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
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(Updated from September 2011 Interagency Agreement)

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Signatures

2/21/17

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Department of Services for Children, Youth & Their Families (DSCYF)

2/9/17

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

2/9/17

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

Purpose Statement

The purpose of this agreement is to ensure collaboration in the continuation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and/or developmental delays who are eligible under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Part C of IDEA, which is administered by Delaware 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, hemaglobinopathies, 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 a 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.

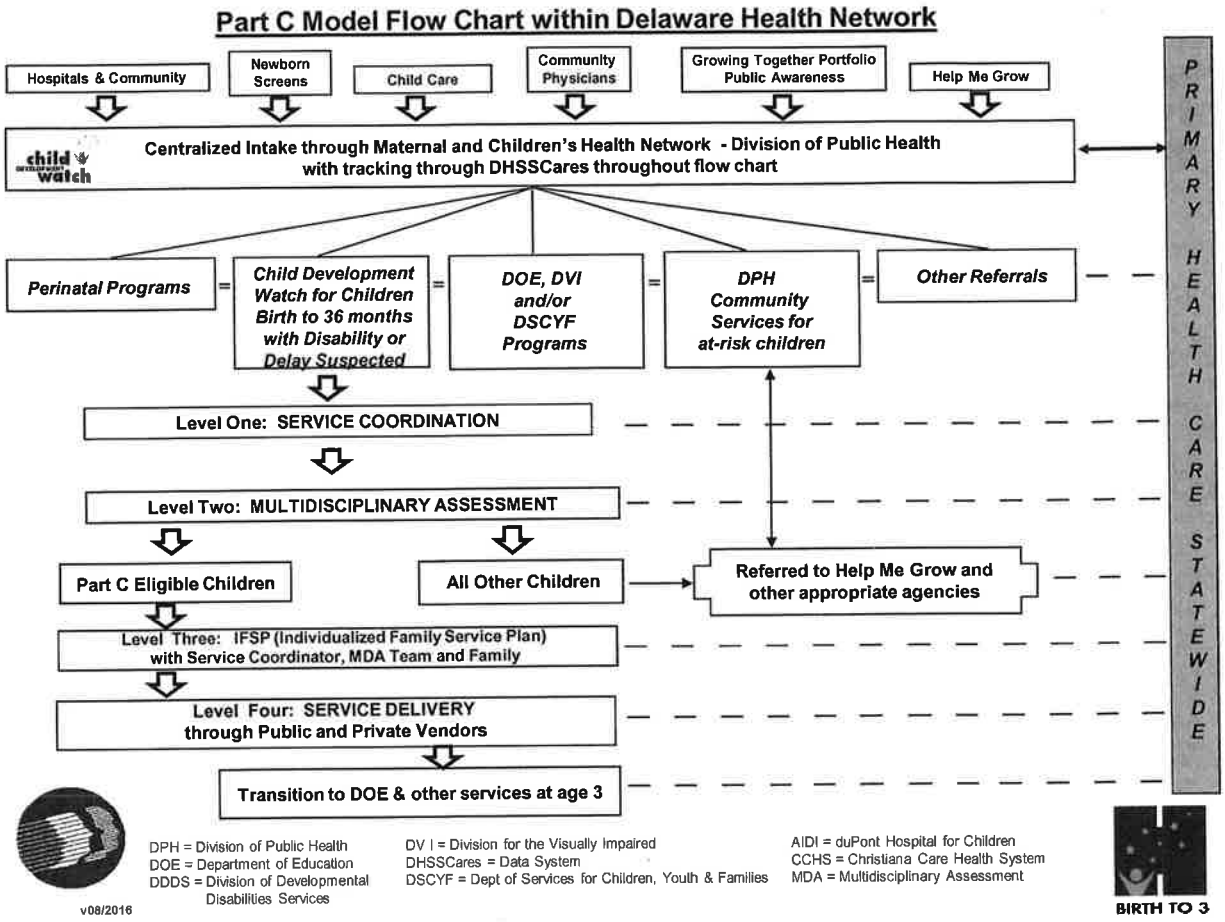
Educational Surrogate Parents

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
Hospitals & Community
Newborn Screens
Child Care
Community Physicians
Growing Together Portfolio Public Awareness
Help Me Grow
child watch
Centralized Intake through Maternal and Children's Health Network - Division of Public Health with tracking through DHSSCares throughout flow chart
Perinatal Programs
Child Development Watch for Children Birth to 36 months with Disability or Delay Suspected
DOE, DVI and/or DSCYF Programs
DPH Community Services for at-risk children
Other Referrals
Level One: SERVICE COORDINATION
Level Two: MULTIDISCIPLINARY ASSESSMENT
Part C Eligible Children
All Other Children
Referred to Help Me Grow and other appropriate agencies
Level Three: IFSP (Individualized Family Service Plan) with Service Coordinator, MDA Team and Family
Level Four: SERVICE DELIVERY through Public and Private Vendors
Transition to DOE & other services at age 3
PRIMARY HEALTH CARE STATEWIDE
v08/2016
DPH = Division of Public Health
DOE = Department of Education
DDDS = Division of Developmental Disabilities Services
DV I = Division for the Visually Impaired
DHSSCares = Data System
DSCYF = Dept of Services for Children, Youth & Families
AIDI = duPont Hospital for Children
CCHS = Christiana Care Health System
MDA = Multidisciplinary Assessment
BIRTH TO 3