in order to address the goals of:

- Containing costs and improving services by reducing service overlaps or duplications, and closing gaps in the availability of services;
- Focusing services on specific population groups or geographic areas in need of special attention; and
- Defining the scope of the programs in relation to each other.

Agencies and programs with which Medicaid is required to coordinate include Title V programs, state agencies responsible for administering health services and vocational rehabilitation services, Head Start, WIC, school health programs (including IDEA), and social services

programs under Title XX. Linkages with these programs may be made via managed care organizations or directly with the Medicaid Program.

Federal regulations permit Medicaid to pay for services provided to Medicaid beneficiaries under Title V and for those Medicaid allowable services covered in an IEP or an IFSP. Medicaid allowable services prescribed in an IFSP are deemed to be medically necessary when authorized by the Primary Care Physician of a child eligible for the Child Development Watch program.

Delaware Healthy Children Program

Children in families with incomes too high to qualify for Medicaid may qualify for the Delaware Healthy Children Program (DHCP). The DHCP is a low cost, non-Medicaid, non-entitlement health insurance program for uninsured children under age 19. Children who have been uninsured in the six months prior to application and whose family income is between 100% and 200% of the federal poverty level may be eligible for the Delaware Healthy Children Program. Children in families with income less than 100% of the federal poverty level must be enrolled in Medicaid. The DHCP allows for some income disregards, so families slightly over the limit should still apply.

Families can file an application by calling 1-800-996-9969. Proof of income, child's age, and social security number are required. The application process can all be done by mail.

There are low cost monthly premiums based on family income. Premiums are \$10, \$15, or \$25 per family per month (not per child). Children are guaranteed 12 months of coverage if premiums are paid. There are incentives to prepay premiums. There are no co-pays or deductibles except for a \$10 co-pay for inappropriate use of the emergency room.

Families may choose one of two managed care organizations to provide comprehensive health benefits which include: well-baby and well-child checkups, immunizations, hospital care, physician services, lab, x-rays, medical equipment, therapy services, emergency ambulance services, and limited mental health services. Prescription drugs and more extensive mental health services are provided as a wraparound benefit. Because the DHCP is not an entitlement program, there is no EPSDT mandate as there is in the Medicaid program. Reimbursement of services may require prior authorization from the child's managed care organization.

The Division of Social Services makes eligibility determinations for the Delaware Healthy Children Program. The monthly premium must be paid for coverage to begin.

Services in the Division for the Visually Impaired

The Division for the Visually Impaired (DVI) provides education services for infants diagnosed by an eye physician as having a severe visual impairment. This includes infants diagnosed as being partially sighted or legally blind. Upon referral, DVI collects medical information and conducts a functional visual evaluation, and other developmental assessments, as needed. A representative

from the Division for the Visually Impaired must serve as the qualified professional on the team who is responsible for determining the initial eligibility for the visual impairment.

Other services provided to an infant aged birth to three include:

- Direct educational intervention in compensatory skills such as vision stimulation, and pre-Braille; and in developmental domains when developmental skills are being impacted by vision loss.
- Educating family/caretakers about the specific visual impairment and its' impact;
- Orientation and mobility on a pre-skill level; and
- Providing information and support to families who are transitioning their child to a school setting.

Services in the Division of Public Health

The Division of Public Health (DPH) is the official health agency of the state with a broad mission “to protect and enhance the health of the people of Delaware”. This mission is carried out through health surveillance, planning, policy and standard setting, program evaluation and health care system development to assure adequate service accessibility. DPH partners with primary care providers and community health care providers such as community health centers to augment the continuity and comprehensiveness of the community services and to enhance the early case finding/outreach and prevention aspects of the services. DPH directly provides clinical services related to infectious disease screening, diagnosis, treatment, contact tracing and service coordination for all citizens regardless of income or insurance status (i.e., Tuberculosis, STD). Other clinical services provided by DPH include dental services for Medicaid-eligible children and immunizations for uninsured and underinsured children. It also acts as an alternative source of community based care for sensitive services for which some individuals seek health care outside of the traditional private sector or separate from their medical home (i.e. family planning, HIV counseling and testing). Public Health’s clinical services are provided at multiple State Service Centers strategically located throughout the state. DPH also provides home visit assessments and on-going intervention services to pregnant women at risk (Smart Start program) and enhanced care for children (Kids Kare program). DPH does receive reimbursement from the Medicaid Managed Care Organizations for some of the clinic and home services provided. DPH coordinates with primary care providers for any aspects of medical or clinical care that it provides. Many DPH services are offered through collaborative arrangements with other public and private health care providers such as the Christiana Care Health System and the duPont Hospital for Children.

Child Health Services: DPH promotes a primary medical home with a primary-care physician (PCP) for all children in Delaware. However, realizing that this is ideal is not always achievable, DPH provides child health services directed toward health promotion and disease prevention in order to reduce childhood mortality and improve health status of Delaware's children. DPH provides these services to those children who do not have or are unable to utilize a PCP. Child Health Clinic Services place priority on a number of health promotion and disease prevention activities. One of the priorities is well child health assessment using screening guidelines developed for the EPSDT program and a continuous well child program with emphasis on health counseling, education, and

routine immunizations. Another priority includes the evaluation, treatment and/or referral of significant health problems identified by the family or screening procedures.

DPH provides immunizations to clients of all ages and lead screening for children birth to five years of age. Billing for these services is based on a sliding scale fee; no one will be refused service due to inability to pay. Children who are covered by Medicaid and other third party insurers are encouraged to obtain this service through their primary care provider. This service also includes health education and parenting education and is one component of Child Find under the Birth to Three Early Intervention System.

Child Development Watch: DPH has the operational responsibility for Child Development Watch (CDW) which screens, assesses, determines Part C eligibility, provides family service coordination and ensures implementation of the Individualized Family Service Plan (IFSP) process. CDW works collaboratively with the Christiana Care Health System and the duPont Hospital for Children. In addition to DPH personnel, team members include staff from the Division of Developmental Disabilities Services (DHSS), Division of Family Services (DSCYF), and Department of Education (DOE). Each child's primary care physician is also a full member of the team. Early intervention services to infants and toddlers, age birth to three, and their families are also provided under the direction of Child Development Watch. Service delivery reflects a multidisciplinary team approach, and includes services such as special instruction, physical therapy, speech therapy, social work, and consultation services. Services are carried out in small group settings, day care centers or the child's natural environments; however, goals and objectives are individualized to meet the developmental needs of each child as well as the needs of the entire family.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC): This is a federally funded supplemental food and nutrition program that benefits infants, children up to age five and pregnant, breastfeeding, and post-partum women with low to moderate incomes. WIC provides nutrition education, nutritious foods, and referrals to other health care programs. Program eligibility criteria include: age, income, and nutritional risk such as anemia, inadequate diet or abnormal weight.

Children's Specialty Services: DPH offers diagnostic and short term treatment services for some special needs for children where geographic access is limited. These include cardiac, genetics, and ophthalmology. The genetic services include genetic counseling for the family and special formulas for children with inborn errors of metabolism such as PKU. DPH participates as part of the cleft palate/oral-facial clinical team in conjunction with duPont Hospital for Children. The oral-facial clinic covers orthodontic treatment if needed.

Public Health Nurse Home Visit Services: Public Health Nurses provide home based nursing evaluations, health education, family support and service coordination to families at high risk for poor health status including mothers with high risk pregnancies (Smart Start Program) and families with at risk children (Kids Kare Program). All families referred are eligible within the limits of service capacity. Medicaid is billed when available. At some sites the team may include medical social workers, psychology consultation, and nutrition consultation.

Kids Kare: DPH provides a multi-disciplinary support program for vulnerable families with children who have been found to be biologically, nutritionally, psychosocially, or environmentally at risk, factors that are highly correlated with a probability of delayed

development. A care plan is developed based on the needs of the family determined by risk factors identified at an initial home visit assessment. The families receive support, teaching and coordination of services in their home from Public Health nurses, social workers, and /or nutritionists. Services are available for low income families who have Medicaid or who are uninsured. Children up to the age of 21 may be referred but priority is given to those children who are between the ages of birth to six. Children referred to this program may show signs of developmental delay but do not meet the eligibility requirements for the Part C Early Intervention System.

Smart Start is a perinatal program, which addresses the education and support needs of the mother, prenatally, and her infant up to 90 days postpartum. Infants born to mothers not enrolled in Smart Start would receive care through Kids Kare. DPH is one of several providers of this service to Medicaid women. DPH will provide this service to women who are uninsured.

The Home Visiting Program: This program offers all first-time parents an initial post partum/newborn home health nurse visit linked to continuing parent education and support services as needed and available. The program is administered by DPH and became available state-wide on October 1, 1995. The mother may enroll in this program by signing consent after delivery. DPH has agreements with home care agencies for visits to insured clients. Families with insurance may receive this visit as a benefit of their coverage. Uninsured or underinsured families are served by the DPH Community Services Team. The following agencies partner with DPH and offer ongoing parent education and support to interested families: Department of Services for Children Youth and Their Families Office of Prevention and Early Intervention; Department of Education; the University of Delaware Department of Individual Family Studies; CHILD, Inc.; Children and Families First; and Parents as Teachers. In addition to home visits, DPH provides coordination for families enrolled in the program through tracking of information, networking with partner agencies, and conducting family satisfaction interviews.

Lead Poisoning Prevention Services: The Childhood Lead Poisoning Prevention Act requires health care providers to order screening of all children at or around 12 months of age and for children who are at high risk for lead poisoning. In addition, DPH Office of Lead Poisoning Prevention Protocols require that all children who are at high risk for lead poisoning including all those receiving Medicaid or enrolled in the WIC Program be screened at 12 months and 24 months of age. Those who are enrolled in these programs and do not have evidence of such screening should be screened before they are 71 months of age. In addition, these criteria apply to other high risk children who live in one of the twenty zip codes in the state that have been identified as high risk areas for lead poisoning. The State law also requires that public and private child care and preschools require documented proof of blood lead screening prior to enrollment or continued enrollment. Children entering kindergarten during the 2003-2004 school year and thereafter, will also be required to have documented proof of a blood lead screening prior to enrollment. Lead screening is a required component of EPSDT for all children (up to five years of age) receiving this service through their primary care provider or through DPH clinics. A home visit is made when a child is confirmed to have an elevated blood lead level. The purpose of the home visits is to conduct a family assessment and develop a care plan. An individualized care plan includes the following: detailed education pertaining to lead poisoning, nutrition counseling, other referrals if indicated and collaboration with the child's primary health care provider. Home visits are conducted by a team that may include Public Health Nurses, Trainer Educators, Social Services Specialists, and/or Environmental Health Specialists.

DEPARTMENT OF EDUCATION

The Delaware Department of Education (DOE) is committed to promoting the highest quality education for every Delaware student by providing visionary leadership and superior service. DOE is the lead agency for ensuring the provision of special education and related services consistent with the Individuals with Disabilities Education Act (IDEA) for children with disabilities, ages three through twenty-one and those children birth to three who are visually impaired, deaf and hard of hearing, deafblind and/or autistic.

Consistent with Federal and State Law and The Administrative Manual for Special Education Services, the Delaware Department of Education has the following responsibilities regarding services for infants, toddlers and their families, ages birth to three:

- facilitating the development of a comprehensive statewide service system for children birth to kindergarten and their families through the leadership and collaborative efforts of the 619 Coordinator and the Part C Coordinator.
- assuring the Child Find System, including public awareness, screening and evaluation for those children who are visually impaired, deaf and hard of hearing, deafblind and/or autistic.
- assuring the provision of a free appropriate education to children birth to three who are visually impaired, deaf and hard of hearing, deafblind and/or autistic.
- assuring the implementation of policies and procedures for a smooth transition of children from Child Development Watch to Preschool Programs (3-5yrs).
- monitoring Local Education Agency (LEA) programs and other agency programs serving children with disabilities.
- participating in interagency collaborative efforts to ensure a comprehensive statewide service system for young children with disabilities and their families.

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & FAMILIES

The mission of the Department of Services for Children, Youth and Their Families (DSCYF) is to provide leadership and advocacy for Delaware's children. DSCYF's primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse; and we endorse a holistic approach to enable children to reach their fullest potential. DSCYF provides comprehensive services to abused, neglected, dependent, delinquent, and mentally ill or emotionally disturbed children, youth, and their families. Through its prevention and outreach efforts, the Department attempts to identify families at risk of developing such problems and provides supportive services to reduce that risk.

DSCYF includes four divisions: Family Services, Child Mental Health Services, Youth Rehabilitative Services, and Management Support Services. Services which are currently provided to client groups which would potentially or actually include children covered by the Birth to Three Early Intervention System are described below. Most of these services, however, are accessible only to clients who meet eligibility criteria which are determined by law, by availability of funding, or by program definitions. None of these services are available to children who do not meet these criteria.

Services in the Division of Family Services

- Investigation of complaints of abuse, neglect, and dependency, including risk assessment
- Treatment services to support the family and reduce risk when a complaint is founded
- Family preservation services to prevent placement of the child
- Foster care services when the child cannot remain in the care of her/his family
- Reunification services to reunite families and children after foster care
- Termination of Parental Rights/Adoption services for children who cannot return home
- Investigation of complaints of non compliance with Delacare Requirements for Licensed Child Care Providers
- Web-based information on all licensed child care family, large family and center providers and an in office “file review” process to provide parents/guardians with information that can be used in choosing child care

Services in the Division of Child Mental Health Services

- Full range of mental health and substance abuse evaluation and treatment for which eligibility criteria apply

Services in the Division of Management Support Services

Office of Case Management

- Quality Improvement Reviews related to child safety and well-being
- Interstate Compact services for dependent, delinquent and special needs adopted children
- Court Liaison services for dependent and delinquent children within the Family Courts

Office of Prevention and Early Intervention

- Prevention services, including mental health consultation to Head Start programs statewide and many child care providers.

INTERAGENCY RESOURCE MANAGEMENT COMMITTEE

The Interagency Resource Management Committee (IRMC) has the responsibility to consult and advise the lead agency in setting program eligibility standards and to allocate state funds for the Part C Birth to Three Early Intervention System. The IRMC may advise on the use of other funds specifically designated for the program.

Financial Matters

According to 34 CFR 303.124, Part C Federal funds are to be used to supplement and increase the level of State and local funds expended, and in no case to supplant or replace State and local funds. In addition, medical or other assistance available under Title V or Title XIX of the Social Security Act cannot be reduced nor can eligibility under these programs be altered. Except as provided in 34 CFR 303.527, Birth to Three funds may not be used to satisfy a commitment for services that would otherwise have been paid for from other public or private sources but for the enactment of Part C. Accordingly, agencies agree to ensure the continued provision of available resources to deliver early intervention services and supports to eligible infants and toddlers and their families.

Maximum use will be made of all third party funding sources, including Medicaid and Delaware Healthy Children Program. State planning efforts will continue to support and facilitate such financing arrangements. Determination of specific agency responsibility for the provision of entitled services under Part C is based upon the provisions of this agreement and individual agency's eligibility criteria. The Department of Health and Social Services, as lead agency for Birth to Three, is ultimately responsible for ensuring the availability of services to which an eligible child and family are entitled including the provision of a multidisciplinary evaluation and assessment and service coordination, the development of the Individualized Family Services Plan (IFSP) and the availability of services included in the IFSP.

Children eligible under Part C who are also eligible for a free appropriate public education (FAPE) under Part B of IDEA will receive services in accordance with Child Development Watch Policies and Procedures. This includes children who are visually impaired, deaf and hard of hearing, deafblind and/or autistic according to The Administrative Manual for Special Education Services.

The DPH and DMS staff will work to enroll service providers who agree to provide services to eligible children and families, to implement Child Development Watch Policies and Procedures, and whenever possible, to encourage providers to participate in the Medicaid managed care provider network. Through this process, Delaware will ensure that early intervention services under Part C are available throughout the state either through public agencies or through vendor agreements and contractual arrangements with public and private providers.

Fees

All screening, Child Find, evaluation and service coordination activities must be available at no cost to the family. Fees are also not charged for staff time related to the development of the Individualized Family Service Plan (IFSP) or the provision of procedural safeguards. Fees may be charged for other services in accordance with sliding payment schedules under federal or state statute. For those children also eligible for a Free Appropriate Public Education (FAPE) under DOE, FAPE services remain available at no cost.

Provision of Services Under Part C

All agencies agree to collaborate in the provision of services to eligible children and their families. Services are only provided with parental consent and are provided in a family-focused manner with emphasis on the concerns, priorities and resources of the family.

The programmatic flow chart in Appendix B portrays the delivery of services under Part C. It is the intent of the agencies involved to move toward the provision of a seamless system of services for eligible children from birth through entry into kindergarten characterized by continuation of services and minimal disruption or burden to the family.

Individualized Family Service Plan (IFSP) and Direct Services

All early intervention services included in the IFSP must be made available to eligible children and families. A child and family will have a service coordinator who assists the family to access the process from referral to Child Development Watch, through the development of the IFSP and with the receipt of services. Definitions of services are included in the Part C Public Law and Federal Regulations. Services may be provided by state or local agencies in accordance with each agency's eligibility requirements and availability of resources. This is in accordance with the provisions of this agreement. Some services are made available through contractual vendor arrangements with public and private providers. The lead agency, the Department of Health and Social Services, remains ultimately responsible for building and ensuring capacity and availability of early intervention services among public and private providers under Part C.

Child Find and Service Coordination

Assurance of System

The Department of Education and the Department of Health and Social Services are jointly responsible for the Child Find system as defined in the IDEA. Given the parallel requirements under Part B and Part C of the IDEA, the lead agency for Part C (DHSS) and the lead agency for Part B (DOE) accept joint responsibility as described for ensuring the location, identification and evaluation of all infants and toddlers potentially eligible under Part C or Part B. These two state agencies remain ultimately responsible for Child Find.

The Department of Education assumes responsibility for Child Find activities for those children who are visually impaired, deaf or hard of hearing, deafblind and/or autistic as described in the State Plan and The Administrative Manual for Special Education Services. The Department of Health and Social Services assumes responsibility for Child Find activities for all other children birth to three. In

addition, agencies agree to provide information to Child Development Watch through the Division of Public Health, which serves as the central point of contact for the Birth to Three system.

Operation of System

The Child Find system will be cooperatively operated through Child Development Watch and Local Education Agencies. Public Awareness information is disseminated routinely to LEAs concerning services in Child Development Watch. Referrals are commonly made between Child Development Watch and LEAs.

Potentially eligible infants and toddlers are referred to Central Intake in Child Development Watch. Upon referral, a family service coordinator is appointed to assist the family through the completion of the multi-disciplinary evaluation and assessment, and upon determination of eligibility, the development and implementation of the IFSP.

Liaison staff from signatory agencies agrees to participate with the families in the interagency Child Development Watch team process through which Child Find is conducted and the service coordinator assigned. Any child believed to be potentially Part C eligible will have a multidisciplinary assessment provided as needed. Parents of these potentially eligible children will be requested to sign a Part C /CDW Consent Form. An IFSP will be developed and implemented for all eligible children. These activities are coordinated through the Child Development Watch interagency team. The makeup of the interagency teams is agreed upon by the agencies and corroborated through the shared allocation of positions and resources. The Part C Birth to Three Early Intervention System provides additional administrative and fiscal support. Existing obligations have been used as the basis for the following explanations of shared Part C responsibilities:

The **Division of Developmental Disabilities Services** participates in all Child Development Watch activities including referrals, multidisciplinary assessments and service coordination for children particularly those with severe conditions. They also provide consultation in their area of expertise to other team members.

The **Department of Education** participates with Child Development Watch in the hiring and supervision of liaisons between DOE, the schools and Child Development Watch to ensure that transition from CDW to Public School Programs is provided. These individuals will also serve as family service coordinators for some children in Child Development Watch. Children who are birth to three and visually impaired, deaf and hard of hearing, deafblind and/or autistic are eligible for FAPE under Part B and eligible for Part C services.

The **Division of Family Services**, in a system of care approach to *‘think of the child first’*, employs liaisons between DSCYF and Child Development Watch to ensure that all DFS children potentially eligible for Part C services are referred to the program for assessment and early intervention services, in addition to those services which they receive through DFS. These liaisons will also serve as family service coordinators for some children who are in DFS care.

The **Division for the Visually Impaired** participates in the interagency team, and provides family service coordination for children for whom visual impairment is the primary

disability. DVI also determines eligibility as part of the Multidisciplinary Team process for all visually impaired children.

The **Division of Public Health** is responsible for the operations of the Child Development Watch (CDW) teams which includes management of monetary and personnel resources of the teams. In addition to program management, it provides family service coordination and ensures Child Find for all potentially eligible children. It provides screening activities for those children who are uninsured or underinsured through well child clinics at state service centers. Other screenings are provided by primary care physicians or by other agencies serving potentially eligible children. All screening activities under the Birth to Three Early Intervention System must meet EPSDT standards.

The Integrated Service Information System (ISIS) is the data system for the Part C Birth to Three Early Intervention System. Information regarding screening, assessments, and services for all children referred to Child Development Watch will be entered into ISIS on a timely basis.

Transition

All Part C early intervention and Part B preschool providers will participate in transition planning conferences arranged by Child Development Watch service coordinators for those children who may be eligible for Part B services. This process is designed to ensure that there is minimal disruption or burden to the family in the provision of services for a child during this time. All transition activities will be in keeping with the goal of providing a seamless system of services for children birth through entry into kindergarten. Every effort will be made by Child Development Watch to work with families to ensure the availability of appropriate services for any children that exit Child Development Watch and are determined not to be eligible for Part B preschool services.

In order to allow maximum time for all necessary planning activities related to transition, the family service coordinator under Child Development Watch for a particular child, believed to be potentially Part B eligible will refer that child to the local education agency, with parental permission, at least 90 days prior to the child's third birthday. This can occur anytime as early as 9 months days prior to the child's birthday depending on the point in the calendar year when a child will turn three years.

Following the transition referral, family service coordinators and local education agency staff will work with the family to develop and implement a transition plan in accordance with CDW Policies and Procedures. Evaluations and assessments that have been completed for Part C purposes within the past 6 months do not have to be repeated unless it is determined appropriate for that child and family.

All Part B eligible children are entitled to receive services in accordance with their Part B IEP/IFSP as of their third birthday. However, in order to ensure a transition that is appropriate for the child and family, there may be different points of entry into the Part B system. The following apply:

- * The responsibility for children who become three years of age during the time between January 1 and April 30 (inclusive) will transfer from Part C to Part B on the child's third birthday;

- * At the parent's request and based upon the IFSP, children determined eligible for Part B who turn three years of age between May 1 and August 31 (inclusive) may continue to receive services through Part C through August 31 of that year; and
- * At the parent's request, Part C eligible children who become three between September 1 and December 31 (inclusive), and are determined eligible for Part B services, may receive services through Part B beginning on the first day of the school year in their district of residence.

Supervision, Monitoring and Evaluation

Supervision and Monitoring

The Department of Health and Social Services as the lead agency is responsible for ensuring that programs and activities receiving assistance under Part C are administered, supervised, and monitored in accordance with Part C regulations. DHSS will carry out this by planning and implementing supervision and monitoring activities through an interagency approach with strong linkages to current activities.

Since most agencies have compliance and monitoring systems already in place, Part C compliance issues will be addressed wherever possible through already operative systems. The agencies have agreed to participate in the interagency system that focuses on providing identified services, training, technical assistance, planning, supervision and monitoring activities which coordinate with existing compliance and monitoring in their agencies. The overall organization and performance of Part C supervision and monitoring will be the responsibility of the Birth to Three management staff in the lead agency.

Evaluation

An interagency evaluation process is facilitated by the University of Delaware, Center for Disabilities Studies. This process will be used as one component of the evaluation and monitoring to be conducted for the Birth to Three Early Intervention System. All agencies in this interagency agreement agree to use the interagency evaluation process whenever appropriate.

As required by IDEA, Delaware's Birth to Three Early Intervention System has a State Performance Plan (SPP) submitted to the US Office of Special Education Programs (OSEP). As part of the SPP, all Part C eligible children will participate in an early childhood outcomes system currently called "Delaware Building Blocks, in conjunction with children eligible for preschool programs for children with disabilities. A sample of families will participate in the Family Outcomes required in the SPP. Results from these evaluations will be reported annually within the Annual Performance Reports to OSEP, and to Delaware ICC.

As part of the SPP, Birth to Three Early Intervention System tracks and reports progress on the priority areas of timely early childhood transitions; early intervention services in natural environments, comprehensive child find, and general supervision.

Personnel Development

A Comprehensive System of Personnel Development (CSPD) is a component of the Department of Health and Social Services Birth to Three Early Intervention State Performance Plan. Activities and responsibilities for personnel development are coordinated with DOE through the Partner's Council For Children with Disabilities (PCCD) committee, and its work in early childhood and in highly qualified personnel.

- * provide for adequate and appropriate pre and inservice training
- * include procedures to ensure an adequate supply of personnel
- * provide for acquiring and disseminating significant information derived from research and demonstration projects

The Training Administrator for the Part C Birth to Three Early Intervention System will serve on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three Early Intervention System are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the PCCD Bylaws.

Family members are an integral part of Delaware's CSPD. Through the work of Delaware New Scripts, both the Part C Birth to Three Early Intervention System and the Department of Education support the active involvement of family members in the preparation and training of personnel to work with infants, toddlers and young children of diverse abilities and their families. Delaware New Scripts is comprised of family members, early intervention professionals, and educators working to promote families as change agents in order to enhance the early childhood intervention experience for children and families.

Due Process Hearing

The Department of Health and Social Services agree that there will be a due process system to support all children covered by Part C of IDEA. Due process procedures are detailed in a separate document entitled *Part C Procedural Safeguards* and explained in the *Family Rights booklet*. Responsibility for training hearing officers is a joint responsibility using the training process developed through the Department of Education.

Mediation

The Department of Education and the Department of Health and Social Services agree that joint responsibility will be taken for the development of a mediation system. The Department of Education has taken the lead in initiating the training in conflict resolution and mediation skills. Child Development Watch and other staff under Part C has been and will continue to be included in all aspects of training.

Educational Surrogate Parents

Guidelines for the appointment of an "Educational Surrogate Parent" will be the same for children eligible for services under Part C and Part B of the IDEA. Those guidelines are outlined in the

Department of Education's Administrative Manual for Special Education Services, Child Development Watch Policies and Procedures Manual and the Part C Procedural Safeguards.

Procedures To Resolve Disputes Regarding Program And Fiscal Issues

1. All attempts shall be made to resolve disputes at the lowest possible level, and each agency will use its own dispute resolution procedures to resolve disputes.
2. Disputes that cannot be resolved at the program or agency level shall be referred to the appropriate agency's Division Directors of the Department of Services for Children, Youth and Families; Department of Health and Social Services and/or appropriate Director of the Department of Education. Those individuals or their designees will together review the issue and make a determination as to how the dispute should be resolved. This decision shall be shared in writing with the parties involved in the dispute within thirty business days of receipt of the request for a determination.
3. If the dispute cannot be resolved as described in #2 above, the dispute shall be referred in writing to the appropriate agency's Cabinet level State Secretaries or their designees. Their joint decision shall be shared in writing with the parties involved in the dispute within thirty business days of the referral to them.
4. If the dispute can not be resolved as described in #3 above, the dispute shall be referred in writing to the three signatories of this agreement; the Secretaries of the Department of Services for Children, Youth and Families and the Department of Health and Social Services; and the Department of Education. Their joint decision shall be shared in writing with the parties involved in the dispute within thirty business days of the referral to them.
5. When disputes are under consideration, the lead agency shall: (a) assign financial responsibility to an agency or will see that services are paid for in accord with "payor of last resort" provision; (b) reassign financial responsibility upon the resolution of a dispute if the lead agency determines the original assignment of financial responsibility was inappropriate; and (c) make arrangements for reimbursement of expenditures incurred by the agency originally assigned responsibility.
6. The lead agency is ultimately responsible for dispute resolution. To the extent necessary to ensure compliance with its actions, the lead agency will refer dispute resolutions to the Governor and will implement procedures to ensure that timely services are provided pending resolution of disputes.

Reauthorization Schedule And Negotiation Procedures

This Interagency Agreement shall be effective immediately upon the written signatures of all parties and will remain in effect until a new agreement is signed. This Agreement shall be reviewed annually and reauthorized at least every five years by the Department of Education, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their

Families. Renegotiations of any portion of this Agreement may occur at any time for good cause, upon the written request of any of the participating Departments.

APPENDIX A

INTERAGENCY TASK FORCE

Barbara Akenhead
Lora Lewis
Dennis Rubino
Division of Public Health (DHSS)

Charlene Dolgos
Division for the Visually Impaired (DHSS)

Rosanne Griff-Cabelli
Division of Management Services (DHSS)

Kay Holmes
Division of Medicaid and Medical Assistance (DHSS)

Tom Kelly, MD
Division of Developmental Disabilities Services (DHSS)

Jim Lesko
Department of Education

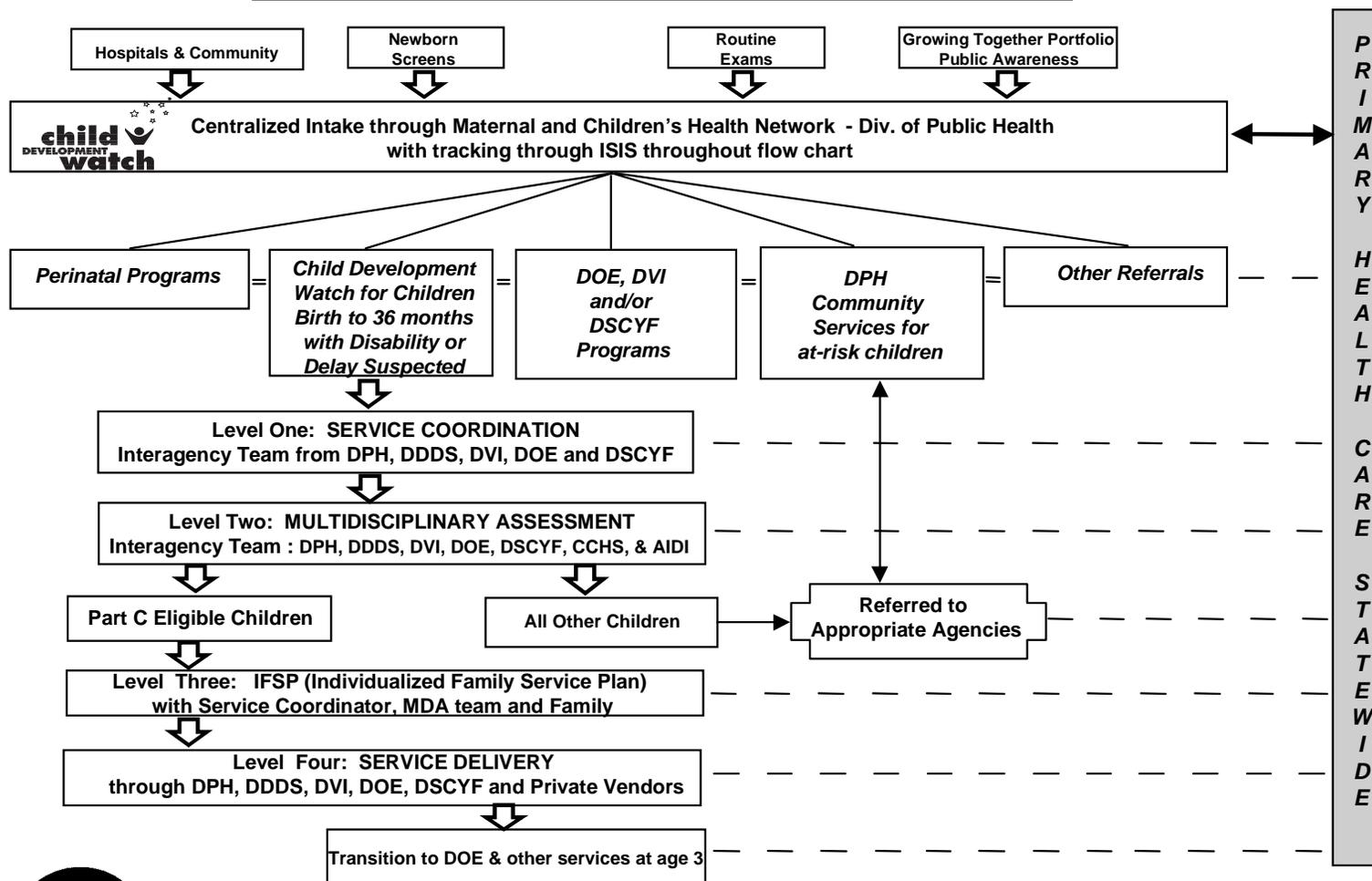
Randal Wimberley
Division of Child Mental Health (DSCYF)

Gail Womble
Division of Family Services (DSCYF)

This document was reviewed by Arnetta Woodson, Chair, Interagency Coordinating Council, statewide advisory council to the Birth to Three Early Intervention System.

APPENDIX B

Part C Model Flow Chart within Delaware Health Network



DPH = Div. of Public Health
DOE = Dept. of Education
DDDS = Div. of Developmental Disabilities Services

DSCYF = Dept. of Services for Children, Youth & Families
DVI = Div. for the Visually Impaired
ISIS = Integrated Service Information System

AIDI = duPont Hospital for Children
CCHS = Christiana Care Health System
MDA = Multidisciplinary Assessment

