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

DATE: July 9, 1996

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Signatures

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Department of Services for Children, Youth and Their Families
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Department of Instruction
(DPI)

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Carmen R. Nazario, 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 H of the Individuals with Disabilities Education Act (IDEA). Part H of IDEA, which is administered by Delaware Health and Social Services, provides funding and management to support a statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. The operation of Part H Birth to Three Program is carried out by Child Development Watch (CDW). This system is designed to ensure the availability and accessibility of early intervention services for all eligible children and their families.

The Interagency Resource Management Committee (IRMC) has been established by the state legislature to oversee several federal and state supported programs for young children at-risk, including the Part H Birth to Three Program. Members of the IRM are the Secretaries of Health and Social Services and Services for Children, Youth and Their Families, the State Superintendent, the State Budget Director and the Controller General.

The agencies involved in this agreement are: The Department of Health and Social Services (DHSS) – including the Division of Public Health (DPH), the Division of Management Services (DMS), the Division of Mental Retardation (DMR), the Division of the Visually Impaired (DVI), and the Division of Social Services (DSS) Medicaid Programs; the Department of Public Instruction (DPI); and the Department of Services for Children, Youth and Their Families (DSCYF) – including the Division of Family Services (DFS) and the Division of Child Mental Health (DCMH).

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

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

1. The continuation of an interactive, cooperative relationship at the State level which results in effective and efficient services and supports for eligible infants, toddlers and their families, and minimizes duplication of such services and supports.

2. Cooperative fiscal planning which will maximize utilization of available funds in providing services and supports to the eligible population of infants and toddlers with disabilities and/or developmental delays and their families.

Intended Outcomes

It is agreed that the potential benefits from cooperation among the State departments include the following:

1. Availability of services for children and families;

2. Maximum utilization of funds and resources;

3. Increased coordination among Departments in order to minimize unnecessary duplication of effort.

4. Increased collaboration with respect to shared expertise and planning based upon priorities, resources and concerns identified by the families of eligible infants and toddlers;

5. Increase ease of access for families seeking services and supports form multiple systems; and

6. Increased satisfaction of families with respect to early intervention services and supports.

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 people.

A comprehensive, coordinated early intervention system that empowers families and makes available resources to enable their children to reach their maximum potential would provide 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.

Principals 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 must be sensitive to the family's right to privacy and to multi-cultural differences.

- **Integration of services** – The needs of infants and toddlers and their families require the perspectives of various disciplines; thus, services should be planned using a collaborative, multidisciplinary, interagency approach. Existing services and programs, both public and private, should be supported with appropriate linkages promoted.

- **Universal application** – Families of infants and toddlers with disabilities or developmental delays in all areas of the State should receive comprehensive, multidisciplinary assessments of their young children, ages birth through 36 months, and have access to all necessary early intervention services.

- **Cost effectiveness** – The system should maximize the use of third party payment, and avoid duplication of effort. When appropriate, families are expected to pay for the cost of services based on their ability to do so.

- **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 objective delineated in this agreement are derived from the following federal legislation, which required collaboration with other related federal and state initiatives:

- Part B and Part H of the Individuals with Disabilities Education Act (IDEA);
- 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, Child Welfare, of the Social Security Act;
- The WIC Program – The Women, Infants and Children's *Special Supplement Nutrition* Program;
- The Child Care and Development Block Grant and the Child Welfare At-Risk Child Care Program, both enacted under OBRA'90;
- The Head Start Act; and
- The Americans with Disabilities Act of 1990.

Mutual Objectives

It is agreed that each agency will support the attainment of the following mutual objectives:

1. To coordinate the provision of services and to ensure the availability of all necessary services to eligible children and their families;
2. To participated in the IFSP (Individualized Family Service Plan) process as needed for children and families with whom the agencies are involved;

3. To participated in and provide information, on a timely basis, to the state ISIS (Integrated Service Information System) data system, and to supply data on Part H eligible children so that accurate and unduplicated counts can be given to the U.S. Department of Education.

4. To participated in the design and provision of cooperative interagency and multidisciplinary training opportunities for parents and service providers;

5. To provide appropriate information to the Birth to Three Central Directory of services;

6. To collaborate on and participated 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;

9. To support participation in and representation on the State Interagency Coordinating Council, committees and task forces by their appropriate staff; and to consider the recommendations of the ICC;

10. To develop and support joint budget requests to the state legislature to ensure the maximum utilization of existing resources and to assist in securing additional state resources as needed;

11. To follow the procedural safeguards developed for the Part H Birth to Three Program under Part H of IDEA;

12. To share information in accordance with confidentiality requi8rements and in accordance with the Delaware state interagency agreement related to confidentiality;

13. To support development and use of appropriate interagency forms and procedures; and

14. To collaborate on the development of policies to ensure that traditionally underserved groups including minority, low-income, and rural families are meaningfully involved in the continued planning and implementation of the Birth to Three Program and that these families have access within their geographic areas to culturally sensitive services.

Agency Responsibilities

The ultimate responsibility for the Part H Birth to Three Program 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

Services in the Division of Management Services

The Division of Management Services is the administrative office for the Part H Birth to Three Program under IDEA (Individuals with Disabilities Education Act). This office provides funding, coordination of training, technical assistance and management to support to the statewide, comprehensive, coordinated system of early intervention services for infants and toddlers with disabilities and/or developmental delays and their families. This office responsible for developing and coordinating resource materials, public awareness information and activities, maintaining federal guidelines and securing federal and state funding.

Services in the Division of Mental Retardation

The Division of Mental Retardation offers services as part of Child Development Watch to any child, birth to three and their family, who is at extremely high risk for developmental delay or with an established condition, as outlined in the Memorandum of Understanding approved between DMR, DMS and DPH. These services, provided by Developmental Nurse Specialists, include services coordination, neuro-developmental assessment, intervention for developmental and/or medical problems, and facilitation of the role of parents as primary advocate and teacher for their child. The Developmental Nurse Specialists also serve as consultants to other service coordinators, physicians, and public and private agencies.

Respite

The Division of Mental Retardation (DMR) offers respite services to families who have a child with mental retardation residing in the home.

Respite means a specific period of relief from the care of a family member with mental retardation. Usually, this is done in the home of an approved DMR respite provider. The respite can also be done in the family home. There may be a limit to the number of days per year that a family may utilize these services.

Residential Services

Under the Omnibus Budget Reconciliation Act of 1987 (OBRA), the Division of Mental Retardation will work with a family who is referring a child for long term care outside the home. DMR is responsible for determining if the child is eligible for placement, could benefit from specialized services and is nursing home appropriate. DMR would provide case management, which advocates for services the child, needs and coordinates the services the child receives. For

children under three, the OBRA case manager and the Child Development Watch service coordinator work together to provide services.

Services in the Division of Social Services Medicaid Program

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 Medial Assistance. These services may be provided as part of the basic package of the Diamond State Health Plan (Medicaid managed care), or they may be provided through the Medicaid fee-forservice system.

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

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

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

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

- Containing costs and improving services by reducing service overlaps or duplications, and closing gaps in the availability of services

- Focusing services on specific population groups or geographic areas in need of special attention; and

- Defining the scope of the programs in relation to each other.

Agencies and programs with which Medicaid is required to coordinate include Title V programs, state agencies responsible for administering health services and vocational rehabilitation services, Head Start, WIC, school health programs (including IDEA), and social services programs under Title XX. Linkages with these programs may be made via managed care organizations or directly with the Medicaid Program.

Federal regulations permit Medicaid to pay for services provided to Medicaid beneficiaries under Title

V and for those Medicaid allowable services covered in an IEP or an IFSP. Medicaid allowable services 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.

Services in the Division for the Visually Impaired

The Division for the Visually Impaired provides diagnostic, educational, service coordination and social work services for infants suspected or diagnosed of having severe visual impairment. Upon referral, the Division for the Visually Impaired collects medical information, conducts functional visual evaluations, and services as the multi-disciplinary team to determine eligibility for Local Education Agencies and the Division for the Visual Impaired services.

Other services provided to infants birth to three include:

- Direct educational intervention such as visual stimulation, instruction in self-help skills, tactile stimulation, and pre-Braille;
- Family counseling relative to the visual handicap;
- Orientation and mobility on a pre-skill level; and
- Parent training in areas related to developmental skills and blindness.

Services in the Division of Public Health

The Division of Public Health is the official health agency of the state with a broad mandate to assure and protect the health of Delaware citizens. 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. Public Health 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. Public Health 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). 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.) DPH also services as providers of Smart Start services and enhanced care for children under Delaware's Diamond State Health Plan (Medicaid managed care), via direct contract with the Managed Care Organizations. Personal health and population based preventive services are primarily delivered at multi-services state service centers strategically located throughout the state. 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 Medical Center of Delaware and A.I. duPont Institute.

Child Health Services: DPH provides routine well-child care, age appropriate screening and immunizations to uninsured and underinsured children through state service center clinics and other special immunization activities. 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 Program.

Child Development Watch: The Division of Public Health has the operational responsibility for Child Development Watch, which screens, assesses, determines Part H eligibility, provides services coordination and ensures completion and implementation for the Individualized Family Service Plan (IFSP). It works collaboratively with the Medical Center of Delaware and A.I. duPont Institute. In addition to DPH personnel, team members include staff from the Division of Mental Retardation (DHSS), Division of Family Services (DSCYF), and Department of Public Instruction. Each child's primary care physician is also a full member of the team. Special Supplemental Nutrition Program for Women, Infants and Children (WIC): This is a food and nutrition education program that benefits infants, children up to age five and pregnant and 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 nutrition 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 especially in Kent and Sussex Counties where geographic access is limited. These services include neurology, cardiac, genetics, audiology, and ophthalmology. The genetic services include genetic counseling for the family and special formulas for children with inborn errors of metabolism such as PKU. DPH participates as part of the cleft palate/oralfacial clinical team in conjunction with A.I. duPont Institute. The oral facial clinic covers orthodontic treatment if needed.

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

The Home Visiting Program: This program offers all first-time parents an initial postpartum/newborn home health nurse visit linked to continuing parent education and support services as needed and available. The program is administered by DPH and became available statewide on October 1, 1995. Parents enroll in this program when they sign consent after delivery. DPH has contractual arrangements with home care agencies to reimburse for visits to uninsured or underinsured families. Families with insurance may receive this visit as a benefit of their coverage. The Public Health Community Services Team also provides home visiting services to high-risk families enrolled in the program. The following agencies partner with DPH and offer ongoing parent education and support to interested families: CHILD, Inc., Delawareans United to Prevent Child Abuse, Family and Children Services of DE, Inc., Parents as Teachers, and Perinatal Association. In addition to home visits, DPH provided coordination for families enrolled in the program through tracking of information, networking with partner agencies, and conducting parent satisfaction interviews.

Lead Poisoning Prevention Services: The Childhood Lead Poisoning Prevention Act required health care providers to order screening of all children at or around 12 months of age and for children who are at high risk for lead poisoning. As a component of EPSDT, all children (up to five years of age) using Child Health Clinics or WIC are offered lead screening. A home visit is made when a child is first identified with 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 of Public Health Nurses, Licensed Practical Nurses, Social Services Specialists, and Environmental Health Specialists.

Preschool Diagnostic and Developmental Nursery: The Preschool Diagnostic Developmental Nursery (PDDN) provides early intervention services o infants and toddlers, age birth to three, and their families 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; however, goals and objectives are individualized to meet the developmental needs of each child as well as the needs of the entire family.

DEPARTMENT OF PUBLIC INSTRUCTION

The Delaware Department of Public Instruction 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, deaf blind and/or autistic.

Consistent with Federal and State Law and the Delaware Administrative Manual: Programs for Exceptional Children, The Delaware Department of Public Instruction has the following responsibilities regarding services for infants, toddlers and their families, ages birth to three:

- facilitating the development of a comprehensive statewide service system for children birth to kindergarten and their families through the leadership and collaborative efforts of the 619 Coordinator and the Part H Coordinator.

- assuring the Child Find System, including public awareness, screening and evaluation for those children who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic.

- assuring the provision of a free appropriate education to children birth to three who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic.

- assuring the implementation of policies and procedures for a smooth transition of children form Child Development Watch to Preschool Programs (3-5 years).

- monitoring Local Education Agency (LEA) programs and State Operated 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 Department of Services for Children, Youth and Their Families (DSCYF) provides comprehensive services to abused, neglected, dependent, delinquent, and mentally ill or emotionally disturbed children, youth, and their families. Through its prevention and outreach efforts, the Department attempts to identify families at risk of developing such problems and provides supportive services to reduce that risk.

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

Services in the Division of Family Services

- Investigation of complaints of abuse, neglect, and dependency, including risk assessment
- Treatment services to support the family and reduce risk when a complaint is founded
- Family preservation services to prevent placement of the child
- Foster care services when the child cannot remain in the care of her/his family
- Prevention services including activities in four child care centers (funded through a time limited federal grant)
- Reunification services to reunite families and children after foster care
- Termination of Parental Rights/Adoption services for children who cannot return home
- Support of training for child care providers through the Office of Child Care Licensing

Services in the Division of Child Mental Health Services

- Full range of mental health and substance abuse evaluation and treatment for which eligibility criteria apply
- 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 H Birth to Three Program. The IRMC may advise on the use of other funds specifically designated for the program.

Financial Matters

According to 34 CRD 303.124, Part H 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 CRD 303.527, Birth to Three funds may not be used to satisfy a commitment for services that would otherwise have been paid for from other public or private sources but for the enactment of Part H. Accordingly, agencies agree to ensure the continued provision of available resources to deliver early intervention services and supports to eligible infants and toddlers and their families.

Maximum use will be made of all third parties funding sources, including Medicaid. 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 H 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 H 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, deaf blind and/or autistic according to the Delaware Administrative Manual: Programs for Exceptional Children.

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 H are available throughout the state either through public agencies or through vendor agreements and contractual arrangements with public and private providers.

Fees

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

FAPE Services remain available at no cost.

Provision of Services Under Part H

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

The programmatic flow chart in Appendix B portrays the delivery of services under Part H. 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 s 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 H 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 H.

Child Find and Service Coordination

Assurance of System

The Department of Public Instruction 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 H of the IDEA, the lead agency for Part H (DHSS) and the lead agency for Part B (DPI) accept joint responsibility as described for ensuring the location, identification and evaluation of all infants and toddlers potentially eligible under Part H or Part B. These two state agencies remain ultimately responsible for Child Find.

The Department of Public Instruction assumes responsibility for Child Find activities for those children who are visually impaired, deaf or hard of hearing, deaf blind and/or autistic as described in the State Plan and Administrative Manual: Programs for Exceptional Children. The Department of Health and Social Services assumes responsibility for Child Find activities for all other children birth to three. In addition, agencies agree to provide information to Child Development Watch through the Division of Public Health, which serves as the central point of contact for the Birth to Three system.

Operation of System

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

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

Liaison staff from signatory agencies agrees to participate with the families in the interagency Child Development Watch team process through which Child Find is conducted and the service coordinator assigned. Any child believed to be potentially Part H eligible will have a multidisciplinary assessment provided as needed. Parents of these potentially eligible children will be requested to sign a Part H/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 H Birth to Three Program provides additional administrative and fiscal support. Existing obligations have been used as the basis for the following explanations of shared Part H responsibilities.

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

The Department of Public Instruction participates in all Child Development Watch in the hiring and supervision of liaisons between DPI, the schools and Child Development Watch to ensure that transition form CDW to Public School Programs is provided. These individuals will also serve as service coordinators for some children in Child Development Watch. Children who are visually impaired, deaf and hard of hearing, deaf blind and/or autistic and eligible for FAPE under part B, are eligible for Child Find.

The Division of Family Services employs liaisons between DSCYF and Child Development Watch to ensure that all DFS children potentially eligible for Part H 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 service as service coordinators for some children who are in DFS care.

The Division for the Visually Impaired participates in the Interagency team, and provides 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 clinic management, it provides 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 service potentially eligible children. All screening activities under the Birth to Three Program must meet EPSDT standards.

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

Transition

All Part H early intervention and Part B preschool providers will follow the Child Development Watch Policies and Procedures Manual related to the transition necessary when a child turns age three years. This process is designed to ensure that there is minimal disruption or burden to the family in the provision of services for a child during this time. All transition activities will be in keeping with the goal of providing a seamless system of services for children birth through entry into kindergarten. Every effort will be made by Child Development Watch to work with families to ensure the availability of appropriate services for any children that exit Child Development Watch and are determined not to be eligible for Part B preschool services.

In order to allow maximum time for all necessary planning activities related to transition, the service coordinator under Child Development Watch for a particular child, believed to be potentially Part B eligible will refer that child to the local education agency, with parental permission, at least 90 days prior to the child's third birthday. This can occur anytime as early as 180 days prior to the child's birthday depending on the point in the calendar year when a child will turn three years.

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

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

- The responsibility for children who become three years of age during the time between January 1 and April 30 (inclusive) will transfer from Part H 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 year of age between May 1 and August 31 (inclusive) may continue to receive services through Part H through August 31 of that year, and

- At the parent's request, Part H eligible children who become three between September 1 and December 31 (inclusive), and are determined eligible for Part B services, may receive services through Part B beginning September 1 of that school year.

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 H are administered, supervised, and monitored in accordance with Part H 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 H 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 H supervision and monitoring will be the responsibility of the Birth to Three management staff in the lead agency.

Evaluation

Under the direction of the IRMC, an interagency evaluation process is being developed by the University of Delaware, University Affiliated Program (UDUAP). This process will be used as one component of the evaluation and monitoring to be conducted for the Birth to Three Program. All agencies in this interagency agreement agree to use the IRMC evaluation process whenever appropriate.

Personnel Development

A Comprehensive System of Personnel Development (CSPD) is a component of both the Department of Health and Social Services Birth to Three Program Plan and the Department of Public Instruction's (SEA) State Plan for activities and responsibilities under the IDEA. A single CSPD committee, appointed by the State Superintendent for Education, exists in Delaware to facilitate a number of activities, which support the following:

- 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 H Birth to Three Program will serve on the committee to ensure that the training needs, personnel development and promising practices associated with the Birth to Three program are adequately addressed. Interagency collaboration and joint planning are supported and endorsed by the CSPD Bylaws.

Due Process Hearing

The Department of Public Instruction and the Department of Health and Social Services agree that there will be a single due process system to support all children covered by the IDEA. Responsibility for training hearing officers is a joint responsibility using the training process developed through the Department of Public Instruction.

Mediation

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

Educational Surrogate Parents

Guidelines for the appointment of an "Educational Surrogate Parent" will be the same for children eligible for services under Part H and Part B of the IDEA. Those guidelines are outlined in the Department of Public Instruction's Administrative Manual: Programs for Exceptional Children, Child Development Watch Policies and Procedures Manual and the Part H Procedural Safeguards.

Procedures to Resolve Disputes Regarding Program and Fiscal Issues

1. All attempts shall be made to resolve disputes at the lowest possible level, and each agency will use its own dispute resolution procedures to resolve disputes.

2. Disputes that cannot be resolved at the program or agency level shall be referred to the appropriate agency's Division Director's of the Department of Services for Children, Youth and Families; Department of Health and Social Services and/or appropriate Team Leaders of the Department of Public Instruction. Those individuals or their designees will together review the issue and make a determination as to how the dispute should be resolved. This decision shall be shared in writing with the parties involved in the dispute within thirty business days of receipt of the request for a determination.

3. If the dispute cannot be resolved as described in #2 above, the dispute shall be referred in writing to the appropriate agency's Cabinet level State Superintendent and/or Secretaries or their designees. Their joint decision shall be shared in writing with the parties involved in the dispute within thirty business days of the referral to them.

4. If the dispute can not be resolved as described in #3 above, the dispute shall be referred in writing to the three signatories of this agreement; the Secretaries of the Department of Services for Children, Youth and Their Families and the Department of Health and Social Services; and the State Superintendent of the Department of Public Instruction. 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. During pendency when disputes are under consideration, the lead agency shall: (a) assign financial responsibility to an agency or will see that services are paid for in accord with "payor of last resort" provision; (b) reassign financial responsibility upon the resolution of a dispute if the lead agency determines the original assignment of financial responsibility was inappropriate; and (c) make arrangements for reimbursement of expenditures incurred by the agency originally assigned responsibility.

6. The lead agency is ultimately responsible for dispute resolution. To the extent necessary to ensure compliance with its actions, the lead agency will refer dispute resolutions to the Governor and will implement procedures to ensure that timely services are provided pending resolution of disputes.

Reauthorization Schedule and Negotiation Procedures

This Interagency Agreement shall be effective immediately upon the written signatures of all parties and will remain in effect until a new agreement is signed. This Agreement shall be reviewed annually and reauthorized at least every five years by the Department of Public Instruction, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families. Renegotiation of any portion of this Agreement may occur at any time for good cause, upon the written request of any of the participating Departments.

APPENDIX A

INTERAGENCY TASK FORCE

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Division of Management Services (DSCYF)

Linda Barnett, Ph.D.
Manager for Program Coordination, Development and Evaluation
Division of Management Services (DHSS)

Martha Brooks, Ed. D.
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Nursing Program Administrator
Division of Mental Retardation (DHSS)

Rosanne Griff-Cabelli
Part H Coordinator
Division of Management Services (DHSS)

Jerry Icenogle
Chairman, Interagency Coordinating Council
Sr. Vice-President of Administration
Blue Cross/Blue Shield

William Love
Director
Division of Mental Retardation (DHSS)

Dave Michalik
EPSDT Administrator
Division of Social Services (DHSS)

Joan Powell
Early Intervention Service Director
Division of Public Health (DHSS)

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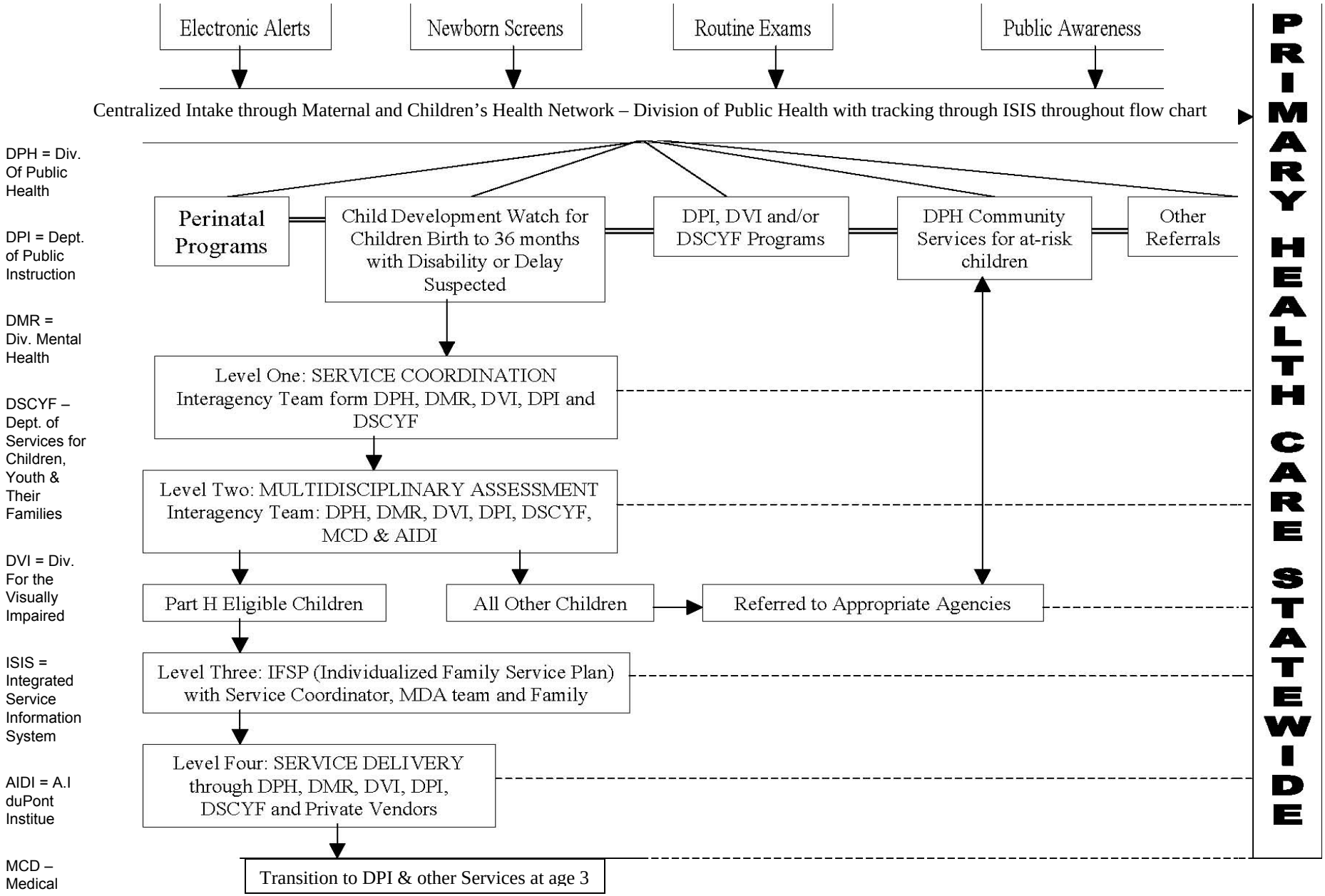
Early Childhood IDEA 619 Coordinator (DPI)

Nancy Wilson, Ph.D.
Education Associate
IRMC Policy Coordinator (DPI)

Lynne Young
Education Supervisor
Division for the Visually Impaired (DHSS)

Part H Model Flow Chart within Delaware Health Network



DPH = Div. Of Public Health

DPI = Dept. of Public Instruction

DMR = Div. Mental Health

DSCYF – Dept. of Services for Children, Youth & Their Families

DVI = Div. For the Visually Impaired

ISIS = Integrated Service Information System

AIDI = A.I duPont Institue

MCD – Medical Center of DE

MDA= Multi-Disciplinary Assessment