



DELAWARE HEALTH AND SOCIAL SERVICES

*Division of Management Services
Birth to Three Early Intervention System*

MEMORANDUM

To: U.S. Department of Education

From: Nancy A. Smith, Part C Coordinator
State of Delaware, Birth to Three Early Intervention System

A handwritten signature in black ink that reads "Nancy A. Smith".

Re: FFY2017 Federal Grant Application

Date: March 17, 2017

Dear Madam or Sir:

Enclosed is Delaware's federal grant application for FFY2017 funds under Part C of the Individuals with Disabilities Education Improvement Act of 2004, which will be used to fund our program from July 1, 2017 – June 30, 2018. This application includes two additional updated policies: (1) System of Payment and, (2) the Interagency Agreement to include policy on referrals for children covered under the Child Abuse Protection and Treatment Act (CAPTA). These policies already went through public hearings and public comment, and no comments were received.

This is to assure you that Delaware is fully implementing the Individuals with Disabilities Education Improvement Act of 2004 and all relevant regulations. The Delaware Part C application will be published for 60 days, and public comments accepted until April 15, 2017. Once the public comment period has ended, Delaware will submit any public comments that were received.

I trust you will find everything to be in order.

cc: Rosanne Griff-Cabelli

1901 North DuPont Highway • New Castle • Delaware • 19720 • 302-255-9137



**Delaware Health
and Social Services**

Office of the Secretary

1901 N. DUPONT HIGHWAY, NEW CASTLE, DE 19720 * TELEPHONE: 302-255-9040 FAX: 302-255-4429

February 27, 2017

U.S. Department of Education
Office of Special Education Programs
Potomac Center Plaza
Mail Stop 2600, Room 4139
550 12th Street SW
Washington, DC 20202

Dear Sir or Madam:

Enclosed you will find Delaware's federal grant application for FFY2017 funds under Part C of the Individuals with Disabilities Education Improvement Act of 2004, which will be used to fund our program from July 1, 2017 – June 30, 2018.

The application includes newly adopted policies that have been published for public comment and two public hearings held. This is to assure you that Delaware is fully implementing the Individuals with Disabilities Education Improvement Act of 2004 and relevant regulations. The Delaware Part C application will be published for 60 days, and public comments accepted until April 15, 2017. The public comment period had ended and public hearings completed, and Delaware did not receive any public comments. All notices for public comments and public hearing are available if you need to review them.

I trust you will find everything to be in order.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kara Odom Walker'.

Kara Odom Walker, MD, MPH, MSHS
Cabinet Secretary

Enclosure

pc: Mary Parker
Nancy Smith

**DELAWARE PART C BIRTH TO THREE EARLY
INTERVENTION SYSTEM**

**ANNUAL STATE APPLICATION UNDER PART C OF
THE INDIVIDUALS WITH DISABILITIES EDUCATION
ACT**

JULY 1, 2017 ~ JUNE 30, 2018

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL
SERVICES**

OMB NO. 1820-0550
Expires: 9/30/2017

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FEDERAL FISCAL YEAR (FFY) 2017**

CFDA No. 84.181A

ED FORM No. 1 B20--26P

**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
Washington, DC 20202-2600**

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefits (20 U.S.C. 1433; 20 U.S.C. 1435). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., S.W., Washington, D.C. 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0550. Note: Please do not return the completed Annual State Application form to this address.

Section I

A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

1. The State's policies, procedures, methods, descriptions, certifications, and assurances meet all application requirements of Part C of the Act as found in the Individuals with Disabilities Education Act (IDEA), codified at 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State is able to provide and/or meet all policies, procedures, methods, descriptions, and assurances, found in Sections II.A and II.B of this Application.

By selecting this submission statement the State either has on file with the Secretary or has submitted new or revised State policies, procedures, methods, and descriptions that meet all requirements found in Section II.A.

2. The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistent with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the 2011 Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2018. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.

Optional:

3. The State is submitting new or modified State policies and procedures previously submitted to the Department and checked in Section II.A, "N", "R" or "OF" cell(s) found in the 'Yes' column. These modifications are a result of: (1) the State revising its applicable State law or regulations; (2) changes required by the Secretary due to new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

B. Conditional Approval for Current Grant Year

If the State received conditional approval for the current grant year, check the statement(s) below:

1. Conditional Approval Related to Assurances in Section II.A:

- a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2016 conditional approval letter (attach any additional documentation required by the FFY 2016 letter).
 b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2016 conditional approval letter.

2. Conditional Approval Related to Other Issues:

- a. The State previously submitted documentation of completion of all issues identified in the FFY 2016 conditional approval letter.
 b. The State is attaching documentation of completion of all issues identified in the FFY 2016 conditional approval letter. (Attach documentation showing completion of all issues.)
 c. The State has not completed all issues identified in the FFY 2016 conditional approval letter. (Attach documentation showing completion of any issues and a list of items not yet completed.)

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2018.

Section II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431 - 1443 and the Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2017 grant award, the State will operate consistent with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations by the date indicated below and not later than June 30, 2018.

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE | |
|---|--|----|--|--|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions | |
| | | | Subpart C – State Policies and Procedures | |
| | | √ | 1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided under this part. (34 CFR §303.201) | |
| | | √ | 2. Each application must include a description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system. (34 CFR §303.203(a)) | |
| | | | 3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303. <i>The State must have policies and procedures that meet the requirements listed in 3(a) and the methods identified in 3(b), and must provide responses to those</i> | |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | <i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i> |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p><i>entries. If the State has not adopted a system of payments, it may respond "NA" to 3(a).</i></p> |
| √ | | | <p>(a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees).</p> <p>(34 CFR §303.203(b)(1))</p> <p><i>The policies and procedures listed in 3(a) are optional. Enter 'NA' in the cells to the left if the State has elected not to adopt a system of payments (which includes a system to use public insurance or benefits or private insurance or family fees to pay for Part C services); otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p> <p><i>The State's response under 3(a) of Section II.A must match the State's response under Section IV.A.</i></p> |
| √ | | | <p>(b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3).</p> <p>(34 CFR §303.203(b)(2))</p> <p><i>If the State uses signed interagency agreements or "other appropriate written method(s)" to meet</i></p> |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|-----|--|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <i>the requirements in 3(b), please check 'N' or 'R' and submit with the application. If the State's method is a State statute or regulation, the State does not need to submit that method (the statute or regulation) with its application.</i> |
| | | √ | <p>4. Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of <u>developmental delay</u>, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must--</p> <p>(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and</p> <p>(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1).</p> <p>(34 CFR §§303.203(c) & 303.111)</p> |
| | | n/a | <p>5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include--</p> <p>(a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and</p> <p>(b) A description of the early intervention services</p> |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|--|--|----|--|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a). (34 CFR §303.204). <i>The policies and procedures listed in 5 are optional (i.e., they only apply if the State opts to serve at-risk children). Enter 'NA' in the cells to the left if the State has elected not to provide services under Part C to at-risk infants and toddlers; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach the definition and description.</i> |
| √ | | | 6. Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the State Interagency Coordinating Council (Council), and include the information required in attached Section III of this application. (34 CFR §303.205) |
| √ | | | 7. Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in §303.303(b) (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (34 CFR §303.206) |
| | | √ | 8. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State. (34 CFR §303.207) |

| Check and enter date(s) as applicable Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|--|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | √ | 9. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency-- <ol style="list-style-type: none"> (1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure); (2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and (3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. (34 CFR §303.208(b)) |
| | | √ | 10. (a) <u>Application Requirements</u> : Each State must include the following in its application: <ol style="list-style-type: none"> (1) A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities. |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>(2) A description of how the State will meet each requirement in §303.209(b) through (f).</p> <p>(3) (i)(A) If the lead agency is not the SEA, an interagency agreement between the lead agency and the SEA; or (B) If the lead agency is the SEA, an intra-agency agreement between the program within that agency that administers Part C of the Act and the program within the agency that administers section 619 of the Act</p> <p>(ii) To ensure a seamless transition between services under Part C and under Part B of the Act, an interagency agreement under paragraph (a)(3)(i)(A) of this section or an intra-agency agreement under paragraph (a)(3)(i)(B) of this section must address how the lead agency and the SEA will meet the requirements of paragraphs (b) through (f) of this section (including any policies adopted by the lead agency under §303.401(d) and (e)), §303.344(h), and 34 CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that--</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if</p> |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law, or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p> <p>(c) <u>Conference to discuss services</u>. The State must ensure that—</p> <p>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of</p> |

| Check and enter date(s) as applicable Enclose relevant documents | | | <i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i> |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than 90 days--and, at the discretion of all of the parties, not more than 9 months--before the toddler's third birthday to discuss any services the toddler may receive under Part B of the Act.</p> <p>(2) If a toddler with a disability is determined to not be potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.</p> <p>(d) <u>Transition plan</u>. The State must ensure that for all toddlers with disabilities –</p> <p>(1)(i) It reviews the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year; and</p> <p>(ii) Each family of a toddler with a disability who is served under Part C is included in the development of the transition plan required under this section and §303.344(h);</p> <p>(2) It establishes a transition plan in the IFSP not fewer than 90 days--and, at the discretion of all of the parties, not more than 9 months--before the toddler's third birthday; and</p> <p>(3) The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate—</p> <p>(i) Steps for the toddler with a disability</p> |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | and his or her family to exit from the Part C program; and (ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family. (e) <u>Transition conference and plan meeting requirements.</u> Any conference conducted under paragraph (c) of this section or meeting to develop the transition plan under paragraph (d) of this section (which conference and meeting may be combined into one meeting) must meet the requirements in §§303.342(d) and (e) and 303.343(a). (f) <u>Applicability of transition requirements.</u> (1) The transition requirements in paragraphs (b)(1) and (2), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211. (2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1). (3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii). (34 CFR §303.209) |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | √ | 11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <u>et seq.</u> , as amended), early education and child care programs, and services under Part C. (34 CFR §303.210) |
| | | √ | 12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a)) |
| | | | n/a 13. (a) (1) A State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school. (2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities-- (i) From age three until the beginning of the school year following the child's third birthday; (ii) From age three until the beginning of the school year following the child's fourth birthday; or (iii) From age three until the beginning of the school year following the child's fifth |

| Check and enter date(s) as applicable Enclose relevant documents. | | | <i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i> |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>birthday.</p> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <p>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii)) that contains--</p> <p>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</p> <p>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including--</p> <p>(A) The types of services and the locations at which the services are provided;</p> <p>(B) The procedural safeguards that apply; and</p> <p>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</p> <p>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</p> |

| Check and enter date(s) as applicable Enclose relevant documents | | | <i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i> |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under §300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by:</p> <p>(A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted</p> |

| | | | |
|---|--|-----------|--|
| <p>Check and enter date(s) as applicable. Enclose relevant documents.</p> | | | <p>N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE</p> |
| <p>Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p> | <p>No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018)</p> | | |
| N | R | OF | <p>State Policies, Procedures, Methods, and Descriptions</p> <p>under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days--and, at the discretion of all parties, not more than 9 months--before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days--and, at the discretion of all parties, not more than 9 months--before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p> <p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and percentage of children with disabilities who are eligible for services under</p> |

| Check and enter date(s) as applicable. Enclose relevant documents. | | | N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE |
|---|--|----|---|
| Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.) | No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2018.) | | |
| N | R | OF | State Policies, Procedures, Methods, and Descriptions |
| | | | <p>section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds.</u> The State policy described in §303.211(a) must describe the funds—including an identification as Federal, State, or local funds--that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction.</u> (1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p> |

B. Assurances and Optional Assurance

The State makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act. (20 U.S.C. 1431 et. seq.; 34 CFR §§303.101-126; 303.220; 303.227)

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434, 1435, and 1437(b); 34 CFR §§303.101-126, 303.220, 303.227) |
|--|---|---|
| Yes (Assurance is hereby provided.) | No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) | |
| √ | | 1. The State has adopted a policy that appropriate early intervention services, as defined in 34 CFR §303.13, are available to all infants and toddlers with disabilities in the State and their families, including-- (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; (b) Infants and toddlers with disabilities who are homeless children and their families; and (c) Infants and toddlers with disabilities who are wards of the State. (34 CFR §303.101(a)) |
| √ | | 2. The State has in effect a statewide system of early intervention services that meets the requirements of section 635 of the Act, including policies and procedures that address, at a minimum, the components required in 34 CFR §§303.111 through 303.126. (34 CFR §303.101(a)) |
| √ | | 3. The State ensures that any State rules, regulations, policies and procedures relating to 34 CFR Part 303 conform to the purposes and requirements of 34 CFR Part 303. (34 CFR §303.102) |
| √ | | 4. Each statewide system (system) must include, at a minimum, the components described in §§303.111 through 303.126. (34 CFR §303.110) |
| √ | | 5. The State has a policy in effect that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including— (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State, and (b) Infants and toddlers with disabilities who are homeless children and their families. (34 CFR §303.112) |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227) |
|---------------------------------------|---|--|
| Yes (Assurance is hereby provided) | No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) | |
| √ | | <p>6. (a) The Statewide system ensures the performance of--</p> <ul style="list-style-type: none"> (1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and (2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler. <p>(b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of 34 CFR §303.321.</p> <p>(34 CFR §303.113)</p> |
| √ | | <p>7. The Statewide system ensures that, for each infant or toddler with a disability and his or her family in the State, an IFSP, as defined in 34 CFR §303.20, is developed and implemented that meets the requirements of 34 CFR §§303.340 through 303.345 and that includes service coordination services, as defined in 34 CFR §303.34. (34 CFR §303.114)</p> |
| √ | | <p>8. The Statewide system includes a comprehensive child find system that meets the requirements in 34 CFR §§303.302 and 303.303. (34 CFR §303.115)</p> |
| √ | | <p>9. The Statewide system includes a public awareness program that--</p> <ul style="list-style-type: none"> (a) Focuses on the early identification of infants and toddlers with disabilities; and (b) Provides information to parents of infants and toddlers through primary referral sources in accordance with 34 CFR §303.301. <p>(34 CFR §303.116)</p> |
| √ | | <p>10. The Statewide system includes a central directory that is accessible to the general public (i.e., through the lead agency's Web site and other appropriate means) and includes accurate, up-to-date information about:</p> <ul style="list-style-type: none"> (a) Public and private early intervention services, resources, and experts available in the State; (b) Professional and other groups (including parent support and training and information centers, such as those funded under the Act) that provide assistance to infants and toddlers with disabilities |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U S C. 1434, 1435, and 1437(b); 34 CFR §§303 101-126, 303 220, 303 227) |
|--|---|---|
| Yes (Assurance is hereby provided.) | No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) | |
| | | eligible under Part C of the Act and their families; and (c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities. (34 CFR §303.117) |
| √ | | 11. The Statewide system includes a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. The State's comprehensive system of personnel development-- (a) Includes-- (1) Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers; (2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under Part C; and (3) Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention services program under Part C of the Act to a preschool program under section 619 of the Act, Head Start, Early Head Start, an elementary school program under Part B of the Act, or another appropriate program. (b) May include-- (1) Training personnel to work in rural and inner-city areas; (2) Training personnel in the emotional and social development of young children; (3) Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and (4) Training personnel who provide services under this part using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education and Care established under the Head Start Act, if applicable. (34 CFR §303.118) |
| √ | | 12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434; 1435, and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227) |
|---|--|--|
| Yes <i>(Assurance is hereby provided.)</i> | No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> | |
| | | qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Nothing in Part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under Part C of the Act to infants and toddlers with disabilities. (34 CFR §303.119(a) – (c)) |
| √ | | <p>13. The Statewide system includes a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following--</p> <p>(a)(1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act; and</p> <p>(2) The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including--</p> <ul style="list-style-type: none"> (i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act; (ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and 34 CFR Part 303; (iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations and EIS providers; (iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance; and (v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with 34 CFR §§303.700 through 303.707, and any other activities required by the State under those sections. <p>(b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F</p> |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227) |
|--|---|---|
| Yes (Assurance is hereby provided.) | No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) | |
| | | <p>of 34 CFR Part 303.</p> <p>(c) The assignment of financial responsibility in accordance with subpart F of 34 CFR Part 303.</p> <p>(d) The development of procedures in accordance with subpart F of 34 CFR Part 303 to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.</p> <p>(e) The resolution of intra- and interagency disputes in accordance with subpart F of 34 CFR Part 303.</p> <p>(f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of 34 CFR Part 303.</p> <p>(34 CFR §303.120)</p> |
| √ | | <p>14. The Statewide system includes a policy pertaining to the contracting or making of other arrangements with public or private individuals or agency service providers to provide early intervention services in the State, consistent with the provisions of Part C of the Act and 34 CFR Part 303, including the contents of the application, and the conditions of the contract or other arrangements. The policy --</p> <p>(a) Includes a requirement that all early intervention services must meet State standards and be consistent with the provisions of Part C; and</p> <p>(b) Is consistent with the Education Department General Administrative Regulations in 34 CFR Part 80.</p> <p>(34 CFR §303.121)</p> |
| √ | | <p>15. The Statewide system includes procedures for securing the timely reimbursement of funds used under Part C of the Act, in accordance with subpart F of 34 CFR Part 303. (34 CFR §303.122)</p> |
| √ | | <p>16. The Statewide system includes procedural safeguards that meet the requirements of subpart E of 34 CFR Part 303. (34 CFR §303.123)</p> |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303 101-126, 303 220; 303.227) |
|--|---|--|
| Yes (Assurance is hereby provided.) | No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) | |
| √ | | 17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124) |
| √ | | 18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125) |
| √ | | 19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided-- (a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment. (34 CFR §303.126) |
| √ | | 20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221) |
| √ | | 21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222) |
| √ | | 22. The Statewide system ensures that-- (a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U S C. 1434, 1435, and 1437(b), 34 CFR §§303 101-126, 303 220, 303 227) |
|--|---|---|
| Yes (Assurance is hereby provided) | No (Assurance cannot be ensured Provide date on which State will complete changes in order to provide assurance.) | |
| | | uses and purposes provided in 34 CFR Part 303, and (b) A public agency will administer the funds and property. (34 CFR §303.223) |
| √ | | 23. The Statewide system ensures that it will-- (a) Make reports in the form and containing the information that the Secretary may require; and (b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224) |
| √ | | 24. The Statewide system ensures that – (a) Federal funds made available under section 643 of the Act to the State – (1) Will not be commingled with State funds; and (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for— (1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and (2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities. (c) Requirement regarding indirect costs. (1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant. (2) If approved by the lead agency's cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either-- (i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or |

| Check and enter date(s) as applicable | | Subpart B – Assurances (20 U.S.C. 1434, 1435, and 1437(b), 34 CFR §§303.101-126, 303.220, 303.227) |
|--|---|--|
| Yes (Assurance is hereby provided.) | No (Assurance cannot be ensured Provide date on which State will complete changes in order to provide assurance.) | |
| | | (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR Part 76 of EDGAR. <u>(3) In charging indirect costs under paragraph (c)(2)(i) and (c)(2)(ii) of this section, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.</u> (34 CFR §303.225) |
| √ | | 25. The Statewide system ensures that fiscal control and fund accounting procedures will be adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 34 CFR Part 303. (34 CFR §303.226) |
| √ | | 26. The State ensures that policies and practices have been adopted to ensure that-- (a) Traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C; and (b) These families have access to culturally competent services within their local geographical areas. (34 CFR §303.227) |
| | | Assurance Regarding Optional Policy |
| √ | | <i>Enter 'NA' in the cell to the left if this assurance is not applicable to your State.</i> 27. A State may adopt and has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section. (34 CFR §303.119(d)) |

C. Certifications

The State Lead Agency is providing the following certifications:

| Yes | |
|-----|--|
| √ | <p>1. The State certifies that ED Form 80-0013, <i>Certification Regarding Lobbying</i>, is on file with the Secretary of Education.</p> <p>With respect to the <i>Certification Regarding Lobbying</i> the State recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.</p> |
| √ | <p>2. The State certifies that it has met the certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.</p> |
| √ | <p>3. The State certifies that the arrangements to establish financial responsibility for the provision of Part C services among appropriate public agencies under §303.511 and the lead agency's contracts with EIS providers regarding financial responsibility for the provision of Part C services meet the requirements in §§303.500 through 303.521 and are current as of the date of submission of the certification. (34 CFR §303.202)</p> |

D. Statement

I certify that the State of Delaware has provided the policies, procedures, methods, descriptions, and assurances checked as 'yes' in Sections II.A and II.B and the certifications required in Section II.C of this application. These provisions meet the requirements of Part C of the Individuals with Disabilities Education Act as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended). The State will operate its IDEA Part C program in accordance with all of the required policies, procedures, methods, descriptions, assurances and certifications.

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistent with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended), and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2018. (34 CFR §76.104)

I, the undersigned authorized official of the

Delaware Health and Social Services Infants and Toddlers with Disabilities,

(Name of State and official name of State lead agency)

am designated under Part C by the Governor of this State to submit this application for FFY 2017 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State:

Kara Odom Walker, MD, MPH, MSHS
Cabinet Secretary

Signature:



Date:

2/27/17

Section III

A. Description of Use of Part C Funds for the Lead Agency

(Completion of this Section, III.A is optional for SEAs.)

When completing this section include:

- Totals for the number of lead agency administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds;
- A general description of the duties which the positions entail; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

| Positions Funded | Number of Positions | % of Time Spent on Part C | Salaries & Fringe Benefits | Description of Duties |
|-------------------------------|---------------------|---------------------------|----------------------------|--|
| 100% funded with Part C Funds | 13 (5 Part-time) | 100% | \$673,769 | <p>Part C Coordinator (70%) ~ Provide leadership in developing policy for and maintaining a comprehensive statewide interagency service delivery system for eligible children and their families in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). Manage the administrative functions of the Part C system, ensuring that expenditures are within budget and that all federal and state requirements are met in a timely manner. Prepare reports and budgets on the Part C Birth to Three System, as needed. Meet all Federal and State timelines for submission of required reports and applications. Coordinate and plan the activities of the Interagency Coordinating Council, working with the Chair to provide technical assistance as needed. Represent Part C in appropriate state committees and councils and in national groups and conferences and with the National Early Childhood Technical Assistance System (NEC*TAS) and Regional Resource Centers. Supervise Assistant Part C Coordinator, Training Administrator, Social Service Administrator, Accountant and Administrative Specialist I. Work closely within the Dept. of Health and Social Services with Divisions serving individuals with disabilities on joint opportunities. Coordinate evaluation projects for Child Development Watch, including surveys and child outcomes.</p> <p>Assistant Part C Coordinator ~ Assist in development of program policies and procedures, materials and resources for child find, and outreach. Provide coordination for State Systemic Improvement Plan and complete all reports. Facilitate family involvement across all committees.</p> <p>Training Administrator ~ Develop, coordinate and when appropriate, provide training throughout the Birth</p> |

| | | | | |
|--|--|--|--|---|
| | | | | <p>to Three Early Intervention System. Coordinate personnel development with other state and private training opportunities. Provide technical assistance to staff regarding Early Intervention issues as necessary. Represent Part C on personnel development.</p> <p>Social Service Administrator ~ Have responsibility for negotiating with public and private providers and developing contracts with them. Provide technical assistance, in collaboration with Training Administrator to provide ongoing training to providers regarding Early Intervention issues. Provide data analysis for Annual Performance report and complete report. Provide technical assistance to field staff and provider for data related to the December 1 Child Count. Manage and monitor contracts to ensure providers are following all regulations under Part C. Oversee client monitoring plan.</p> <p>Data Base Trainer ~ Part-time ~ Provide assurances that data entered into the Program database is comprehensive, valid and reliable. Provide technical assistance and support to Child Development Watch staff by ensuring staff is appropriately trained to enter data into the program database. Prepare reports to identify areas of noncompliance in order to correct or provide technical assistance to prevent ongoing noncompliance. Assist with annual client chart monitoring.</p> <p>Social Service Specialist II ~ Support service coordinators by linking families, providers and primary care physicians in order to initiate services identified on the IFSP. Disseminate information to assist in the authorization of services from primary care physicians and providers. Act as liaison to address any documentation needed by providers and primary care physicians in order to provide services to eligible families.</p> <p>Trainer/Educator ~ Provide onsite training and technical assistance to Child Development Watch Service Coordinator staff. Support family service coordinators on family issues relating to the individual needs of families eligible under Part C. Collaborate with the Parent Information Center in the identification and provision of technical assistance and training opportunities for parents of young children with disabilities. Update technical assistance documents and family brochures. Research and present issues related to diversity from family perspective in Part C activities.</p> <p>Accountant (80%) ~ Be responsible for all aspects of program budget tracking including maintaining budget records and disbursing funds to appropriate contractors. Analyze and make recommendations regarding policies and procedures for data collection.</p> |
|--|--|--|--|---|

| | | | | |
|------------------------------------|--|--|-----------|--|
| | | | | <p>Research, compile, evaluate and prepare data for reports and special assignments. Assist with annual client chart monitoring. Provide staff support to the Interagency Coordinating Council.</p> <p>Administrative Specialist (90%) ~ Format and word process materials from written drafts. Provide staff support by performing such duties as composing correspondence, maintaining daily calendars, taking and transcribing minutes, scheduling meetings, conferences and screening mail. Be responsible for answering the telephone and deliver information to the public, state and federal personnel. Maintain and assemble notebooks for service coordinators, council members and hearing officers as directed by staff.</p> <p>Planner III ~ Part-time ~ Assist in researching policies and procedures used in other states to collect and monitor parent participation fees. Assist in establishing policies and procedures for parent participation fees and for the collection and data entry of TPL (third party liability) information to MMIS. Monitor direct service claims, provider rates, provider collections of co-pays and deductibles and enforce TPL inclusion in MMIS. Conduct analysis and provide reports on direct service claims. Assist in establishing procedures to conduct analysis and report on parent participation fees and on the implementation of revised PM37. Provide guidance and technical assistance to Child Development staff and early intervention providers on parent participation fees, revised PM37 and issues regarding private insurance co-pays and deductibles</p> <p>Assessors ~ Part-time (3) ~ Provide multi-disciplinary assessments and service coordination to potentially Part C eligible children and families.</p> |
| < 100% funded with Part C Funds | | | | |
| Subtotal of amount under A: | | | \$673,769 | |

Section III (Continued)

B. Maintenance and Implementation Activities for the Lead Agency

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services. Activities could include enhancing the Comprehensive System of Personnel Development, implementing child find strategies, or ensuring a timely, comprehensive, multidisciplinary evaluation for each child;
- The approximate amount of funds to be spent for each activity; and
- A subtotal of the amount.

(Add columns and rows as needed.)

| Major Activity | Part C Funds to be Spent | Description of Activities |
|--|--------------------------|--|
| Child Find and Public Awareness | 0 | Child Find and Public Awareness include production and distribution of <i>Growing Together Portfolio</i> , which is given to all new parents giving birth in Delaware. Funds also cover production of the <i>Growing Together User's Guide</i> that is distributed to childcare providers throughout the State, and to Health Care Consultants trained from Health Child Care America Grant. |
| Comprehensive System of Personnel Developmental and Training | 0 | Training and Personnel development initiatives are coordinated with the Delaware's Institute for Excellence in Early Childhood and Delaware Family to Family Health Information Center. |
| Supplies and materials for Early Intervention programs | \$5,000 | Funds for supplies and materials for the Birth to Three Early Intervention system. i.e., program brochures, family guide to transition, family guide, central directory, family rights booklet and internet guide. |
| Computer and other equipment for Early Intervention programs | 0 | Computer equipment and software to support entry of information into the statewide tracking system, ISIS, including referrals, eligibility, IFSP services and Dec. 1 count reports. |
| Audit | \$7,366 | Funds to support audit costs within the Division of Management Services of Department of Health and Social Services. |
| Travel | 0 | Funds to support Birth to Three and Child Development Watch to travel to out of state conferences, including those sponsored by US Office of Education, Early Assistance System and Regional Resource Center. |
| Fleet Services, and other operating expenses for early intervention programs | \$23,000 | Funds to support operations of early intervention programs and Birth to Three office, including telephone, instate travel to home and community visits by service coordinators instate travel to meetings, local training. |
| Contractual services for evaluations and | \$760,915 | Contractual services for evaluations for eligibility with Child Development Watch, such as nutrition assessments, speech |

| | | |
|--|-----------|---|
| service coordination for eligibility with Child Development Watch within the Division of Public Health | | and language assessments, interpreters, early childhood educators and other consultants. Child Development Watch provides service coordination, and evaluations for children referred to Part C and for Part C eligible children. |
| Operational expenses for Child Development Watch within Division of Public Health | \$12,000 | Operational expenses for Child Development Watch, such as supplies and training. Child Development Watch provides service coordination and evaluations for eligibility for Part C eligible children. |
| Subtotal of amount under B: | \$808,281 | |
| Subtotal of amount under B: | | |

Section III (Continued)

C. Description of Use of Part C Funds for the Interagency Coordinating Council (ICC)²

- When completing this section include: Totals for the number of ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds;
- A general description of the duties which the positions entail; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

| Positions Funded | Number of Positions | % of Time Spent on Part C | Amount of Salaries & Fringe Benefits | Description of Duties |
|------------------------------------|---------------------|---------------------------|--------------------------------------|---|
| 100% funded with Part C Funds | 3 | 100% | \$41,185 | <p>Part C Coordinator (30%) ~ Staff ICC meetings and various ICC committees. Work with Chair of ICC and provide technical assistance, as needed.</p> <p>Accountant (20%) ~ Responsible for working with Governor's office on membership. Maintain budget for ICC major activities. Staff ICC Executive meetings.</p> <p>Administrative Specialist (10%) ~ Responsible for mailings and schedule meetings for ICC. Maintain ICC orientation manual.</p> |
| < 100% funded with Part C Funds | | | | |
| Subtotal of amount under C: | | | \$41,185 | |

² Federal Part C funds used to support the SICC must meet the requirements of 34 CFR §303.603.

Section III (Continued)

D. Maintenance and Implementation Activities for the Interagency Coordinating Council (ICC)

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services. Activities could include coordinating child find identification efforts, ensuring the timely provision and payment of early intervention services to eligible children and their families, advising on early childhood transition, support for the ICC (travel), or other implementation and development activities of the SICC;
- The approximate amount of funds to be spent for each activity, and
- A subtotal of the amount.

(Add columns and rows as needed.)

| Major Activity | Part C Funds to be Spent | Description of Activities |
|------------------------------------|--------------------------|---|
| Administrative Support Activities | \$2,000 | Funds to obtain services such as printing, room rental and other expenses incurred by the ICC carrying out of its duties. |
| Travel and Child Care Expenses | \$2,500 | Funds used to reimburse ICC parent members for expenses to attend ICC meetings and representing ICC at instate and out of state meetings. |
| Hearings & Forum | \$1,000 | Cost for hearings, forum and similar activities conducted in the performance of ICC duties. |
| Family Support Activities | \$ 500 | Cost of support activities such as forums specifically designed for families and will cover such expenses as babysitting. |
| Subtotal of amount under D: | \$6,000 | |

Section III (Continued)

E. Direct Services (Funded by Part C Federal Dollars)

- When completing this section include a description of any direct early intervention service that the State lead agency expects to provide to eligible children and their families with funds under Part C, and the approximate amount for each direct service (States must disaggregate by service the approximate amount of funds expected to be expended for each direct service).

| Description of Each Direct Early Intervention Service | Approximate Amount of Part C Funds to be Spent on Each Direct Service |
|---|---|
| Developmental Services ~ Early Childhood Education services in home and community settings. Types of services include treatment and assessment services. | \$297,940 |
| Physical Therapy ~ services in home and community settings. Services are either provided individually or in a group setting. Types of services include treatment and assessment services. | \$181,316 |
| Occupational Therapy ~ services in home and community settings. Services are either provided individually or in a group setting. Types of services include treatment and assessment services. | \$181,316 |
| Speech/Language Therapy ~ services in home and community settings. Services are either provided individually or in a group setting. Types of services include treatment and assessment services. | \$256,120 |
| Audiology, Assistive Technology, Social Work and Family Training ~ services in home and community setting. Services are either provided individually or in a group setting. Services include treatment and assessment services. | \$9,336 |
| Subtotal of amount under E: | \$926,028 |

Section III (Continued)

F. Description of Optional Use of Part C Funds

If the State uses Part C funds for initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, the application must include:

- The name of the major activity ;
- The approximate amount of funds to be spent, and
- A description of the activities.

Provide subtotal of amount. *(Add columns and rows as needed.)*

| Major Activity | Part C Funds to be Spent | Description of Activities |
|------------------------------------|---------------------------------|----------------------------------|
| | | |
| | | |
| | | |
| | | |
| Subtotal of amount under F: | | |

Section III (Continued)

G. Activities by Other Agencies

If other State or local public agencies are to receive a portion of the Federal funds under Part C, the Application must include:

- The name of each public agency expected to receive funds;
- The approximate amount of funds each public agency will receive; and
- A summary of the purposes for which the funds will be used.

Provide subtotal of amount. *(Add columns and rows as needed.)*

| Agency Receiving Funds | Amount of Funds | Purpose |
|------------------------------------|-----------------|---------|
| | | |
| | | |
| | | |
| | | |
| Subtotal of amount under G: | | |

Section III (Continued)

H. Totals

Enter the subtotal amounts for Sub Sections A-G found in Section III and any indirect costs charged as specified in Section IV.B. The sub total amounts (Rows 1-8) should total the estimated grant application amount. (A State may apply for less than the full estimated allotted amount.)

| Enter the subtotal amounts for Sub Sections A-G found in Section III of this application. | | |
|---|---------|--------------------|
| Row No. | Section | Amount |
| 1. | III.A. | \$673,769 |
| 2. | III.B. | \$808,281 |
| 3. | III.C. | \$41,185 |
| 4. | III.D. | \$6,000 |
| 5. | III.E. | \$926,028 |
| 6. | III.F. | \$ |
| 7. | III.G. | \$ |
| Enter any Indirect Costs Charged (See Section IV.B of this application.) | | |
| 8. | IV.B | \$ |
| Total (Rows 1-8) | | \$2,455,263 |

Section IV

A. System of Payments / Use of Insurance / Program Income

The State

does (check as applicable)

does not (check as applicable)

have a system of payments for Part C services under 34 CFR §§303.203(b)(1), 303.500(b), 303.520, and 303.521 which may include use of public benefits or insurance, private insurance or family fees, such as a sliding scale. Any family fees are treated as "program income" for purposes of 2 CFR §200.307(e) and 34 CFR §303.520(e) and are not included in the State's determination of State and local expenditures for purposes of 20 U.S.C. 1437(b)(5)(B) and 34 CFR §303.225(a) and (b). *Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 3.a in Section II A above.*

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

(Note: To be completed if Lead Agency is not a State Educational Agency)

Under 34 CFR §303.225(c), a lead agency may not charge indirect costs to its Part C grant unless the lead agency charges indirect costs through either-- (i) A restricted indirect cost rate that meets the requirements in 34 CFR §§76.560 through 76.569; or (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR part 76 of EDGAR.

1. If the lead agency is not a State educational agency (as well as any outlying areas that have the Department of Interior as its cognizant Federal agency, even if an SEA) check the applicable status below (more than one check mark may be necessary) and enclose appropriate documentation for this Federal Fiscal Year.

The lead agency has a final restricted indirect cost rate or cost allocation plan that has been approved by the State lead agency's cognizant Federal agency and is in effect for this Federal fiscal year (FFY) (ending on June 30, 2018). (Attach a copy of the approved restricted indirect cost rate agreement or cost allocation plan.)

The lead agency has either a provisional or final restricted indirect cost rate or cost allocation plan that expires or expired on _____ and the State is in the process of negotiating a new restricted indirect cost rate agreement or cost allocation plan that will be in effect for the period _____.³ The State lead agency will continue to charge or bill the Part C grant using the provisional or previously approved final restricted indirect cost rate or cost allocation plan until a new rate or plan is negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in light of the "final" rate. (Attach a copy of the previously approved restricted indirect cost rate agreement or cost allocation plan.)

No indirect costs are charged to the Part C grant. The total amount of the Federal Part C grant is used for allowable direct costs.

³ A "provisional" indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year)

Other, explanation attached.

2. Check if applicable.

Under 34 CFR §303.225(c)(3), the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary. The lead agency is requesting the Secretary's approval to charge rent, occupancy or space maintenance costs either directly or indirectly to Part C FFY 2017 funds. If checked, the lead agency must attach to this Application a description of the amount to be charged, all uses of the space, and the proposed method of charging.

Delaware's Birth to Three Early Intervention System: Part C System of Payments Policy

Family Cost Participation

In accordance with IDEA 2004 Federal Regulations for Part C (effective October 28, 2011) §303.520 and 303.521, under Public Law 108-446, families with children who are eligible to receive early intervention services through Delaware's Birth to Three Early Intervention System/Child Development Watch share in the cost of early intervention services for their eligible child by paying insurance premiums and by allowing early intervention providers to access their insurance coverage. Also, depending on private insurance plan, out-of-pocket expenses may be incurred due to deductibles, co-pays and/or co-insurance. Service Coordinators provide and review the *Guide to Family Rights under the Individuals with Disabilities Education Improvement Act of 2004* during the initial meeting with each family, and families are advised that one of their rights is to choose whether or not to use their health insurance to pay for early intervention services. Lack of consent, when required to bill public or private insurance, may not be used to delay or deny Part C services.

Under §303.521 (a) (4), Delaware Health and Social Services (DHSS) assures that families will not be charged for the cost of those required functions specified in §303.521 (b), including:

- Evaluations and Assessments to determine initial and ongoing eligibility
- Service Coordination
- Review and evaluation of the Individualized Family Service Plan (IFSP) or Interim IFSP
- Administrative and coordinative activities related to procedural safeguards/Family Rights
- Transition Services
- Child Find

The inability to pay for services will not result in a delay or denial of Part C services. **If the family meets the State's definition of inability to pay, all Part C services must be provided at no cost to the family.** The ability of an eligible child's family to pay is defined using the part of the DHSS Sliding Fee Scale (DHSS Policy Memorandum #37) that applies to families above 290% of the poverty level.

Inability to pay is defined as a family living at or below 290% of the federal poverty level.

- Families living at or below 290% of the federal poverty level are determined to have the inability to pay, and are exempt from any cost-sharing or fees. For those families with the inability to pay, if parents' consent to using private insurance to pay for Part C services, Birth to Three will pay the co-pay or deductibles.
- Families living above 290% of the federal poverty level, as outlined in the DHSS Policy Memorandum #37, who have denied access to public and private insurance, will pay 100% of cost-sharing or fees (\$74 per thirty (30)

minutes of intervention services), although exemptions may be made due to financial hardships.

- Families will not be charged an amount that exceeds the actual cost of providing a particular Part C service (factoring in any amount received from other sources for payment for that service).
- Families with public benefits or insurance, or private insurance, will not be charged disproportionately more than families who do not have public benefits or insurance or private insurance.
- Ability to pay, family fees, copayments and deductibles will be discussed during the initial IFSP meeting. When families with private insurance elect not to permit access to their coverage for early intervention services, family fees may apply, based on the Delaware rates for early intervention services (\$74 per thirty (30) minutes of intervention services). Notification of the determination of family fees will be provided once the family submits required documentation and annually thereafter.

Use of Part C Funds

Delaware's Birth to Three Early Intervention System/Child Development Watch is permitted, but not required, to use Part C or other funds to pay for costs such as deductibles, co-pays, or co-insurance.

Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

The following will be adhered to by DHSS in developing Part C/Early Intervention provider contracts with vendors:

1. Vendors will agree to bill Third Party Insurance including Medicaid, Delaware Healthy Children's Insurance Program and families, with parental consent, if required;
2. Client fees will be based on the DHSS Sliding Fee Scale when families are over 290% of poverty, as found in the DHSS Policy Memorandum 37, and when use of public or private insurance is denied by the family. No client fees will be charged if parents are below 290% of the poverty level.

§303.521(e)(1) provides that a parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one or more of the following:

- Participate in mediation in accordance with §303.431
- Request a due process hearing under §303.441

- File a State complaint under §303.434
- Use any other procedure established by the State for the speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights, including the right to pursue, in a timely manner, the options described above.

The Birth to Three Early Intervention System/Child Development Watch program must inform parents of these procedural safeguard options under §303.521(e)(2) by providing parents with a copy of the State's System of Payments policies when obtaining consent for provision of early intervention services under §303.420(a)(3).

Use of Insurance to Pay for IDEA Part C Services

Families who have both private insurance and public benefits/insurance acknowledge that payment for services will be billed in the following sequential order:

- First to be billed: Private insurance;
- Second to be billed: Public benefits or insurance;
- Third to be billed: Part C is payor of last resort.

When families have both private insurance and public insurance, the use of private insurance is a prerequisite to the use of public insurance, and the consent requirements in §303.520(b)(1) apply to the use of private insurance.

Section §303.520(b)(1) provides Delaware must obtain consent when DHSS or Early Intervention Services provider seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required under §303.420(a)(3) due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

Under §303.520(b)(1)(iii), Delaware provides a copy to the parent of its System of Payment policies during the initial home visit covering Family Rights to include identifying the potential costs that the parents may incur as a result of the use of their private insurance to pay for Part C services. The System of Payment policies will be offered to families again anytime consent is needed to increase services in the child's IFSP.

Any available private & public health insurance, including any medical program administered by the Secretary of Defense (such as Tricare), will be utilized to pay for Part C services. Deductibles, co-pays, and co-insurance fees are the financial responsibility of the family, unless the family is determined unable to pay. This is explained to each family during the initial home visit conducted by the CDW Service Coordinator as a part of the Family Rights. In cases where these out-of-pocket expenses are high and families can't pay the full cost without causing financial hardship, families may request to complete the Delaware Part C Financial Assistance Form (attached) for consideration of financial assistance towards co-pays and co-insurance. Delaware Part C may determine a reduction or waiver of these costs based on the family's ability to pay. No other costs may be billed to families after out-of-pocket expenses for early intervention services.

Financial Hardship

Financial hardship is when families are willing but unable to meet their financial obligations because of unexpected events or unforeseen changes that impact cash flow. For example:

- A change in income or expenditures
- Any significant and/or ongoing medical expense(s)
- A change in employment status (i.e. loss of job or reduced hours)
- A significant life event (i.e. divorce, relationship breakdown, injury, illness or death in the family)
- An emergency or natural disaster

Children covered under Medicaid are exempt from any cost-sharing or fees. Children covered under CHIPS / Delaware Healthy Children's Program are exempt from any further cost responsibilities after paying the monthly premium. Part C is the payer of last resort after all private and public sources.

Use of Public Benefits or Insurance to Pay for IDEA Part C Services

Under §303.520(a)(2)(i), the State may not require parents to sign up for or enroll in a public benefits or insurance program as a condition for their child to receive Part C services if that child or parent is not already enrolled in a public benefits or insurance program. The State must provide notification to families prior to using Medicaid and CHIPS/Delaware Healthy Children's Program (public insurance). The State must also obtain consent prior to using public insurance of a child or parent if that child or parent is enrolled in such a program after being determined eligible for Part C.

The use of Medicaid and CHIPS/Delaware Healthy Children's Program will not:
CHIPS/Delaware Healthy Children's Program

- Decrease available lifetime coverage or any other insured benefit for the child or parent.
- Result in the child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program.
- Result in any increase in premiums or cancellation of public benefits or insurance for the child or parents.
- Risk the loss of eligibility for the child or the child's parents for home and community-based waivers based on total health-related costs.

DHSS is the same agency which administers Part C, Medicaid, and CHIPS/Delaware Healthy Children's Program and parental consent for disclosure of personally identifiable information for billing purposes is not required from parents enrolled in Medicaid and CHIPS/Delaware Healthy Children's Program. Delaware will provide parents with the System of Payment policy, and Notification of Medicaid Access related to Medicaid, at the initial home visit. Section 303.520(a)(2)(iii) also provides that if the parent does not provide consent for the use of the child's or parent's public insurance when such consent is required, DHSS (State lead agency)

must still make available those Part C services on the IFSP to which the parent has provided consent.

Families Without Insurance

The Delaware DHSS Sliding Fee Scale (Policy Memorandum #37) will be applied as described above when families are uninsured and do not qualify for Medicaid or CHIPS. Under these policies, there are considerations for financial hardship. **Children and families will not be denied or delayed services because they are unable to pay for them.**

Attachments:

CDW/Part C Consent to Access Family's Health Insurance
CDW Notification of Medicaid Access
CDW/Part C Financial Assistance Form



Consent to Access Family's Health Insurance

Delaware's early intervention services under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) are coordinated through the Child Development Watch (CDW) program. CDW has the following available at no cost to families:

- Evaluations and Assessments to determine initial and ongoing eligibility
- Implementation of Procedural Safeguards/Family Rights
- Service Coordination
- Individualized Family Service Plan (IFSP) development
- Transition services
- Child Find

Once a child is determined eligible for CDW, a Service Coordinator will work with the family to develop the IFSP and to discuss early intervention services that meet the child's needs. Service Coordinators will discuss family cost-sharing for early intervention services. Under these policies there are considerations for medical and financial hardship. Children and families will not be denied services because they are unable to pay for them. Any questions or concerns regarding these procedures can be discussed with your Service Coordinator.

IDEA 2011 Federal Regulations at §303.520 and 303.521 provide for asking families to share in the cost of early intervention services by permitting access to their private and public health insurance plans. Consent is required to access private health insurance. The State must also obtain consent prior to using the public health insurance of a child or parent if that child or parent is enrolled in such a program after being determined eligible for Part C. Consent may be revoked at any time. Contributions to the costs of early intervention services include insurance premium payments. Depending on the private insurance plan, out-of-pocket expenses may be incurred as a result of deductibles, co-pays and/or coinsurance. In cases where out-of-pocket expenses cause financial hardships, families may request to complete the Delaware Part C Financial Assistance Form. Child Development Watch may determine a reduction or waiver of co-pays and/or co-insurance based on the family's ability to pay. No other costs may be billed to families after out-of-pocket expenses for early intervention services. (To maximize federal and state Part C funds, Part C is the payor of last resort after all private and public sources).

Families have the right to choose not to use their health insurance to pay for early intervention services. Those who elect not to permit access to private coverage for early intervention services may encounter financial contributions as explained in Delaware's Birth to Three Early Intervention System: Part C System of Payments Policy.

I have received a copy of Delaware's Birth to Three Early Intervention System: Part C System of Payments Policy and acknowledge notification of these policies.

-AND-

YES - I authorize the use of my private and/or public insurance (Medicaid, CHIPS/Delaware Healthy Children's Program) for early intervention services.

-OR-

NO - I do not authorize use of my private insurance for early intervention services and I understand that I may be responsible for direct payments to the provider according to the System of Payment Policy.

Child's Name (please print): _____

Child's Date of Birth: _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date Signed: _____

CDW Service Coordinator (print): _____

CDW Service Coordinator Signature: _____

Date Signed: _____



Notification of Medicaid Access for Child Development Watch

Delaware's early intervention services under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) are coordinated through the Child Development Watch (CDW) program. Per IDEA 2011 Federal Regulations §303.520(a)(1)(3), families active with Delaware Medicaid are exempt from any cost-sharing responsibilities. In addition, CDW has the following available at no cost to families:

- Evaluations and assessments to determine initial and ongoing eligibility
- Individualized Family Service Plan (IFSP) development
- Service coordination
- Implementation of procedural safeguards
- Transition services
- Child Find

Once a child is determined eligible for Child Development Watch, a service coordinator will work with a family to develop the IFSP and to discuss early intervention services that meet the child's needs.

I understand that if my child's Medicaid coverage ends, I need to notify my CDW service coordinator. No family is denied service based on inability to pay.

- I have received a copy of the Part C System of Payments information and acknowledge notification of these policies.
- I acknowledge this written notification that my child's Delaware Medicaid will be accessed to pay for early intervention services.

Child's Name (please print): _____ Date of Birth: _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date Signed: _____

CDW Service Coordinator (please print): _____

CDW Service Coordinator Signature: _____ Date Signed: _____



Part C Financial Assistance Form

In accordance with IDEA 2011 Federal Regulations §303.520 and 303.521 under Public Law 108-446, families with children who are eligible to receive early intervention services through Delaware's Birth to Three Early Intervention System/Child Development Watch share in the cost of early intervention services for their eligible child by paying insurance premiums and by allowing early intervention providers to access their insurance coverage. Also, depending on private insurance plans, out-of-pocket expenses may be incurred due to deductibles, co-pays, and/or coinsurance.

Families living at or below 290% of the federal poverty level, are determined to have the inability to pay, and are exempt from any cost-sharing or fees. For those families with the inability to pay, if parents' consent to using private insurance to pay for Part C services, Birth to Three will pay the co-pay or deductibles. Families living above 290% of the federal poverty level as outlined in the DHSS Policy Memorandum #37, and who have denied access to public and private insurance, will pay 100% of cost-sharing or fees (\$74 per thirty (30) minutes of intervention services), although exemptions may be made due to financial hardship. Families living above 290% of the federal poverty level who consent to the use of public or private insurance may request assistance with payment of insurance co-pays and/or co-insurance for extraordinary circumstances. If you complete the information below, and provide supporting documentation, the Child Development Watch program can determine if you have the inability to pay or other extraordinary circumstances:

I, _____, have been informed that there is a co-pay or
(mother, father, guardian)

co-insurance of \$ _____ for each recommended therapy as determined by my insurance
provider, _____

I am submitting income documentation to determine whether my income is below
290% of the federal poverty level.

I can pay \$ _____ a month toward my co-pay / co-insurance.

I cannot pay any amount toward my co-pay / co-insurance.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Service Coordinator (please print): _____

Service Coordinator Signature: _____ Date: _____

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

February 2017



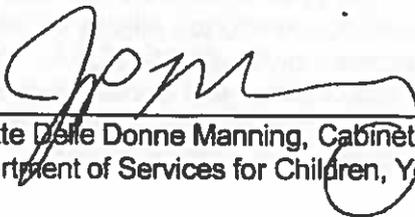
Birth to Three Early Intervention System
Herman M. Holloway, Sr. Campus
Main Administration Building
1901 North Dupont Highway
New Castle, DE 19720
302-255-9134

(Updated from September 2011 Interagency Agreement)

TABLE OF CONTENTS

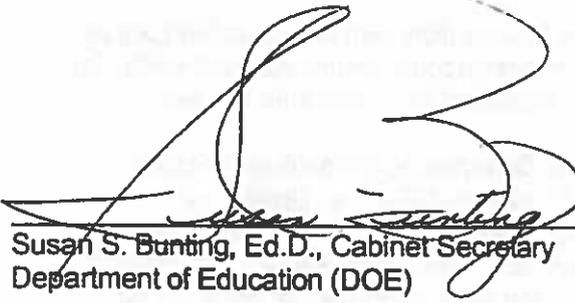
| | |
|---|----|
| Signatures | 3 |
| Purpose Statement | 4 |
| Vision To Guide Program Planning | 5 |
| Authority | 6 |
| Mutual Objectives | 7 |
| Agency Responsibilities | 8 |
| Department of Health and Social Services | 8 |
| Department of Education | 14 |
| Department of Services for Children, Youth and Their Families | 15 |
| Procedures To Resolve Disputes Regarding Program And Fiscal Issues | 19 |
| Provision of Services Under Part C | 20 |
| IFSP and Direct Services | 21 |
| Child Find, Referrals, and Service Coordination | 21 |
| Transition | 23 |
| Supervision and Monitoring | 25 |
| Reauthorization Schedule And Negotiation Procedures | 27 |
| Appendix A - Part C Model | 28 |

Signatures



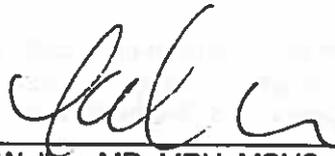
Josette Delle Donne Manning, Cabinet Secretary
Department of Services for Children, Youth & Their Families (DSCYF)

2/21/17
Date



Susan S. Bunting, Ed.D., Cabinet Secretary
Department of Education (DOE)

2/9/17
Date



Kara Odom Walker, MD, MPH, MSHS, Cabinet Secretary
Department of Health & Social Services (DHSS)

2/9/17
Date

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 Department of 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 are 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 for the Visually Impaired (DVI), the Division of Developmental Disabilities Services (DDDS), 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 Prevention and Behavioral Health Services (DPBHS), 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 is represented on the Interagency Coordinating Council.

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:

- 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.
- 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 multicultural 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 thirty-six 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;
- Chapter 2, Title 14, of the Delaware Code;
- Chapter 2, Title 31, of the Delaware Code;
- The Child Care and Development Block Grant enacted under OBRA'90;
- The Head Start Act (including Early Head Start programs);
- The Americans with Disabilities Act of 1990;
- Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child Abuse Prevention and Treatment Act (CAPTA);
- Homeless children and youths in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

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 data system (DHSSCares), 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 Help Me Grow which serves as the Birth to Three central directory of services and supports for children birth to age eight and their families;
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 collaborate with DOE and Local Educational Agency (LEA) when coordinating services for children who are eligible for Part B services through birth mandated disabilities of visual impairment, deaf/hard of hearing, deaf/blind, and/or autism.
10. 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;
11. 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;
12. 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;

13. To follow the procedural safeguards developed for the Part C Birth to Three Early Intervention System under Part C of IDEA;
14. To share information in accordance with applicable federal and state confidentiality requirements;
15. To support development and use of appropriate interagency forms and procedures;
16. 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;
17. 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 and 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

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. Initial requests for services may be made through the DDDS Office of Applicant Services. Individuals who are already determined eligible for DDDS services may request respite services through the regional respite coordinator.

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 Medicaid Early and Periodic Screening, Diagnosis and Treatment benefit mandate (EPSDT), reimbursement for any potentially coverable Medicaid State Plan service may be obtained if the services are medically necessary and, are the result of an EPSDT screen, even if those services are not covered under Delaware's State Plan or are covered for a lesser amount, duration or scope. Reimbursement may require prior authorization from a managed care organization or from the Medicaid Program.

Medicaid eligibility determinations for most clients are made by the Division of Social Services. Delaware has elected to deem Medicaid eligibility for individuals who have been determined eligible for Supplement Security Income (SSI), by the Social Security Administration. Medicaid will not pay for care or services rendered before the beginning date of eligibility or after the end date of eligibility.

Section 1902(a)(25) requires state Medicaid agencies to ascertain the legal liability of third parties and to exhaust it before using Medicaid dollars to pay for care. This is commonly referred to as Medicaid being 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 Medicaid services because of the EPSDT mandate.

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-care program for uninsured children under age nineteen. Children whose family income is between the Medicaid eligibility limit and 212% of the federal poverty level may be eligible for the Delaware Healthy Children Program. Children in families with income less than 142% (ages 1 through 5) and 133% (ages 6 through 18) 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 minimal 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 co-pay for inappropriate use of the emergency room. Families have a choice of at least 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 children age birth to three whose eye condition negatively impacts their overall development. This includes children who have been diagnosed by an eye physician as being partially sighted or legally blind and those with a degenerative eye disease. Upon referral, DVI collects medical information and conducts a functional vision assessment and other developmental assessments in order to provide recommendations and goals to the IFSP team (as applicable). 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;
- Providing information and support to families who are transitioning their child to a school setting; and participate in the transition process as a member of the transition team;

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 and enhanced care for children (Smart Start 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 Prevention and Behavioral Health Services in (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, child 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, ophthalmology and assistance with special formula for those with certain metabolic conditions 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.

Newborn Screening Services: DPH administers the Newborn Screening Program which screens all infants born in Delaware for 41 conditions including inborn errors of metabolism, hemoglobinopathies, endocrinopathies, hearing loss and critical congenital heart defects. Delaware currently recommends that two blood tests be conducted on each infant. All testing is conducted at the Delaware Public Health Laboratory in Smyrna, Delaware. Hearing screening and screening for congenital heart defects occurs at the bedside. All results are reported to the Newborn Screening Program which oversees any follow up necessary on infant.

Public Health Nurse Home Visit Services: Public Health Nurses along with a multi-disciplinary team (i.e. social workers and nutritionists) 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 and families with at risk children (Smart Start Program). All families referred are eligible within the limits of service capacity; however, families at high-risk or residing in high-risk geographic areas receive priority. Medicaid is billed when available. Specific services available through Smart Start include:

- ***Prenatal support.*** Women are enrolled during pregnancy and services continue through age one of the infant. Families are served using the evidence-based Healthy Families America model. Families receive a comprehensive assessment and care plan periodic home visits to help women meet their goals.
- ***Services for children age one and older.*** Enhanced services 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.

Lead Poisoning Prevention Services: The Childhood Lead Poisoning Prevention Act requires health care providers to order screening of all children at or around twelve months of age. 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 twelve months and twenty-four months of age. Those who are enrolled in these programs and do not have evidence of such screening should be screened before they are seventy-one 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. New regulations governing the Childhood Lead Poisoning Prevention Act for children between the ages of twenty-two and twenty-six months became effective in 2010. These regulations require that every child between the ages of twenty-two and twenty-six months be screened to determine their risk of becoming lead poisoned; if considered high risk, testing is then required. These regulations also establish a record retention policy, enforcement modalities and penalties for violators.

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, including Title 14 Education of the Delaware Administrative Code, 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 Part B 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 through the Local Education Agency (LEA) 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 in the Local Education Agency (LEA) (three years of age to kindergarten).
- 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 and Their Families

The mission of the Department of Services for Children, Youth and Their Families (DSCYF) is to assist children, youth and families in making positive changes through services that support child and public safety, behavioral health and individual, family and community well-being. The Children's Department wants every child to be safe, live in a stable home, learn and grow in self-esteem, and embrace a sense of hope about the future. The Department leads a system of care approach (both community based and residential) that is child centered and assures effective, timely and appropriate support for Delaware's children.

DSCYF includes four divisions: Family Services, Prevention and Behavioral 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 of child abuse, neglect and dependency
- Screening and referral services for infants and toddlers under the age of three who are the subject of a substantiated case of child abuse or neglect
- 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 Prevention and Behavioral Health Services

- Prevention programs that provide a range of services from community based awareness/education, programs to support and stabilize families, children and daycare providers; substance abuse prevention programs; life skills programs; parenting programs; and early intervention services for elementary schools statewide.
- Full range of mental health and substance abuse evaluation and treatment for which eligibility criteria apply. This array of services includes services for very young children.

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.

BIRTH TO THREE EARLY INTERVENTION SYSTEM

Financial Matters

According to 34 CFR 303.225, 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 303.510(b), 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.

According to 34 CFR 303.120 (b), Delaware Health and Social Services (DHSS) , as the lead agency, identifies and coordinates all available resources to pay for early intervention services, including Federal, State and private sources.

According to 34 CFR 303.202, DHSS provides a certification with its federal grant application that its method under 303.511 and contracts with Early Intervention (EI) providers are current and reflect the applicable requirement in Subpart F of the Part C regulations , which include use of funds, payor of last resort, and system of payment requirements.

According to 34 CFR 303.511, Delaware has in place a method to establish financial responsibility for the provision of Part C services and it applies to all State-level agencies, namely Divisions of Public Health, Medicaid and Medical Assistance, and Management Services within DHSS that provide or pay for Part C services, and the provision of Part C services within Department of Education (DOE/Child Development Watch (CDW) liaisons) and the Department of Services for Children Youth and Their Families (DSCYF/CDW liaisons). This method also applies to any contracts that DHSS has with EI providers for the provision of Part C Services. This Interagency Agreement is the method under

303.511 and assures that State-level agencies that provide or pay for Part C services and contracts that DHSS has to provide Part C Services comply with the following:

Use of Funds – The use of IDEA Part C funds must be consistent with the use of funds requirements in 34 CFR §303.501.

Payor of Last Resort – Part C funds may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, consistent with 34 CFR §303.510.

System of Payments – Delaware's Birth to Three Early Intervention Part C System of Payment Policy, including DHSS'S use of public and private insurance and/or DHSS sliding fees, is consistent with 34 CFR §§303.520 and 303.521. The provisions the State has adopted under 34 CFR §303.520 regarding the use of insurance to pay for Part C services, are consistent with 34 CFR §303.511(d)(2), and are outlined in the system of payments policies. DHSS ensures that under the state's system of payment, no child will be denied services because of his/her parent's inability to pay.

This Interagency Agreement ensures that DHSS, as lead agency, is responsible for implementing the Delaware's Birth to Three Early Intervention Part C System of Payment Policy and procedures, that it is in writing and is consistent with 34CFR §303.520 and §303.521. Provisions are in place regarding the use of insurance to pay for Part C services, consistent with 34CFR §303.511(d)(2).

Delaware maximizes use of all public and private health insurance, 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 Title 14 Education of the Delaware Administrative Code. For those children also eligible for a Free Appropriate Public Education (FAPE) under DOE, FAPE services remain available at no cost. Those FAPE services meet the requirements of both Part C and Part B of IDEA. (303.521c).

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 EI Provider contractual arrangements.

Procedures To Resolve Disputes Regarding Program And Fiscal Issues

Requirements in 34 CFR §303.511 – Consistent with the content requirements in 34 CFR §303.511, DHSS, as lead agency, ensures the following procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State's early intervention service program. Those procedures include a mechanism for resolution of disputes within agencies and for the Governor, Governor's designee, or the lead agency to make a final determination for interagency disputes, which determination must be binding upon the agencies involved (34 CFR §303.511(c)(1));

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. This permits the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), as long as the agency acts in a timely manner (34 CFR §303.511(c)(2)(i)).
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. This includes the process that DHSS will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner (34 CFR §303.511(c)(2)(ii)).

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 cannot 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. (34 CFR §303.511(c)(3)).
6. A mechanism is in place to ensure that no services that a child is entitled to receive under this part are delayed or denied because of disputes between agencies regarding financial or other responsibilities (34 CFR §303.511(d)(1)).
7. 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. The Governor's designee, or the lead agency will make a final determination for interagency disputes, which determination must be binding upon the agencies involved (34 CFR §303.511(c)(1)); and
8. The lead agency is responsible for any additional components necessary to ensure effective cooperation and coordination among, and the general supervision (including monitoring) of, EI providers (including all public agencies) involved in the State's early intervention service programs (34 CFR §303.511(e)).

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.

Delaware's Birth to Three Early Intervention System has adopted a Statewide System of Early Intervention Services Policy that defines all services according to:

- 34 CFR § 303.13: Early Intervention services
- 34 CFR § 303.16: Health services
- 34 CFR § 303.34: Service coordination services (case management)
- 34 CFR § 303.203: Statewide system and description of services
- 34 CFR § 303.207: Availability of resources
- 34 CFR § 303.212: Addition information an assurances

The programmatic flow chart in Appendix A 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, Referrals, 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 Title 14 Education of the Delaware Administrative Code. 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.

The Birth to Three system, with the advice and assistance of the State ICC, shall implement a comprehensive Child Find system that:

- Ensures all children in the State who are potentially eligible for services through Birth to Three are identified, located; and evaluated;
- Is consistent with Part B of IDEA through the DOE;
- Includes a system for making referrals that includes timelines (provides for referring a child as soon as possible, but in no case more than seven days, after the child has been identified) as described in 34 CFR 303.303;
- Ensures rigorous standards for appropriately identifying children with disabilities and delays for services through Birth to Three system that will reduce the need for future service;
- Ensures referrals for early intervention services are consistent with 34 CFR 303.206;

- Ensures the referral of specific at-risk infants and toddlers under the age of three who:
 - 1) Is the subject of a substantiated case of child abuse or neglect; or
 - 2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Birth to Three system and DOE provide for coordination with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, social service, and ethnic programs, including:

- 1) Children with disabilities who are homeless;
- 2) Maternal and Child Health programs;
- 3) EPSDT under Title XIX of Social Security Administration;
- 4) Programs under the DD Act;
- 5) Head Start Act (including Early Head Start programs).

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 agree 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 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 Prevention and Behavioral Health Services**, in a system of care approach, 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. Prevention services, including early childhood mental health consultations are provided to early care and education providers statewide, including Head Start programs.

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.

DHSSCares 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 DHSSCares 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.

Child Development Watch, through the DOE/CDW liaisons, assure full compliance is maintained regarding notification to Local School Districts (LEA) and the Delaware Department of Education (SEA) for children who are Part C eligible. Notification is distributed on directory information for children who reside in that LEA and will shortly

reach the age of eligibility for preschool services under Part B, according to the Part C regulations under 303.148 (b) (1). DOE/CDW liaisons provide this transition notification at least ninety days prior to the toddler's third birthday.

In order to allow maximum time for all necessary planning activities related to the transition, family service coordinators under Child Development Watch will convene transition conferences for a Part C eligible child to the Local Education Agency, with parental permission.

Following the referral for transition conferences, family service coordinators and Local Education Agency staff will work with the family to convene a transition conference and develop a transition plan in accordance with CDW Policies and Procedures. Evaluations and assessments that have been completed for Part C purposes within the past six months do not have to be repeated unless it is determined appropriate for that child and family. Child Development Watch, early intervention providers and local school districts fully implement transition conferences according to requirements in IDEA Section 637(a)(9)(A)(ii)(II) for transition conferences. In the case of a child who may be eligible for preschool services, with the approval of the family of the child, Child Development Watch, as the lead agency, will convene a conference among Child Development Watch, the family, and the local school district (Local Education Agency) not less than ninety days (and at the discretion of all such parties, no more than nine months) before the child's third birthday, to discuss any such services that the child may receive.

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 transition 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;
- At the parent's request, Part C eligible children who become three years of age 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.

Delaware has adopted "The Early Childhood Transition Operations Agreement between The Division of Public Health and the Division of Management Services in The Department of Health and Social Services, and The Department of Education For the Administration of Delaware's Child Development Watch Birth to Three Program" to achieve compliance with all requirements of 303.209 Transition to Preschool and Other Programs.

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 an Annual Performance Report (APR) submitted to the US Office of Special Education Programs (OSEP). As part of the APR, 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 APR.

Results from these evaluations will be reported annually within the Annual Performance Reports to OSEP, Delaware ICC, and the regional Child Development Watch programs.

As part of the APR, 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, and is developing a State Systemic Improvement Plan (SSIP) with a broad group of stakeholders.

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 and its work in early childhood and in highly qualified personnel.

- provide for adequate and appropriate pre and in-service 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 Expanding Inclusive Early Intervention Opportunities (EIEIO) and the Early Childhood Personnel Center.

Due Process Hearing

The Department of Education, serving Part B of IDEA, has established a system to address dispute resolutions. This system includes those covered under Part C of IDEA, as well. Due process hearing procedures are detailed in a separate document entitled *Part C Procedural Safeguards* and explained in the *Family Rights booklet*. Responsibility for training the hearing officers and setting up the system falls under the Department of Education.

Mediation

The Special Education Partnership for the Amicable Resolution of Conflict (SPARC) mediation program was formally created in 1997 to comply with the Individuals with Disabilities Education Act (IDEA), Part B regulations. It has grown from a single-focus program offering mediation to parties who file due-process requests to a multi-pronged program that also offers non-due-process mediation and mediation for parents who file administrative complaints. Through these combined components, it is the aim of the SPARC project to address conflicts between parents and school districts at the lowest possible level. The services are accessed by Delaware parents and school-district personnel to resolve disputes in the area of special-education services, including Part C.

Educational Surrogate Parents

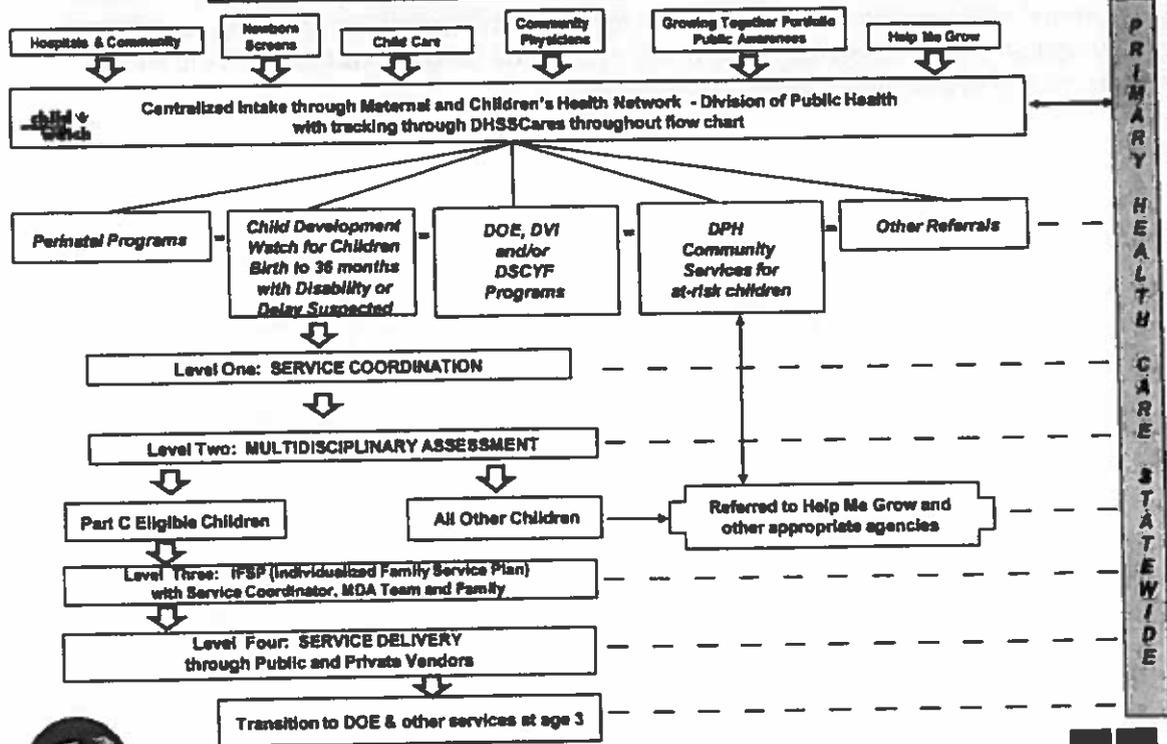
Guidelines for the appointment of an "Educational Surrogate Parent" will be the same for children eligible for services under Part C and Part B of the IDEA. Those guidelines are outlined in the Department of Education Title 14 Education of the Delaware Administrative Code, Child Development Watch Policies and Procedures Manual and the Part C Procedural Safeguards.

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 by the Department of Services for Children, Youth & Their Families, Department of Education, and Department of Health and Social Services. 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

Part C Model Flow Chart within Delaware Health Network



DPH = Division of Public Health
 DOE = Department of Education
 DDO = Division of Developmental Disabilities Services

DVI = Division for the Visually Impaired
 DHSSCares = Data System
 DSCYF = Dept of Services for Children, Youth & Families

AID1 = d/Font Hospital for Children
 CCHS = Christiana Care Health System
 MDA = Multidisciplinary Assessment

