

OMB NO. 1820-0550
Expires: 08/31/2014

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FEDERAL FISCAL YEAR (FFY) 2013**

CFDA No. 84.181A

ED FORM No. 1 B20--26P

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

Paperwork Burden Statement

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

Section I

A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

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

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

2. The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistent with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the final Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2014. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.¹

Optional:

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

B. Conditional Approval for Current Grant Year

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

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

- a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2012 conditional approval letter (attach any additional documentation required by the FFY 2012 letter).
 b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2012 conditional approval letter.

2. Conditional Approval Related to Other Issues:

- a. The State previously submitted documentation of completion of all issues identified in the FFY 2012 conditional approval letter.
 b. The State is attaching documentation of completion of all issues identified in the FFY 2012 conditional approval letter. *(Attach documentation showing completion of all issues.)*
 c. The State has not completed all issues identified in the FFY 2012 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2014.
Part C Annual State Application: FFY 2013
OMB No. 1820-0550/Expiration Date: 08/31/2014

Section II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431 - 1443 and the final Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2013 grant award, the State will operate consistent with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the final Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and final regulations by the date indicated below and not later than June 30, 2014.

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)	No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)		
N	R	OF	
			State Policies, Procedures, Methods, and Descriptions
			Subpart C – State Policies and Procedures
X			1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided under this part. (34 CFR §303.201)
X			2. Each application must include a description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system. (34 CFR §303.203(a))
X			3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303. <i>The State must have policies and procedures that meet the requirements listed in 3(a) and the methods identified in 3(b), and must provide responses to those</i>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p>N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE</p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
N	R	OF	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p><i>entries. If the State has not adopted a system of payments, it may respond "NA" to 3(a).</i></p>
X			<p>(a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees).</p> <p>(34 CFR §303.203(b)(1))</p> <p><i>The policies and procedures listed in 3(a) are optional. Enter 'NA' in the cells to the left if the State has elected not to adopt a system of payments (which includes a system to use public insurance or benefits or private insurance or family fees to pay for Part C services); otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p> <p><i>The State's response under 3(a) of Section II.A must match the State's response under Section IV.A.</i></p>
X			<p>(b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3).</p> <p>(34 CFR §303.203(b)(2))</p> <p><i>If the State uses signed interagency agreements or "other appropriate written method(s)" to meet</i></p>

Check and enter date(s) as applicable. Enclose relevant documents.			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
Yes	No		
<p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
N	R	OF	State Policies, Procedures, Methods, and Descriptions
			<p><i>the requirements in 3(b), please check 'N' or 'R' and submit with the application. If the State's method is a State statute or regulation, the State does not need to submit that method (the statute or regulation) with its application.</i></p>
X			<p>4. Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of <u>developmental delay</u>, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must--</p> <p>(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and</p> <p>(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1).</p> <p>(34 CFR §§303.203(c) & 303.111)</p>
		N/A	<p>5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include--</p> <p>(a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b);) and</p> <p>(b) A description of the early intervention services</p>

Check and enter date(s) as applicable. Enclose relevant documents.			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
Yes	No		
<p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
N	R	OF	State Policies, Procedures, Methods, and Descriptions
			<p>provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a).</p> <p>(34 CFR §303.204).</p> <p><i>The policies and procedures listed in 5 are optional (i.e., they only apply if the State opts to serve at-risk children). Enter 'NA' in the cells to the left if the State has elected not to provide services under Part C to at-risk infants and toddlers; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach the definition and description.</i></p>
X			<p>6. Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the State Interagency Coordinating Council (Council), and include the information required in attached Section III of this application. (34 CFR §303.205)</p>
X			<p>7. Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in §303.303(b) (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (34 CFR §303.206)</p>
X			<p>8. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State. (34 CFR §303.207)</p>

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)	No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)		
N	R	OF	State Policies, Procedures, Methods, and Descriptions
X			<p>9. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency--</p> <ul style="list-style-type: none"> (1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure); (2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and (3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. <p>(34 CFR §303.208(b))</p>
X			<p>10. (a) <u>Application Requirements</u>: Each State must include the following in its application:</p> <ul style="list-style-type: none"> (1) A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities.

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
<p>N</p>	<p>R</p>	<p>OF</p>	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p>(2) A description of how the State will meet each requirement in §303.209(b) through (f).</p> <p>(3) (i)(A) If the lead agency is not the SEA, an interagency agreement between the lead agency and the SEA; or (B) If the lead agency is the SEA, an intra-agency agreement between the program within that agency that administers Part C of the Act and the program within the agency that administers section 619 of the Act</p> <p>(ii) To ensure a seamless transition between services under Part C and under Part B of the Act, an interagency agreement under paragraph (a)(3)(i)(A) of this section or an intra-agency agreement under paragraph (a)(3)(i)(B) of this section must address how the lead agency and the SEA will meet the requirements of paragraphs (b) through (f) of this section (including any policies adopted by the lead agency under §303.401(d) and (e)), §303.344(h), and 34 CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that--</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if</p>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
N	R	OF	<p>State Policies, Procedures, Methods, and Descriptions</p> <p>the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p> <p>(c) <u>Conference to discuss services.</u> The State must ensure that—</p> <p>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of</p>

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Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)	No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)		
N	R	OF	State Policies, Procedures, Methods, and Descriptions
			<p>the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than 90 days--and, at the discretion of all of the parties, not more than 9 months--before the toddler's third birthday to discuss any services the toddler may receive under Part B of the Act.</p> <p>(2) If a toddler with a disability is determined to not be potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.</p> <p>(d) <u>Transition plan</u>. The State must ensure that for all toddlers with disabilities –</p> <p>(1)(i) It reviews the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year; and</p> <p>(ii) Each family of a toddler with a disability who is served under Part C is included in the development of the transition plan required under this section and §303.344(h);</p> <p>(2) It establishes a transition plan in the IFSP not fewer than 90 days--and, at the discretion of all of the parties, not more than 9 months--before the toddler's third birthday; and</p> <p>(3) The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate—</p> <p>(i) Steps for the toddler with a disability</p>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p>N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE</p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
<p>N</p>	<p>R</p>	<p>OF</p>	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p>and his or her family to exit from the Part C program; and</p> <p>(ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.</p> <p>(e) <u>Transition conference and plan meeting requirements.</u> Any conference conducted under paragraph (c) of this section or meeting to develop the transition plan under paragraph (d) of this section (which conference and meeting may be combined into one meeting) must meet the requirements in §§303.342(d) and (e) and 303.343(a).</p> <p>(f) <u>Applicability of transition requirements.</u></p> <p>(1) The transition requirements in paragraphs (b)(1) and (2), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211.</p> <p>(2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1).</p> <p>(3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii).</p> <p>(34 CFR §303.209)</p>

Check and enter date(s) as applicable. Enclose relevant documents.			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
Yes	No		
(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)	(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)		
N	R	OF	State Policies, Procedures, Methods, and Descriptions
X			11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <u>et seq.</u> , as amended), early education and child care programs, and services under Part C. (34 CFR §303.210)
X			12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))
			<p>N/A</p> <p>13. (a) (1) A State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school.</p> <p>(2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities--</p> <ul style="list-style-type: none"> (i) From age three until the beginning of the school year following the child's third birthday; (ii) From age three until the beginning of the school year following the child's fourth birthday; or (iii) From age three until the beginning of the school year following the child's fifth

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<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
<p>N</p>	<p>R</p>	<p>OF</p>	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p>birthday.</p> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <p>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii) that contains--</p> <p>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</p> <p>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including--</p> <p>(A) The types of services and the locations at which the services are provided;</p> <p>(B) The procedural safeguards that apply; and</p> <p>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</p> <p>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</p>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p><i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i></p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
N	R	OF	<p>State Policies, Procedures, Methods, and Descriptions</p> <p>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under §300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by:</p> <p>(A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted</p>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p>N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE</p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
<p>N</p>	<p>R</p>	<p>OF</p>	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p>under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days--and, at the discretion of all parties, not more than 9 months--before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days--and, at the discretion of all parties, not more than 9 months--before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p> <p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and percentage of children with disabilities who are eligible for services under</p>

<p>Check and enter date(s) as applicable. Enclose relevant documents.</p>			<p>N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE</p>
<p>Yes</p> <p>(If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)</p>	<p>No</p> <p>(Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2014.)</p>		
<p>N</p>	<p>R</p>	<p>OF</p>	<p>State Policies, Procedures, Methods, and Descriptions</p>
			<p>section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds.</u> The State policy described in §303.211(a) must describe the funds--including an identification as Federal, State, or local funds--that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction.</u> (1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p>

B. Assurances and Optional Assurance

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

<i>Check and enter date(s) as applicable</i>		Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
X		<p>1. The State has adopted a policy that appropriate early intervention services, as defined in 34 CFR §303.13, are available to all infants and toddlers with disabilities in the State and their families, including--</p> <ul style="list-style-type: none"> (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; (b) Infants and toddlers with disabilities who are homeless children and their families; and (c) Infants and toddlers with disabilities who are wards of the State. <p>(34 CFR §303.101(a))</p>
X		<p>2. The State has in effect a statewide system of early intervention services that meets the requirements of section 635 of the Act, including policies and procedures that address, at a minimum, the components required in 34 CFR §§303.111 through 303.126. (34 CFR §303.101(a))</p>
X		<p>3. The State ensures that any State rules, regulations, policies and procedures relating to 34 CFR Part 303 conform to the purposes and requirements of 34 CFR Part 303. (34 CFR §303.102)</p>
X		<p>4. Each statewide system (system) must include, at a minimum, the components described in §§303.111 through 303.126. (34 CFR §303.110)</p>
X		<p>5. The State has a policy in effect that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including—</p> <ul style="list-style-type: none"> (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and (b) Infants and toddlers with disabilities who are homeless children and their families. (34 CFR §303.112)

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

Check and enter date(s) as applicable		Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
		<p>eligible under Part C of the Act and their families; and</p> <p>(c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities.</p> <p>(34 CFR §303.117)</p>
X		<p>11. The Statewide system includes a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. The State's comprehensive system of personnel development--</p> <p>(a) Includes--</p> <ol style="list-style-type: none"> (1) Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers; (2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under Part C; and (3) Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention services program under Part C of the Act to a preschool program under section 619 of the Act, Head Start, Early Head Start, an elementary school program under Part B of the Act, or another appropriate program. <p>(b) May include--</p> <ol style="list-style-type: none"> (1) Training personnel to work in rural and inner-city areas; (2) Training personnel in the emotional and social development of young children; (3) Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and (4) Training personnel who provide services under this part using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education and Care established under the Head Start Act, if applicable. (34 CFR §303.118)
X		<p>12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of</p>

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

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

<i>Check and enter date(s) as applicable</i>		Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
X		17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State’s sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124)
X		18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125)
X		19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided-- (a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment. (34 CFR §303.126)
X		20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221)
X		21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222)
X		22. The Statewide system ensures that-- (a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the

Check and enter date(s) as applicable		Subpart B – Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
		uses and purposes provided in 34 CFR Part 303; and (b) A public agency will administer the funds and property. (34 CFR §303.223)
X		23. The Statewide system ensures that it will-- (a) Make reports in the form and containing the information that the Secretary may require; and (b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224)
X		24. The Statewide system ensures that – (a) Federal funds made available under section 643 of the Act to the State – (1) Will not be commingled with State funds; and (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for— (1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and (2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities. (c) <u>Requirement regarding indirect costs.</u> (1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant. (2) If approved by the lead agency’s cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either-- (i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or

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

C. Certifications

The State Lead Agency is providing the following certifications:

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

D. Statement

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

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistent with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 and the final regulations 34 CFR Part 303, and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2014. (34 CFR §76.104)

I, the undersigned authorized official of the

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

am designated under Part C by the Governor of this State to submit this application for FFY 2013 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

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

Section III

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

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

When completing this section include:

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

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

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds				
30% funded with Part C Funds For all staff listed	13.4 FTE	100% For all staff listed	\$355,000	<p>Program Managers: (2) 1-General supervision and management of statewide program operations, personnel, and implementation of direct services and service coordination. 1-Central office general oversight and monitoring of policy development and related activities; assure compliance to regulations; provide technical assistance to participating providers; federal coordination/communication; central office staff coordination, technical assistance, and program representation to policymakers, advocates, etc.</p> <p>Research Analyst, Sr.(1): Standard child count and data reporting procedures; federal reporting; staff support for implementation of data system; compile screening and tracking data from developmental monitoring system; prepare case study and follow along data; analysis of program data; information dissemination; training and technical assistance; performance reports, database development and maintenance. Outcomes data collection and reporting.</p> <p>Program System Specialist-Automated (1): System support and table maintenance for automated data system; assure integrity in billing and claims process,; provide technical assistance and training for data system users and billing clerks; reconcile errors in claims; serve as liaison to third party payees to clarify coding or other system issues; coordinate with the Central Revenue Unit; represent the business in data system development and conduct system and user testing; generate related reports as needed.</p>

				<p>Central Office Program Specialists (2): Maintain and update implementation manual; provide training and ongoing technical assistance to regional personnel and providers; coordinate and facilitate monitoring of compliance and performance and oversee the development of Corrective Action Plans and program evaluation. Complete necessary analysis of data and develop portions of the State Performance Plan and Annual Performance Report</p> <p>Administrative Assistant (4.4): Office coordination; correspondence; generate reports; meeting coordination/ scheduling, and support to Infant Toddler Program managers and staff.</p> <p>Hub Regional Program Specialists (3): Quality assurance of performance, compliance and tracking data for compliance to Part C requirements. Contract recruitment and management; child find outreach and interagency coordination. Coordinate training and technical assistance to regional Part C providers.</p>
Subtotal of amount under A:			\$355,000	

Section III (Continued)

B. Maintenance and Implementation Activities for the Lead Agency

When completing this section include:

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

(Add columns and rows as needed.)

Major Activity	Part C Funds to be Spent	Description of Activities
Central Operations	\$24,542	Telephone expenses, printing costs, public hearing expenses, supplies, postage, educational materials, and travel expenses. Data System replacement and maintenance.
Personnel Development	\$6,000	Support training and consultation for Part C supervisors, program specialists and other providers of early intervention services. Coordinate and support training with professional organizations, CDHD, NECTAC, State Department of Education, Head Start, Bureau of Public Health Services and others. Early childhood conference expenses.
Parent Education	\$5,000	Support for parent leadership activities and training.
Public Awareness	\$6,000	Support reprint and dissemination of public awareness materials. Publicly announce child find activities and requirements of the system. Coordinate public awareness efforts. Implement Results Plan.
Subtotal of amount under B:	\$41,542	

Section III (Continued)

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

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

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

Positions Funded	Number of Positions	% of Time Spent on Part C	Amount of Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds				
< 100% funded with Part C Funds	.1 FTE	100%	\$4,300	Support Early Childhood Coordinating Council (EC3) staff, assist with ICC activity arrangements, processing payments, and correspondence, as back-up.
Subtotal of amount under C:			\$4,300	

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

Section III (Continued)

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

When completing this section include:

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

(Add columns and rows as needed.)

Major Activity	Part C Funds to be Spent	Description of Activities
Early Childhood Coordinating Council	\$22,000	Travel, per diem, and meeting expenses for Council meetings and Executive Committee meetings, parent stipends for lost wages, reimbursement of child care for parent members, postage and printing, out-of-state travel expenses for national meetings, conference calls, and printed materials.
Regional Early Childhood Council Expenses	\$21,000	Support for regional planning, advice and assistance, parent supports, etc., for Regional Early Childhood Committees.
Subtotal of amount under D:	\$43,000	

Section III (Continued)

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

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

Description of Direct Early Intervention Service	Approximate Amount of Part C Funds to be Spent on Service
Provision of developmental therapy by lead agency personnel or contractors (Developmental Specialists)	\$398,599
Provision of occupational therapy services by lead agency personnel or contractors (Occupational Therapists)	\$349,754
Provision of speech language therapy by lead agency personnel or contractors (Speech Language Pathology Therapists)	\$609,658
Provision of physical therapy by lead agency personnel or contractors (Physical Therapists)	\$288,246
Subtotal of amount under E:	\$1,646,257

NOTE: Service Coordination will be funded with state general funds and a Medicaid match for those percentages of children who are Medicaid eligible.

Section III (Continued)

F. Description of Optional Use of Part C Funds

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

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

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

Major Activity	Part C Funds to be Spent	Description of Activities
N/A	N/A	N/A
Subtotal of amount under F:	\$0	

G. Activities by Other Agencies

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

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

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

Agency Receiving Funds	Amount of Funds	Purpose
N/A	N/A	N/A
Subtotal of amount under G:	\$0	

Section III (Continued)

H. Totals

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

Enter the subtotal amounts for Sub Sections A-G found in Section III of this application.		
Row No.	Section	Amount
1.	III.A.	\$355,000
2.	III.B.	\$41,542
3.	III.C.	\$4,300
4.	III.D.	\$43,000
5.	III.E.	\$1,646,257
6.	III.F.	\$0
7.	III G.	\$0
Enter any Indirect Costs Charged (See Section IV.B of this application.)		
8.	IV.B	\$367,426
Total (Rows 1-8)		\$2,457,525

Section IV

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

The State

does (check as applicable)

does not (check as applicable)

have a system of payments for Part C services under 20 U.S.C. 1432(4)(B) which may include use of public benefits or insurance, private insurance or family fees, such as a sliding scale. Any family fees are treated as 'program income' for purposes of 34 CFR §80.25 and are not included in the State's determination of State and local expenditures for purposes of 20 U.S.C. 1437(b)(5)(B). *Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 3.a in Section II.A above.*

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

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

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

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

The lead agency has a final restricted indirect cost rate or cost allocation plan that has been approved by the State lead agency's cognizant Federal agency and is in effect for this Federal fiscal year (FFY) (ending on June 30, 2014). (Attach a copy of the approved restricted indirect cost rate agreement or cost allocation plan.)

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

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

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

_____ Other, explanation attached.

2. Check if applicable.

_____ Under §303.225(d), the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary. The lead agency is requesting the Secretary's approval to charge rent, occupancy or space maintenance costs either directly or indirectly to Part C FFY 2013 funds. If checked, the lead agency must attach to this Application a description of the amount to be charged, all uses of the space, and the proposed method of charging.

Grant Application - Section IIA State Policies, Procedures, Methods, and Descriptions

Section II A-1

Lead Agency

Assurances

The Idaho Department of Health and Welfare is the Governor appointed lead agency for the Part C Early Intervention System.

Idaho has also established the Early Childhood Coordinating Council (EC3) to facilitate family and community involvement in the Early Intervention System and to assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities.

Procedures

The Idaho Department of Health and Welfare is the lead agency. As the lead agency, the Department of Health and Welfare assures implementation of statewide coordinated comprehensive, early intervention services to all eligible infants and toddlers and their families. Idaho Code Title 16, Chapter I, an act for early intervention services for toddler and infants was enacted in 1991 (see Section G). The Code defines Health and Welfare as the lead agency and designates the Department as the single line of responsibility for the administration of the early intervention system and all funds appropriated to implement the provisions of the act.

The State of Idaho has designated the Department of Health and Welfare to be responsible for assigning financial responsibility among appropriate agencies.

Administrative responsibilities of the Department of Health and Welfare include:

1. the administration of all funds appropriated;
2. the identification and coordination of all available financial resources within the State from federal, state, local and private sources;
3. the resolution of intra- and inter-agency disputes;
4. the entry into formal intra- and interagency agreements with other agencies involved in early intervention services;
5. the entry into contracts with service provider agencies;
6. the monitoring and general supervision of programs and activities;
7. the development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes among public agencies or service providers;
8. the writing of all policies, procedures, and administrative rules in conjunction with the Early Childhood Coordinating Council; and
9. the provision of staff and services as necessary to carry out the functions of the Council.

Section II A-2

Early Intervention Services

Assurances

The Department of Health and Welfare ensures the provision of early intervention services under Part C of IDEA to infants and toddlers with disabilities and their families in accordance with the provisions of Part C through the Idaho Infant Toddler Program (ITP).

Procedures

The early intervention services provided by the Idaho ITP are defined below and are consistent with Part C of the Individuals with Disabilities Education Act (IDEA) and its implementing regulations at 34 CFR Part 303 for use in implementing the Idaho ITP.

Early intervention service provider or EIS provider:

- Means an entity, whether public, private, or nonprofit or an individual that provides early intervention services under Part C of the IDEA, whether or not the entity or individual receives Federal funds under Part C of the IDEA, and may include, where appropriate, the state lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in New Jersey under Part C of the IDEA. In New Jersey, such an entity is referred to as an early intervention provider agency and an individual is referred to as a practitioner hired by or under contract with an EI provider agency that is responsible for the supervision of the provision of early intervention services.
- An EIS provider agency/practitioner is responsible for:
 - Participating in the multidisciplinary individualized family service plan (IFSP) team's ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP;
 - Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and
 - Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability.

Early Intervention Services

- a) Early intervention services mean developmental services that:
- Are provided under public supervision;
 - Are selected in collaboration with the parents;
 - Are provided at no cost, except, subject to these policies and procedures, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;

- Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including:
 - (i) Physical development;
 - (ii) Cognitive development;
 - (iii) Communication development;
 - (iv) Social or emotional development; or
 - (v) Adaptive development;
- Meet the Idaho standards where the early intervention services are provided, including the requirements of Part C of the IDEA;
- Include services identified under this section;
- Are provided by qualified personnel, as defined in this section, including the types of personnel listed in this section;
- To the maximum extent appropriate, are provided in natural environments, as defined in this section and consistent with these policies and procedures; and
- Are provided in conformity with an IFSP adopted in accordance with IDEA and this section.

b) Early intervention services include the following services as defined in this section:

- 1) Assistive Technology Device - An Assistive Technology Service directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include the following:
 - An evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.
 - Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities.
 - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
 - Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those included in the Individual Family Services Plan (IFSP) or those associated with existing educational and rehabilitative plans/programs.
 - Training or technical assistance for a child with disabilities or, if appropriate, that child's family.

- Training or technical assistance for professionals, including individuals providing early intervention services or other individuals who provide services to, or who are otherwise substantially involved in the major life functions of children with disabilities.

2) Assistive Technology – Any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler in the child's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an infant or toddler with disabilities or, if appropriate, that child's family; and
- Training or technical assistance for professionals, including individuals providing education or rehabilitation services, or other individuals who provide services to or are otherwise substantially involved in the major life functions of infants and toddlers with disabilities.

3) Audiology – Audiology services include the following:

- Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques.
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures.
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.
- Provision of services for prevention of hearing loss.

- Determination of the child's need for individual amplification; including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.
- 4) Family Training, Counseling, and Home Visit Services - Family Training, Counseling, and Home Visits are services provided, as appropriate, by Social Workers, Psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- 5) Health Services - Services necessary to enable an otherwise eligible child to benefit from the other early intervention services under Part C of IDEA during the time that the child is eligible to receive early intervention services. The term includes:
- Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services. The term does not include services that are:
 - Surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
 - Purely medical in nature, such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose; or
 - Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. Nothing in Part C of IDEA limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes. Nothing in Part C of IDEA prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly;
 - Devices, such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps, necessary to control or treat a medical condition; and
 - Medical-health services, such as immunizations and regular "well-baby" care that are routinely recommended for all children.
- 6) Medical Services - Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- 7) Nursing Services – Includes the following:

- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- Administration of medications, treatments, and regimens prescribed by a licensed physician.

8) Nutrition Services: Includes the following:

- Conducting individual assessments in:
 - Nutritional history and dietary intake;
 - Anthropometric, biochemical, and clinical variables;
 - Feeding skills and feeding problems; and
 - Food habits and food preferences.
- Developing and monitoring appropriate plans to address the nutritional needs of children eligible under Part C of IDEA based on the assessment findings in this subsection; and
- Making referrals to appropriate community resources to carry out nutrition goals.

9) Occupational Therapy - Includes services to address the functional needs of an infant or toddler with a disability related to adaptive development; adaptive behavior and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

- Identification, assessment, and intervention;
- Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

10) Physical Therapy - Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation, and assessment of children to identify movement

dysfunction;

- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11) Psychological Services – Include the following:

- Administering psychological and developmental tests and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

12) Service Coordination - Service Coordination services are activities carried out by a Service Coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's Early Intervention Program.

Each child eligible under this part must be provided with one service coordinator who is responsible for the following:

- Coordinating all services required under this part across agency lines.
- Serving as the single point of contact for carrying out the activities described in this section.

Service coordination is an active, ongoing process that includes the following:

- Assisting parents of eligible children in gaining access to and coordinating the provision of early intervention services and other services required under this part.
- Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) in the IFSP that the child needs or is being provided.
- Facilitating timely delivery of available services.

- Continuing to seek appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

13) Service Coordination Services - Assistance and services provided by a Service Coordinator to a child eligible under this part include:

- Assisting parents of a child with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for a child and their family.
- Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
- Coordinating evaluations and assessments.
- Facilitating and participating in the development, review and evaluation of IFSPs.
- Conducting, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner.
- Conducting follow-up activities to determine that appropriate Part C services are being provided.
- Informing families of their rights and procedural safeguards, as set forth in this part and related resources.
- Coordinating the funding sources for services required under this part.
- Facilitating the development of a transition plan to preschool, school, or if appropriate, to other services.

The lead agency's or an EIS provider's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act--Medicaid), for purposes of claims in compliance with the requirements of §§303.501 through 303.521 (Payor of last resort provisions). (Authority: 20 U.S.C.1432(4),1435(a)(4),1436(d)(7),1440)

14) Sign Language and Cued Language Services - Include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services, such as amplification, and providing sign and cued language interpretation.

15) Social Work Services – Include the following:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the infant or toddler, within the context of the family;
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
- Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

16) Special instruction – In Idaho, special instruction is frequently called, but not limited to developmental therapy and includes the following:

- The design of learning environments and activities that promote the infant or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;
- Providing families with information, skills, and support related to enhancing the skill development of the child; and
- Working with the infant or toddler with a disability to enhance the child's development.

17) Speech-Language Pathology Services – Include the following:

- Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
- Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

18) Transportation and Related Costs - Includes the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

19) Vision Services - Means the following:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

c) The following are the types of qualified personnel who provide early intervention services under Part C of IDEA:

- Audiologists
- Family therapists
- Nurses
- Occupational therapists
- Orientation and mobility specialists
- Pediatricians and other physicians for diagnostic and evaluation purposes
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators, including teachers of children with hearing impairments, including deafness and teachers of children with visual impairments, including blindness.
- Speech and language pathologists
- Vision specialist, including Ophthalmologists and Optometrists

d) Other services

- The services and personnel identified and defined in this section do not comprise exhaustive lists of the types of services that may constitute early intervention

services or the types of qualified personnel that may provide early intervention services.

- Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in this section or of another type of personnel that may provide early intervention services in accordance with Part C of IDEA, provided such personnel meet the requirements in these policies and procedures.

**Section II A-3(a)
System of Payment**

	<p style="text-align: center;">Idaho Early Intervention System of Payments</p>
<p>ADMINISTERING ENTITY</p>	<p>The Idaho Department of Health and Welfare (DHW), as the Governor appointed lead agency, is responsible for the development and implementation of the Idaho Infant Toddler Program (ITP), the early intervention system for infants and toddlers who have disabilities or developmental delays and their families. Idaho consistent with Part C of the Individuals with Disabilities Education Act (IDEA) has established a system of payments for early intervention services, including federal, state and private resources.</p>
<p>INFANT TODDLER PROGRAM SYSTEM OF PAYMENTS</p>	<p>Early intervention services provided to eligible infants and toddlers and their families are financed through multiple funding sources. Sources which may be available to finance individualized services, as appropriate, may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Title XIX of the Social Security Act (Medicaid) • Part C, Individuals with Disabilities Education Act (IDEA) • Idaho State appropriation, • Private Insurance, • Idaho State appropriation supporting Idaho Educational Services for the Deaf and Blind <p>Participants are not charged for early intervention functions or services required to be provided at public expense to eligible infants and their families by federal or state regulation. The functions and services that must be provided at public expense are:</p> <ul style="list-style-type: none"> • Child Find including Public Awareness and Referral; • Evaluation and Assessment; • Development, review and evaluation of an

	<ul style="list-style-type: none"> • Individualized Family Service Plan; • Service Coordination; and • Administrative and coordinative activities related to Procedural Safeguards. <p>Although Family Cost Participation rules were passed by the legislature in 2010, they have not been implemented and will not be implemented as written. They will be realigned with current Federal requirements specified in the Part C regulations 34 CFR Parts 300 and 303 and approved by OSEP prior to implementation.</p> <p>At this time, early intervention services as defined under Part C are provided at no cost to the families served. Families are not charged family fees, copayments, or deductibles associated with receipt of early intervention services.</p> <p>Idaho's system of payments permit the lead agency to use part C or other funds to pay for costs such as premiums, deductibles, or co-payments</p> <p>The inability of a parent of an infant or toddler with a disability to pay for services will not result in a delay or denial of services under this part.</p>
<p>USE OF PART C FUNDS FOR REIMBURSEMENT OF COSTS ASSOCIATED WITH USE OF PRIVATE INSURANCE RESOURCES</p>	<p>Part C funds may be used to reimburse families costs associated with private insurance charges such as deductibles or copayments resulting from provision of early intervention services. The family may request reimbursement when completing the Financial Resources for Early Intervention form.</p>
<p>PROCEDURAL SAFEGUARDS RE: SYSTEM OF PAYMENTS</p>	<p>Part C staff will provide parents a copy of Idaho's System of Payments policies when obtaining consent for provision of early intervention services.</p> <p>Although early intervention services are provided at no out of pocket expense to families, the policy will inform the parents about the following procedural safeguards:</p> <p>Any parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:</p> <ul style="list-style-type: none"> (i) Participate in mediation in accordance with 303.431. (ii) Request a due process hearing under 303.436 or 303.411, whichever is applicable. (iii) File a state complaint under 303.434. (iv) Use any other procedure established by the state for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part, including the right to pursue, in a timely manner, the redress options listed above.

<p>PAYOR OF LAST RESORT</p>	<p>Federal and state regulations require that any and all other resources be utilized toward the cost of services. Part C funds are not used to replace other sources of payment, including other governmental agencies and are used as payor of last resort. The lead agency makes final authorization for payment for provision of services where no other resource is available.</p> <p>Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has the ultimate responsibility for the payment.</p> <p>The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for identifying and coordinating all available resources for early intervention services within the state, including those from the following federal, state, local, and private sources:</p> <ol style="list-style-type: none">1. The Idaho Infant Toddler Program federal grant from US Department of Education;2. State General Funds including specific funds to serve infants and toddlers with disabilities and their families;3. EPSDT, Medicaid, and Medicaid Waivers;4. Social Security Supplemental Income under the Social Security Administration;5. The Bureau of Clinical and Preventative Health Services through the MCH Title V Block Grant funds including WIC, Newborn Screening Special Health Care Programs, Home visiting program;6. State Department of Education, Part B, Section 619 of the Individuals with Disabilities Education Act and Even Start;7. District Health Departments;8. Idaho Council on Developmental Disabilities;9. Head Start including Migrant and Season Head Start and Native American;10. Bureau of Indian Affairs and Indian Health Services;11. Private resources such as Elks Rehabilitation Center, Hospital NICUs, local high risk clinics, diagnosis specific support groups such as the Epilepsy League, United Cerebral Palsy, ARC, etc; and12. The Bureau of Family and Community Services (Social Services Block Grant) including Child Welfare;13. The Child Care and Development Grant. <p>The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for updating the</p>
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	<p>information on funding sources if legislative or policy change is made under any of those sources.</p>
<p>PAYMENT FOR TRANSITION RELATED SERVICES</p>	<p>In accordance with state and local interagency agreements, Part C funds may be used to provide a free and appropriate public education in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year.</p>
<p>SYSTEM OF PAYMENT PENDING RESOLUTION OF DISPUTES</p>	<p>The system for delivery of services in a timely manner pending the resolution of disputes among agencies or service providers is the responsibility of the Department of Health and Welfare and includes:</p> <ol style="list-style-type: none"> 1. The lead agency will ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities. 2. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision; 3. In final determination of eligibility and financial responsibilities the assigned agency will make arrangements for reimbursement of any expenditures incurred by the agency originally assigned the responsibility including Part C; 4. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days. 5. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare; and 6. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the

	<p>appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.</p> <p>The Department of Health and Welfare, as the lead agency, assures the reimbursement of agencies for the timely provision of services to infants and toddlers deemed eligible for early intervention services. If reimbursements are not made in a timely manner, the procedures include the following steps:</p> <ol style="list-style-type: none">1. Contact will be made by the Infant Toddler Program Manager with the appropriate personnel at the state agency of the given program;2. If the issue is not resolved, then the director of the Department of Health and Welfare or his designee will contact the respective director of the state agency to solve the problem;3. If request for funding is necessary, the request will be made by the Department to the Governor, Joint Finance Appropriation Committee, and Idaho Legislature.4. Specific procedural requirements are established through interagency agreements to:<ol style="list-style-type: none">a. assign financial responsibility to appropriate agencies;b. resolve interagency and intra-agency disputes;c. secure timely reimbursement of funds;d. assure that the control of funds and property bought with funds be maintained in a public agency; ande. assure that Part C funds do not supplant or commingle with existing federal, state and local funds. <p>To the extent necessary to ensure compliance with its action, the lead agency refers to the Early Childhood Coordinating Council or governor, and implements necessary procedures for the delivery of services in a timely manner.</p>
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**PARENT
NOTIFICATION AND
CONSENT FOR
BILLING OF PRIVATE
INSURANCE**

The Infant Toddler Program provides the parents a copy of the State's system of payments policy that identifies the potential costs that a parent may incur when their private insurance is used to pay for early intervention services under this part (such as copayments, premiums, or deductibles or other long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy). That policy is provided when the Infant Toddler Program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP.

Idaho may not use the private insurance of a child or parent to pay for Part C services without receipt of written consent from the child's parents. Consent is obtained on the *Financial Resources for Early Intervention* form which is completed at IFSP development prior to provision of initial services and reviewed annually.

Idaho does not require a parent to pay any costs that the parent would incur as a result of the states use of private insurance to pay for early intervention services (such as copayments, premiums, or deductibles).

When the family has private medical insurance and voluntarily agrees to use it for payment of early intervention services, arrangements are made upon parent request for the Infant Toddler Program to cover the deductible and co-payment costs in order to ensure no cost to the family. Parent request is made and documented using the *Financial Resources for Early Intervention* form, which is completed at least annually at the time the IFSP is developed. Families are informed that some insurance policies carry "lifetime benefits caps," which could be affected.

Parental consent for billing of insurance must be obtained at the initial provision of service and when there are changes in service provision (frequency, length, duration, or intensity). These changes are authorized by the parent on the IFSP addendum form.

The Infant Toddler Program makes available those Part C

	<p>services on the IFSP to which the parent has provided consent, regardless of whether or not the parent provides consent to use private or public insurance resources. The lack of parental consent will not be used to delay or deny any service to that child or family.</p>
<p>PARENT NOTIFICATION AND CONSENT FOR USE OF <u>PUBLIC</u> BENEFIT OR INSURANCE</p>	<p>In Idaho there are no required costs associated with the State's using a child's or parent's public benefits or insurance to pay for part C services (such as copayments, deductibles, or required use of private insurance as the primary insurance.)</p> <p>In Idaho, Medicaid (the program managing public benefits in Idaho) and the Infant Toddler Program are both housed within the same agency; the Department of Health and Welfare. Because of this, an additional consent for disclosing a child's personally identifiable information to Medicaid for billing purposes need not be obtained by the Infant Toddler Program. The consent obtained by Medicaid when the family applies for public benefits allows sharing information between programs within the agency. This consent provides the necessary authorization to share personally identifiable information for billing purposes.</p> <p>With regard to using the public benefits or insurance of a child or parent to pay for Part C services, Idaho:</p> <ul style="list-style-type: none"> • May not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program. • Must obtain consent to use a child's or parent's public benefits or insurance to pay for Part C services if that use would: <ul style="list-style-type: none"> – Decrease available lifetime coverage or any other insured benefit for that child or parent under that program; – Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program; – Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or – Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures. <p>Prior to using a child's or parent's public benefits or</p>

	<p>insurance to pay for Part C services, the Infant Toddler Program provides written notification to the child's parents. The notification includes:</p> <ul style="list-style-type: none">• A statement that the parents have the right under confidentiality of information provisions to withdraw their consent to disclosure of personally identifiable information to the Idaho public agency responsible for the administration of Idaho's public benefits or insurance program (e.g., Medicaid) at any time; and• A statement of the general categories of costs that the parent may incur as a result of participating in a public insurance program. In Idaho, a parent may incur costs as a result of participation in Medicaid only if the parent is dually insured and has authorized billing for their early intervention services to both their private insurance and Medicaid. In this instance, they may be subject to costs such as private insurance co- payments or deductibles. However, upon parent request, part C funds can be used to reimburse the families for these costs. <p>The Infant Toddler Program makes available those Part C services on the IFSP to which the parent has provided consent regardless of whether or not the parent provides consent to use private or public insurance resources.</p>
<p>PARENT NOTIFICATION AND CONSENT FOR USE OF PRIVATE INSURANCE <u>AND</u> PUBLIC BENEFITS</p>	<p>Parents may choose to allow use of their private <u>and</u> public insurance to pay for early intervention services. For families who are dually insured by both public and private insurance, parents are informed that Medicaid is required to seek reimbursement from the family's private insurance prior to claims being paid by Medicaid. Because of this, for families covered by both public (Medicaid) and private insurance, Idaho does not bill Medicaid without also having written permission to disclose information and to access the family's private insurance.</p> <p>The Idaho State Plan for Early Intervention under Part C of the Individuals with Disabilities Education Act (IDEA), Part III, Section 13, Policies and Procedures Relating to Financial Matters provides additional information regarding Financial Matters.</p>

Section II A-3(b)

Interagency Agreements Used By State to Implement Payor of Last Resort and Fiscal Responsibility

Interagency Agreement Related To Early Childhood Special Education Services and Early Intervention Services for Children Ages Birth through Five Between Idaho State Department of Education and Idaho Department of Health and Welfare

PURPOSE FOR THE AGREEMENT:

The purpose of this agreement is to define and clarify responsibilities of each agency to ensure a coordinated, comprehensive service delivery system focusing on children ages birth through five. Children, families, and communities are best served when agencies collaborate to facilitate relationships and local interagency collaboration.

The parties agree to utilize, adhere to, and implement the guidance outlined in Attachment A, the Idaho Part C and B Joint Policy Guidance on Early Transition.

The State Department of Education (SDE) serves as the lead agency at the state level for the provision of a free and appropriate public education for children ages three through five who are eligible for early childhood special education services in Idaho. The State Department of Education also provides oversight to the agencies and programs that provide special education and related services to three through five-year-old children under Part B of the Individuals with Disabilities Education Act (IDEA 2004).

The Department of Health and Welfare (DHW) serves as the lead agency at the state level for the provision of early intervention services for children from birth to age three who are eligible for said services in Idaho. The Department of Health and Welfare also provides oversight to all agencies and programs (including private contracted personnel) that provide early intervention services to the birth to age three population under Part C of the Individuals with Disabilities Education Act (IDEA 2004).

With respect to both parties and their obligations regarding the provision of quality special education and early intervention services to children and families, the State Department of Education (SDE), and the Department of Health and Welfare (DHW) commit to the following:

PROVISION A: PERSONNEL DEVELOPMENT

The State Department of Education and the Department of Health and Welfare commit to jointly determine training and technical assistance needs and to coordinate and share training and technical assistance opportunities for both agencies' personnel and their primary target audiences at local school districts and regional programs with respect to early intervention, special education, transition procedures, conflict and dispute resolution, cultural sensitivity and family centered practices.

PROVISION B: PROMOTION OF LOCAL INTERAGENCY AGREEMENTS

The State Department of Education and DHW agree to develop, provide, and promote the use of standard templates for use by local school districts and Infant Toddler Program regional programs. These templates, see Attachment B, the Early Childhood Interagency Protocol, include a standard format that may be developed by any combination of districts and agencies as locally determined and includes instructions that the local process should address specific local issues and be reviewed annually and updated as needed. The recommended templates delineate roles and responsibilities. The State Department of Education will receive assurances annually from local school districts regarding the existence of local interagency protocols and will monitor these agreements through a periodic sampling procedure. The Infant Toddler Program will receive a record of the number of existing protocol as part of the Regional Annual Performance Report. Training regarding transition procedures and interagency coordination will be provided at least every three years to local school districts and regional Infant Toddler Program personnel. Training will promote the development of Interagency Protocols that align with the attached Policy Guidance and include,:

- Contact information for local school district special education and regional Infant Toddler Program personnel
- Jointly scheduled and coordinated child find activities
- Procedures for the regional Infant Toddler Program to provide notification to the Local Educational Agency (LEA)
- Procedures for exchange of information
- Provisions for a team/family transition planning conference: at least 90 days and not more than 9 months prior to the child's 3rd birthday
- Transition contacts/timelines/meeting requirements
- Responsibilities for evaluations/assessments
- Determination of the use of Individualized Family Service Plan (IFSP) or Individual Educational Program (IEP) at transition
- Acceptance and use of the dispute process outlined in this agreement
- Jointly identify training and technical assistance needs and coordinate personnel development efforts

PROVISION C: TRAINING AND MONITORING REFERRAL, EVALUATION, AND JOINT IEP TEAM MEETINGS

The State Department of Education agrees:

To provide training regarding the provisions and requirements of the IDEA, Part B and to monitor the local school districts for adherence to these provisions and to the transition process outlined in the attached Idaho Part C and Part B Joint Policy Guidance on Early Transition by ensuring that all children suspected of having a disability are evaluated in a timely manner and to determine if the children are eligible for Part B services. Program monitoring will determine whether evaluations are completed, eligibility determined, and the IEP completed within 60 calendar days of obtaining parental consent for evaluation, and *prior to the child's third birthday*, for children transitioning from Part C to B.

DHW agrees:

To monitor regional programs for assurance that they initiate and follow the transition process described in the attached Idaho Part C and Part B Joint Policy Guidance on Early Transition for children younger than three who are currently served by ITP. DHW will also monitor regional programs to evaluate that they participate in, or conduct, evaluations as specified in the transition plan or according to the local interagency protocol or provide to the school district existing evaluations/assessments that may be used to determine eligibility for Part B services.

PROVISION D: FAMILY PARTICIPATION

Both the State Department of Education and the Department of Health and Welfare agree to ensure opportunities and accommodations (e.g. interpreters, translators, etc.) for family participation in all aspects of planning, policy development, training, and service evaluation. Both agencies agree to ensure that the families of toddlers and children will be included in the transition planning according to IDEA, Sec. 637(a)(9)(i). These considerations will also be promoted for inclusion in the development of local transition protocols.

PROVISION E: DISPUTE RESOLUTION

Both agencies agree to resolve disputes that arise related to policy or state level system issues related to the transition from early intervention services to early childhood special education services, in a non-adversarial manner and to ensure that policies support and promote continuity of services to children and families, by using the following process to resolve interagency disputes:

An individual or agency with a concern will first use the agency's internal procedures to address the concern. Technical assistance to clarify the intent of the agreement may be sought from the SDE Special Education Division or DHW Infant Toddler Program.

If resolution is not achieved at the previous level, the issue and all relevant information will be forwarded to the Director of Special Education at the State Department of Education and the Program Manager of Infant Toddler Program. The dispute will be reviewed and discussions will be held between the DHW Infant Toddler Program Manager and the Special Education Director, to reach a consensus decision. If these parties cannot agree, the SDE will provide services of a trained mediator to assist in resolving the dispute and generating a mediation agreement within 30 days. Provisions of the mediation agreement will be addressed in the next renewal of this interagency agreement.

The mediation agreement will be forwarded to the State Superintendent of Public Instruction and the DHW Division Administrator for Family and Children's Services

All steps of the dispute resolution process must be completed no later than 45 calendar days after the issue is referred to either agency.

GENERAL PROVISIONS:

The provisions of this agreement may be extended, modified, or changed upon a written amendment signed by both parties, and such amendment when so signed, will become a part of this agreement. This agreement becomes effective on the date signed by all parties. The agreement is automatically renewed on July 1 of each year unless either party requests a review of the agreement prior to June 1. Either party may terminate this agreement with a 30 day notice to the other party.

INTERAGENCY AGREEMENT - IDAHO DEPARTMENT OF HEALTH AND WELFARE AND IDAHO EDUCATIONAL SERVICES FOR THE DEAF AND THE BLIND

Purpose

The Idaho Department of Health and Welfare and the Idaho Educational Services for the Deaf and the Blind have committed to enter into this agreement for the following purposes, to:

- work together to serve and support birth to three-year-old children with hearing loss and/or vision loss and their families.
- understand each agency's roles and responsibilities, including financial obligations.
- clarify the process and protocols to coordinate services and assure efficiencies and compliance with the provisions of IDEA and the Early Intervention Services Act, Title 16, Chapter 1, Idaho Code.
- minimize delays or gaps in service.
- assure that procedural safeguards are met and services are delivered in a timely way.

Agencies' roles and responsibilities

Idaho Educational Services for the Deaf and the Blind (IESDB) is responsible for services to children and youth, birth to twenty-one, whose disability is vision and/or hearing loss. Infants and toddlers with vision or hearing impairments are primarily served through the IESDB Outreach Program. IESDB Outreach Consultants/Specialists are available statewide. Outreach consultants/specialists screen, assess, and provide parent education and assistance. Outreach consultants/specialists help parents: explore diagnosis and treatment options, establish a stimulating home learning environment, facilitate linkage with parents and professionals, maximize the use of audition and sight, access assistive technology devices, and promote age appropriate skill development in all domains.

Idaho Department of Health and Welfare, Infant Toddler Program (DHW-ITP) is the lead agency of Idaho's Early Intervention System for infants and toddlers with developmental delays or disabilities or those with conditions that have a high probability of resulting in a developmental delay. As lead agency, DHW-ITP has the responsibility to assure that each eligible infant and toddler receives needed early intervention services. This delivery of services is accomplished through multiple agencies who share the responsibility for serving infants and toddlers; however, the Department is the payer of last resort for any service that is not available or covered through other federal, state, or local programs. The Department is responsible for the statewide delivery

of early intervention services in accordance with IDEA, Part C, and the Early Intervention Services Act, Title 16, Chapter 1, Idaho Code. The Early Intervention Services Act directs child find, public awareness, evaluations, IFSP development, procedural safeguards, data collection, service coordination, interagency agreements, the Early Childhood Coordinating Council, Regional Early Childhood Committees, maintenance of effort, assignment of fiscal responsibility and monitoring supervision. The Department of Health and Welfare Infant Toddler Program (DHW-ITP) also provides or contracts for the provision of direct early intervention services.

Definitions:

Child Find:

Child Find is an activities system designed to identify, locate, monitor, and screen infants and toddlers who are at-risk for developmental delays or disabilities..

Eligible Children:

- Idaho children, birth to three, who have a developmental delay or disability and need early intervention services according to the criteria identified in the Infant Toddler Program Implementation Manual, are eligible for the Infant Toddler Program.
- Idaho children, birth to three, whose disability is a hearing and/or vision loss, as defined in the Idaho Bureau of Educational Services for the Deaf and Blind Act, Title 33, Chapter 34, Idaho Code, are eligible for IESDB Early Intervention Services.

Individualized Family Service Plan (IFSP):

A written plan for providing early intervention services to each eligible child and the child's family that must:

- be developed jointly by the family (to the extent they wish to be involved) and appropriately qualified persons involved in the provision of early intervention services;
- be based on the multidisciplinary evaluation and assessment of the child and information provided by the family or family assessment if the family wants to have such information included; and
- include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

Natural environments:

To the maximum extent appropriate to the needs of the child, early intervention services must be provided in settings that are natural or typical for the child's age peers who have no disability, including the home, community, and other culturally relevant settings in which children without disabilities participate.

Service Coordination:

The activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services available under the state's early intervention program

Procedural safeguards:

Administrative activities carried out by a public agency to assure that parents/guardians of children receiving early intervention services are fully informed about service actions being proposed, refused, or carried out in relation to the needs of their child. Procedural safeguards also are a guarantee to families that public agencies will ensure confidentiality, access to records, timely provision of services, and opportunities to formally resolve concerns.

Referral, evaluation and IFSP process

DHW-ITP:

- receives referrals on all infants and toddlers who may be eligible for early intervention services. DHW provides interim service coordination to assure timely evaluations for eligibility determination and to assure that evaluations are at no cost to the family.
- refers to the IESDB Outreach Consultant/Specialist for parent education and functional assessment of *any* child where there is a concern identified regarding vision and/or hearing.
- Invites, in a timely way, and assures participation of the IESDB Outreach Consultant/Specialist in the IFSP development for all children with vision and/or hearing loss.

IESDB:

- refers to DHW-ITP all children, birth to three, for whom they initially receive referral.
- receives referrals for evaluations and completes functional assessments of visual, auditory or communication skills.
- participates in IFSP development for all children with vision and/or hearing loss.

Participation in Child Find:

DHW assures that a system is in place to identify and locate eligible children. Child Find activities include outreach, public awareness, developmental monitoring, and community screenings.

IESDB agrees to contribute to public awareness and to participate in vision and hearing screening activities as determined by regional/community needs and regional agreement.

Evaluation procedures:

DHW-ITP and IESDB must assure timely multi-disciplinary evaluations are completed for every eligible child. All multidisciplinary evaluations to determine eligibility will:

- consider all domains of development;
- be administered by qualified personnel;
- use age appropriate, valid and reliable tools;
- be conducted in a culturally sensitive manner;
- be conducted in the native language of the child and family; and
- assure measuring and reporting of early childhood outcome status at program entry and exit.

Responsibilities for evaluations and service delivery

IESDB provides:

- functional assessment of vision and hearing benchmarks;
- audiological evaluations, at the main campus and elsewhere if resources permit;
- participation in IFSP development;
- participation of teachers in team meetings to review status of children and families and to coordinate and consult with team members;
- parent education and assistance to explore diagnosis and treatment options;
- provision of sign language instruction for families;
- promotion of the use of audition and sight;
- guidance for the establishment of a stimulating home learning environment;
- linking parents with resources for various treatment options;
- access to assistive technology devices;
- promotion of age appropriate skill development in all domains, including pre-literacy and numeracy skills in an accessible medium to include Braille if needed; and
- transition planning.

DHW provides or arranges for:

- intake and interim service coordination;
- evaluations when no other provider or payment source is available;
- service coordination;
- team meetings to review the status children and families and to assure coordination and consultation among team members;
- IFSP development;

- ongoing service delivery of early intervention services in the natural environment, to include: audiological services, developmental therapy, occupational therapy, social work services, speech/language therapy, physical therapy, and psychological services, parent training and counseling; and
- transition planning.

Procedural Safeguards

DHW and IESDB will assure that all procedural safeguards are met in accordance with IDEA, Part C, and the ITP Implementation Manual. Both parties will:

- provide prior written notice of proposal or refusal to initiate or change identification, evaluation, or services,
- obtain consent for all evaluations,
- assure timely development of IFSPs, including consent for services, and timely delivery of services, and
- assure confidentiality in accordance with the Family Education Rights and Privacy Act and Part C of IDEA.
 - provide families with notice about plans for the routine exchange of information with employees of the lead agency and IESDB as a participating agency. The notice must fully inform parents about the description of the child on who personally identifiable information is maintained, the types of information that will be exchanged, including the sources from which information is gathered including electronic records maintained in ITP Web, and the uses for the information. They will also be provided with a summary of the policies and procedures followed by IESDB regarding the storage, disclosure to third parties, retention and destruction of personally identifiable information. Each notice will include a copy of rights under Part C confidentiality provisions, and a description of the extent that the notice is provided in native languages.

Data enrollment and reporting

DHW is responsible to maintain an interagency data collection system that captures early intervention enrollment and service data required for management and reporting to the Office of Special Education Programs at the U.S. Dept. of Education. DHW-ITP receives and enters all enrollment data and service updates through the use of a standard Infant Toddler Program Enrollment Form into this system, known as Data-Tot. Reports are routinely made available to regional programs and agency providers as well as the Early Childhood Coordinating Council and the Regional Early Childhood Committees.

IESDB agrees to participate in data collection and data submission regarding their services to eligible children. This includes annual expenditure data for personnel, operating and trustee and

benefit accounts by the IESDB for Outreach services to infants and toddlers from birth to 36 months of age. IESDB agrees to participate in regional site visits and focused monitoring in a collaborative manner to include participating in surveys and focus groups, providing records for quality assurance reviews, and attending debriefing sessions with the Regional Early Childhood Committees and the visiting team. IESDB will participate as a visiting team member on one team per year of focused monitoring activities.

Fiscal Accountability

Pursuant to 34 CFR § 303.510, provisions of this agreement pertain only to services and funding resources that are included for activities or expenses that are reasonable and necessary for implementing the State's early intervention program for infants and toddlers with disabilities. This includes funds for direct early intervention services for infants and toddlers with disabilities and their families and those funds used to expand and improve services for infants and toddlers with disabilities and their families.

Consistent with 34 CFR § 303.510, each agency will ensure that the use of IDEA, Part C funds are not used to satisfy any financial commitment for services that would otherwise have been paid for from another public or private source.

Both agencies agree to use the adopted System of Payments that Idaho has on file with the Office of Special Education Program, in accordance with 34 CFR §§ 303.520 and 303.521 related to a sliding fee for families for those services included in the related rules. The services provided by IESDB are specifically excluded from the family cost participation provisions including use of family insurance to cover services provided by Teachers of the Deaf and Hard of Hearing and Teachers of the Blind or Visually Impaired.

Both agencies agree to adhere to the provisions of 34 CFR § 303.120(b) to coordinate available resources to pay for early intervention services. In accordance with 34 CFR § 303.225(b), both agencies will annually account for all state and local funds used for the provision of early intervention services and to report expenditures to assure the provisions of Maintenance and Effort and Non-supplanting of funds.

Dispute Resolution

In accordance with 34 CFR, § 303.511(c), all participating agencies agree to resolve systemic disputes that arise in the provision of early intervention services in a non-adversarial manner and to ensure that services to children and families are not delayed or disrupted by using the following process for timely resolution of interagency disputes:

1. An individual or agency with a concern will first use the agency's internal procedures to address the concern. At any time, technical assistance to clarify the intent of the agreement may be sought from the IESDB Outreach Director(s), or the DHW-ITP Program Manager.

2. If resolution is not achieved at the agencies internal level, the issue and all relevant information will be forwarded to the Infant Toddler Program Hub Supervisor. Discussions will be held among IESDB Outreach Consultant/Specialists and other agency personnel as appropriate, to reach a consensus decision. If all parties agree, the services of a trained mediator may be used to assist in resolving the dispute.
3. If consensus is not reached at the previous level, Infant Toddler Program Hub Supervisor will forward the issue and all relevant information to the DHW Infant Toddler Field Operations Program Manager for review. After consulting with the representatives of IESDB including the appropriate Outreach Director and the other involved agencies, the Infant Toddler Field Operations Program Manager will determine a resolution.
4. Any party dissatisfied with the Infant Toddler Field Operations Program Manager's decision for resolution may forward the issue and all relevant information to the FACS Bureau Chief. The FACS Bureau Chief will consult with the Administrator of IESDB and representatives of the other involved agencies to determine how the issue will be resolved. If DHW is involved, the FACS Division Administrator will be consulted. If Head Start is involved, the Region X Administration on Children and Family (ACF) Head Start Program Specialist will be consulted.
5. The decision of the FACS Bureau Chief may be reviewed by the Director of DHW. Before making a final determination, the Director of DHW will review all aspects of the issue with the Administrator of IESDB and directors of the other involved agencies. If SDE is involved, the Superintendent of Public Instruction or his/her designee will be consulted. If Head Start is involved, the Region X Administration on Children and Family (ACF) Head Start Program Specialist will be consulted. The Director of DHW will brief the Office of Governor, as necessary, prior to issuing the final decision regarding the dispute.
6. The dispute resolution process must be completed no later than 45 calendar days after the issue is referred to the regional Early Intervention Specialist.

To ensure the continued provision of services during disputes involving which agency is responsible for providing different services, the DHW Infant Toddler Field Operations Program Manager will:

1. assign financial responsibility for service provision to an agency as soon as possible after being notified of the dispute.
2. reassign agency and financial responsibility after the dispute is resolved if the original assignment was inappropriate.
3. make arrangements to compensate, if necessary, an agency that was initially assigned responsibility for services that are later determined to be the responsibility of another agency.

Training

The DHW-ITP is responsible for ensuring that in-service training is available to all early intervention providers about the system of early intervention services and IDEA, Part C.

IESDB will participate in required training about IDEA, Part C, and the early intervention system requirements.

When training needs related to services for infants and toddlers with vision and/or hearing loss are identified, IESDB and DHW-ITP will collaboratively respond to the training needs by identifying resources and assuring that training is delivered to appropriate personnel or families.

RECC Participation

The DHW-ITP will seek input, advice and assistance from stakeholders regarding the early intervention system in Idaho through regularly scheduled Regional Early Childhood Committee (RECC) meetings.

IESDB will participate in RECC meetings and activities representing concerns related to hearing and /or vision loss.

General Provisions

The provisions of this agreement may be extended, modified, or changed upon a written amendment signed by all parties, and such amendment, when so signed, will become a part of this agreement. This agreement becomes effective on the date signed by all parties. The agreement is automatically renewed on July 1 of each year unless any party requests a review of the agreement prior to May 1 of the same year.

Section II A-4

Eligibility (Rigorous Definition of Developmental Delay)

Assurances

Idaho Code, Title 16, Chapter 1 assures that there are procedures in place defining developmental delay and established conditions for children and their families eligible under this Part.

Procedures

For the purpose of implementing P.L. 102-119, Amendments to the Individuals with Disabilities Education Act (IDEA), the provisions for eligibility in Idaho includes a two tiered model: 1) child find, which includes screening, tracking, monitoring, and referral services for children who are suspected to be at risk or delayed; and 2) early intervention, which includes developmental and therapeutic services for children who are subsequently identified as developmentally delayed or have an established condition for delay. No Part C funds will be used for intervention services

for infants and toddlers at risk for developmental delay because of medical/biological or environmental factors.⁴

- A. Child Find is a screening, tracking, monitoring, and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. Child find activities, including screening, tracking, monitoring and referral, are available to this group. Tracking is implemented within the confines of confidentiality and parental informed consent.

Child find services include the following procedures and conditions:

1. are consistent with the State's child identification, location and evaluation procedures required under Part B of the Act;
2. are coordinated with all other major child find efforts conducted by various public and private agencies throughout the State;
3. include procedures for making referrals to the central registry database and to service providers;
4. actions are delivered in reasonable time lines; and
5. include procedure for participation by and education of primary referral sources including hospitals and post natal care facilities, physicians, parents, other health care providers, public health facilities and child care programs.

- B. Early Intervention is a comprehensive program of educational and therapeutic services for the eligible child and family which facilitates the developmental progress of children age birth to three whose developmental patterns are atypical or are at serious risk of becoming atypical through certain physical or mental conditions.

Early intervention services are developmental in nature and satisfy the following conditions:

- a. provided under public supervision;
- b. provided at no cost, except when federal and state law allow;
- c. designed to meet the developmental needs of children across the five functional areas, as needed;
- d. meets state and federal standards;
- e. include but not limited to family training and counseling, special instruction, speech-language pathology, audiology, occupational therapy, physical therapy, service coordination, medical evaluation and diagnosis, early intervention screening and assessment, health services, social work services, vision services, assistive technology services and transportation.
- f. provided by qualified personnel;

⁴ This does not prevent eligibility based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly probable.

- g. to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- h. delivered in conformity with the IFSP.

Evaluation of the Child and Assessment of the Child and Family to Determine Eligibility

1. The Idaho Infant Toddler Program (ITP) ensures that, subject to obtaining parental consent, each child under the age of three who is referred for evaluation or early intervention services under Part C of IDEA and suspected of having a disability, receives:
 - A timely, comprehensive, multidisciplinary evaluation of the child in accordance with this section unless eligibility is established using medical and other records or by informed clinical opinion; and
 - If the child is determined eligible as an infant or toddler with a disability a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs.
 - A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler.
 - Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA.
 - An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under Part C of IDEA.
 - Assessment means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under Part C and includes the assessment of the child.
 - Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
 - A child's medical and other records may be used to establish eligibility, without conducting an evaluation of the child, under Part C of IDEA if those records indicate that the child's level of functioning in one or more of the five developmental areas constitutes a developmental delay or that the child otherwise meets the criteria for an infant or toddler with a disability.
 - Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child.
 - ITP ensures that informed clinical opinion may be used as an independent basis to establish a child's eligibility under Part C of IDEA even when other

instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

- All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child.
- Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.
- In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under Part C of IDEA. Procedures must include:
 - Administering an evaluation instrument;
 - Taking the child's history (including interviewing the parent);
 - Identifying the child's level of functioning in each of the five developmental areas;
 - Gathering information from other sources such as family members or other care-givers, if necessary, to understand the full scope of the child's unique strengths and needs; and
 - Reviewing medical, educational, or other records.
- An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs.
 - The assessment of the child must include the following:
 - A review of the results of the evaluation conducted;
 - Personal observations of the child; and
 - The identification of the child's needs in each of the five developmental areas.
- A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must:
 - Be voluntary on the part of each family member participating in the assessment;
 - Be based on information obtained through an assessment tool and also

through an interview with those family member who elect to participate in the assessment; and

- Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.
- If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be reviewed by the regional supervisor to advise in eligibility determinations. The supervisor in coordination with the Program Manager will assist the MDT to make the final eligibility determination.

Note: All children determined non-eligible for early intervention are offered enrollment in the developmental monitoring program.

Eligibility Categories

Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

1. Developmental Delay

a. **Definition** - These are children with or without an established diagnosis who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.

b. **Criteria** - The degree of functional delay required for service eligibility is defined as follows:

Diagnosed by a multidisciplinary team, the child who performs 30% below age norm or exhibits a six month delay whichever is less, adjusted for prematurity up to twenty-four (24) months; demonstrates at least two (2) standard deviations below the mean in one (1) functional area; or at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:

- (1) **Cognitive development** - reasoning skills or ability to problem solve.
- (2) **Physical development (including vision and hearing)** - gross motor skills used for postural control and movement and fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing as well as tactile, vestibular and kinesthetic input (i.e., sensory integration, sensory processing disorders).

- (3) Communication - speech and language development - including expressive and receptive skills and non-verbal communication.
- (4) Social/Emotional development - attachment, interpersonal relationships, and interactions.
- (5) Adaptive development - daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable⁵ delay is obtained through an evaluation process which uses at least three of the following:

- 1. informed clinical opinion to include observational assessment;
- 2. standardized development test(s);
- 3. developmental inventory;
- 4. behavioral checklist;
- 5. adaptive behavior measure;
- 6. parent interview.

2. **Established Condition**

- a. **Definition:** These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.
- b. **Criteria:**
 - 1) Confirmed sensory impairments
 - a) Deaf-blind - Concomitant hearing and vision loss, the combination of which causes severe communication and other developmental and education problems.
 - b) Hearing impaired - Auditory impairments which include:
 - i. Hard of hearing - those children whose hearing is not included under the definition of deaf.
 - ii. Deaf - Those children whose impairment in hearing, whether permanent or fluctuating, that adversely affects a child's development, or impacted by a hearing impairment that is so

⁵ *Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after chronological age of 24 months has been reached. The ideal gestational age is 40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then subtract the difference from the child's chronological age. This calculation will provide the child's adjusted age.*

severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affect a child's development.

- iii. Hearing loss in any of the degrees listed below (in one or both ears at one or more of the following frequencies--500 Hz, 1000 Hz and 4000 Hz):
 - Mild hearing loss -- 20-40 dB HL;
 - Moderate hearing loss -- 41-55 dB HL;
 - Moderately severe hearing loss -- 56-70 dB HL;
 - Severe hearing loss -- 71-90 dB HL;
 - Profound hearing loss -- 91 or greater dB HL; or
- iv. Hearing loss (deaf or hard of hearing) that meets legal definition of such an impairment in the State of residence; or
- v. Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation.

c) Visually impaired - Visual impairments which, even with correction, adversely affect a child's functioning. The term includes both partially sighted and blind. "Partially sighted" refers to the ability to use vision as one channel of learning if learning materials are adapted. "Blind" refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials. The child has documentation of a visual impairment, not primarily perceptual in nature, resulting in measured acuity of 20/70 or poorer in the better eye with correction, or a visual field restriction of 20 degrees as determined by an optometrist or ophthalmologist.

2. Physical impairment (orthopedic)

Physical impairment means having a condition that involves muscles, bones or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include but are not limited to:

- Spina bifida - meningocele
- spinal cord injuries
- arthritis
- severe burns
- muscular dystrophy
- loss of or deformed limbs
- transient dystonia (abnormal muscle tone including hyper and hypotonia)

3. Neurological - physiological impairments (developmental disabilities)

*A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and results in substantial limitations in one or more of the five functional areas addressed in developmental delay.

- autism
- pervasive developmental disorder
- communication impairment - speech or language disorder in primary language
- epilepsy or other seizure disorders including neonatal seizures
- mental retardation
- cerebral palsy
- Down Syndrome
- other syndromes and chromosomal disorders
- other disorders of unknown etiology
- intracranial hemorrhage (level 3 or 4 bleed) or infarct

* Adapted from Federal and State Developmental Disability criteria.

4. Interactive disorders

Serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include but are not limited to:

- severe, diagnosed attention deficit disorders
- disorders of attachment and
- those categories listed in Part B of I.D.E.A. or Head Start Standards under seriously emotionally disturbed or behavior disorder that are applicable to this age group.

5. Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to chronic health problem.

Diagnoses include but are not limited to

- hydrocephaly - microcephaly – encephaly
- endocrine and metabolic disorders (examples: hypothyroidism, cystic fibrosis, diabetes)
- cleft lip/palate
- feeding abnormalities/difficulties
- heart conditions
- syndromes related to mother's substance ingestion or abuse (examples: HIV +, fetal alcohol syndrome)

- illness of a chronic nature with prolonged convalescence (examples: malignancies, severe asthma, failure to thrive, leukemia, lead poisoning, recurring respiratory syncytial virus-RSV).

The program does not classify a short-term medical problem as a health impairment.

6. Medically Fragile Infant

- gestational age \leq 32 weeks
- birth weight below 1500 grams (VLBW)
- Intrauterine growth retardation (IUGR), as diagnosed by physician, \leq 10th percentile
- small for gestational age (SGA) as diagnosed by physician, \leq 10th percentile
- respiratory distress syndrome
- central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional
- APGAR score below 6 at 5 minutes post birth

7. Prematurity (< 36 weeks gestational age) plus significant environmental risk, such as one or more of the following:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.)
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.)
- No prenatal care.
- Maternal age 15 years and under.
- Foster placement of child

Note: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full-term. See Informed Clinical Opinion footnote, #2.

Section II A-5
Services under Part C to At-Risk Infants and Toddlers

N/A for the Idaho Infant Toddler Program

Section II A-6
State's Use of Part C Funds

Refer to Section III (A-H) of the Grant Application above.

Section II A-7
Referrals of children Birth-3 Subject to Substantiated Cases of Abuse or Neglect

Assurances

The Idaho Department of Health and Welfare has established policies and procedures that require the referral for early intervention services of a child under the age of 3 who is subject to a substantiated case of abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Procedures

Idaho Infant Toddler Program and Children and Family Services (CFS) are both organizationally housed in the Division of Family and Community Services under a single Division Administrator. Upon the passage of the CAPTA amendments in June, 2004, the Division convened joint planning in the development of a shared policy standard related to the referral of each child birth to three years of age who is subject to a substantiated case of abuse or neglect. This policy by definition includes children who are identified as exposed to illegal substances or are affected by withdrawal symptoms. The policy work resulted in joint training for Infant Toddler Program and Children and Family Services (child welfare) personnel statewide. The policy is reviewed annually and implementation has been evaluated regularly through the quarterly Continuous Quality Improvement reviews by CFS as well as semi-annual data reviews by Infant Toddler Program. The standard for the referral process follows:

Standard

This standard outlines the procedures for referral by CFS to the Idaho Infant Toddler Program of every child, birth to three years of age, who is a victim of a substantiated report of child abuse or neglect. The Infant Toddler Program is, by law, a voluntary program and has very specific regulations on who may consent for services and how frequently those consents must be obtained. Families involved with Children and Family Services may be under court-ordered case plans that can complicate the issues around consent for services. This standard covers referral procedures in both non-court and court-involved cases as well as who can and cannot consent for ITP services. In all cases, consent for services from a child's parents must be diligently sought. It is only in rare and in very specific circumstances that consent can be given by someone other than the child's parent(s).

DEFINITIONS

(1) Acting as the Parent

Someone “acting as a parent” for purposes of consent to ITP services are limited to the following circumstances:

WHEN ---Child is in the custody or guardianship of the Department **AND**

Child’s parents are deceased, permanently absent, or their parental rights have been terminated.

WHO ---The child’s resource (foster or adoptive) parent may “act as a parent” for purposes of consent to early intervention services if, and only if, they meet following qualifications:

- Has an ongoing, long term parental relationship with the child, **and**
- Is willing to make decisions required of parents under this act, **and**
- Has no interest that would conflict with the interests of the child.

If the resource parent meets the above qualifications, they may “act as a parent” and no surrogate is necessary. If the resource parent does not meet the qualifications, ITP must move to appoint a surrogate

NOTE ---For children not in the Department’s custody or guardianship who are living at home with a primary caretaker other than a parent (i.e. grandmother, aunt and uncle) that primary caretaker may consent to Early Intervention Services “acting as a parent.”

(2) Consent for Assessment and Treatment

The consent form to be signed by any parent(s) whose child is in the Department’s custody and is placed in foster care. This signed consent gives the Department the ability to access certain services on behalf of a child when parent(s) are unable to be located at the time services are needed. This consent replaces the Medical/Surgical Consent (HW0295) previously in use.

If this form is used in the parents’ absence to complete evaluations or develop an IFSP, when the parents are located, they will be asked to consent to the specific evaluations or services in the Individualized Family Services Plan (IFSP) which was developed around the needs of their child during their absence.

(3) Court case

Case in which a magistrate judge has jurisdiction over a child protection matter. There are two types of court cases: (1) Child is placed into the **protective custody** of the Department and lives in an out-of-home placement such as family foster care, group home or institution; (2) Child is under the **protective supervision** of the Department and resides in their own home with Department and court oversight.

(4) Disposition

All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a safety assessment is completed, the worker makes a decision as to whether or not the allegations are true or untrue based on the information they have gathered during their assessment. The report is then dispositioned as **Substantiated** (allegations of abuse/neglect are determined to be valid, supported by a confession, worker eyewitness or confirming evidence) or **Unsubstantiated** (allegations of abuse/neglect are determined to be invalid or there is inadequate information to determine whether the allegations are valid or not).

(5) Early Intervention Services

According to 34 CFR, Sec. 303.12, early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost unless subject to fees according to a sliding fee schedule; and
- Meet State standards.

(6) Need to Know

When different Department programs have a common client, staff may share information on a "Need to Know" basis according to Department rules. What can be provided is information about the child and family to enable other program staff to effectively work with the common client. Information shared outside the Department will require a Release of Information signed by the family.

(7) Parental Consent

Federally required written permission given by a parent or someone qualified to act "as a parent" to gain access to ITP services, both assessment and specific treatment services.

(8) Surrogate Parent

An individual who is appointed by the ITP to consent for early intervention services when a parent has retained their parental rights but (1) has not signed a Consent for Assessment and Treatment and (2) is not able to be located at the time despite diligent efforts to do so.

To be appointed, a surrogate parent must meet the following qualifications:

- Have no interest that conflicts with the interests of the child; **and**
- Not be an employee of any state agency; **and**
- Not be employed by a public or private agency which provides early intervention services to the child or to any family members of the child.

A child's resource parent(s) may be appointed as a surrogate if they meet the above qualifications. ITP processes appointments of surrogates. The need to appoint a surrogate should be discussed with the child's CFS worker as they may have input on who might best be appointed as a surrogate.

PROCEDURES FOR REFERRAL TO ITP

Referrals for evaluation and determination of eligibility for early intervention services may be made at any time by a community provider such as a physician, health care professional, Parents as Teachers, Early Head Start, child protection, or other community programs working to serve children and their families.

TYPES of CFS CASES and REFERRAL REQUIREMENTS (see following flowchart)

No CFS Case Opened. These situations involving suspected developmental delays in children 0-36 months may come to CFS attention as a result of an I&R or an unsubstantiated report. Because there is no substantiated report, a referral to ITP is not required. What is required is that the CFS worker give the parent or referent information about the ITP. Packets of referral information are available from regional CFS offices.

CFS worker responsibilities:

- When a CFS worker becomes aware of a child age 0-36 months who may have developmental issues or delays, the CFS worker will give the parent or referent information about the Infant Toddler Program and document the action in FOCUS. (**flowchart - column I, box 2**). No further CFS action is required.

ITP worker responsibilities:

- Parents may or may not contact ITP about services. If not contacted by parents, ITP is not required to take any further action (**flowchart - column I, box 3**).

Substantiated Report and No Case Opened. When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS risk assessment worker responsibilities:

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column III, box 2**);
- Complete the Referral/Application form with the family when possible. The form can be found at the end of this standard. The referral portion must be submitted to ITP within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column III, box 3**);
- If you only complete the referral, the consent portion at the bottom of the form will need to be completed by the ITP worker when they meet with the family;
- The Referral/Application form can also be found in the parent ITP information packets.
- Document actions in FOCUS (**flowchart - column III, box 3**);
- No further CFS action required at this time. CFS worker may ask ITP to advise them of whether or not the family is able to be located and engaged.
- If this matter comes to CFS's attention at a future date, ITP will be contacted regarding the family's follow through with services.

ITP worker responsibilities:

- ITP worker makes diligent efforts to locate child/parent to initiate an evaluation (**flowchart - column III, box 4**);
- If unable to locate or engage with parent, the ITP worker will document the efforts for future reference (**flowchart - column III, box 5**).

- If evaluation(s) are conducted and child meets ITP eligibility criteria, an Individualized Family Services Plan (IFSP) will be developed.

Substantiated Report with Open Case (no court) When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open case, no court)

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column II, box 2**); and
- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family in completed an application for early intervention services (**flowchart - column II, box 2**); and
- If the ITP intake results indicate the child is eligible for services, the CFS worker may participate in the IFSP development and will assure that the child's needs are included in the CFS service plan (**flowchart - column II, box 4**); and
- Involve the family in service planning; and
- Monitor and evaluate family's follow through with their plan (**flowchart - column II, box 7**); and
- Document attempts to engage family and their participation in services (**flowchart - column II, box 7**); and
- Periodic exchange of information with ITP regarding progress is required (**flowchart - column II, box 8**); and
- When closure appears to be appropriate, complete reassessment of risk, staff case with family and ITP for closure. Family may choose to continue ITP services without CFS involvement. There is no need to continue an open case with CFS in order for child to receive ITP services; and
- Close case and report closure to ITP.

ITP worker responsibilities:

- Make diligent efforts to locate family from information contained in CFS referral. Typically this would involve 3 attempts to contact, including one of them in writing. If, after 1 or 2 contacts, the ITP worker is unable to locate the family, check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting and then complete attempts to contact (**flowchart - column II, box 3**); and
- If efforts to contact/engage are unsuccessful, please report this to CFS case manager (**flowchart - column II, box 7**); and
- If efforts are successful, complete an intake with the child/family. Information from the CFS worker and the parent or caregiver will be used in the evaluation process.

- Appropriate assessment tools will be used to evaluate the child's developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development; and
- Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in the way of age-appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and
- **If child is found eligible** for services, develop IFSP with family; and
- CFS worker may be included in development of IFSP, if not, communicate content of IFSP to the CFS worker so that the child's needs and services may be reflected in the CFS service plan; and
- Periodic exchange of information, at least every 6 months, with CFS regarding family's participation and progress. Regular contact should be included in the service coordination objectives (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may continue beyond the involvement of CFS, or if the child meets developmental goals, may be terminated prior to closure of the CFS case.

Substantiated Report with Open Court Case (either Protective Custody or Protective Supervision). When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open, court case)

- **(with protective custody)** Parent or legal guardian should sign Consent to Assessment and Treatment form which allows specific services including ITP to be provided when/if the parent is unavailable to consent for a specific service at the time it is needed (**flowchart - column II, box 1**).
- Inform the child's family that a referral to the Infant Toddler Program is required by federal law whenever a report is substantiated (**flowchart - column II, box 2**); and
- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family to complete an application, including consent (included on Referral/Application for ITP services) for early intervention services when necessary. (**flowchart - column II, box 2**); and

- Provide any relevant information (i.e. address, phone number) or updates to the Infant Toddler Program to minimize the number of times parent(s) must give the same information to different staff; and
- Assist the ITP worker in locating parents when/if it becomes difficult (**flowchart – column II, box 3**); and
- Following ITP intake and assessment, if child is found eligible for early intervention services, CFS worker is to attend and involve family in the development of the Individualized Family Services Plan (IFSP); and
- The services in the IFSP will be reflected in the family’s CFS service plan (case plan). The service plan is submitted to the court for approval. The service plan is one of the primary ways that the court is informed of the child’s needs; and
- The CFS worker will attend an IFSP staffing at least once every six months. If either program needs the advice of the MDT more frequently in order to better monitor the service plan and report to the court, he/she should contact the child’s ITP service coordinator to set up a meeting; and
- It is appropriate and permissible for the CFS worker to share with the ITP MDT what progress is being made by the parents, especially as it relates to any of the child’s developmental needs and family reunification; and
- When ITP services are in the court ordered plan and the parent(s) refuses to follow through, CFS worker will inform the court of parental non-compliance. (**flowchart – column II, box 6**); and
- Ongoing communication between CFS and ITP is imperative (**flowchart – column II, box 8**).

ITP worker responsibilities:

- Make diligent efforts to locate and engage family in ITP intake and assessment through 3 attempts to contact, one of them in writing (**flowchart – column II, box 3**); and
- If unable to locate the family, contact CFS worker and develop a plan for moving ahead with the intake/assessment (**flowchart - column II, box 6**); and
- Complete an intake. Information from the CFS worker and the parent or caregiver will be used in the evaluation process. Appropriate assessment tools will be used to evaluate the child’s developmental status. This includes screening or evaluation social/emotional functioning and behavioral aspects of the child’s development; and
- Evaluation results will be presented to the Infant Toddler Program’s multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each ineligible child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child’s family the opportunity to track the child’s development and know what to expect in age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and

- **If child is found eligible** for early intervention services, an Individualized Family Service Plan (IFSP) will be developed with the family and/or the established caregivers. The CFS case manager is to be involved in the planning meeting. When developmental concerns are identified and need to be addressed as part of the child's well-being, the ITP worker and/or service coordinator should be involved in CFS case plan development. The service coordinator will be assigned to assist with the coordination of services relevant to the child's developmental needs.
- Periodic exchange of information with CFS regarding family's participation and progress including written reports to the court or court testimony (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may need to continue beyond the involvement of CFS, or if child meets developmental goals, services may be terminated prior to closure of the CFS case.

Consent Issues

- If there is a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP evaluation services;

OR

- If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP initiates the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria;

OR

- If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP initiates the appointment of a surrogate parent.

Periodic review. Each Individualized Family Service Plan will be periodically reviewed with the family and the child's CFS worker, at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined in the IFSP. The IFSP team will revise the IFSP as needed by developing an addendum or rewriting the plan if additional services or changes in services are required for effective early intervention. It may be necessary for the team to convene on a more frequent basis at the request of the CFS worker, the family, or the service coordinator.

Flowchart follows

CFS/ITP Referral Flow Chart

Mandatory Referral On All Substantiated Reports of Abuse/Neglect court related steps are shaded

<p>I. II. III. (1)</p> <p style="text-align: center;">No CFS Case Opened</p> <p>Information and Referral or unsubstantiated case where there are developmental concerns</p>	<p>(1) CFS case opened For child in IDHW custody, parent or guardian should sign Consent to Assessment and Treatment which allows specific services to be provided when/if the parent is unavailable to consent for a specific service at the time it is needed.</p>	<p>(1) Substantiated Report no CFS case opened</p>
<p>(2) CFS worker gives/sends parent/referent information about ITP and documents the action in FOCUS</p>	<p>(2) If substantiated, CFS worker informs parent of requirement to make a</p>	<p>(2) CFS worker informs parent of requirement to make a referral to ITP per CAPTA law</p>

Idaho
State

	referral to ITP per CAPTA law CFS to make referral to ITP within 2 days CFS worker makes a written referral to ITP and assists parent in completing an application for services	
(3) Parents may or may not contact ITP about services. If not contacted by parents, ITP takes no action.	(3) ITP makes diligent efforts to locate child/parent to initiate evaluation.	(3) CFS worker makes written referral to ITP within 2 days and may assist parent in completing an application for child to be screened. Document actions.
(4) In any open case, include child's needs in service plan.	(4) ITP makes diligent efforts to locate child/parent to initiate evaluation.	
(5) If there is court involvement, inform court of child's needs and the parents' responsibilities with respect to those needs as reflected in the service plan	(5) If ITP is unable to engage with parent, ITP will document efforts for future reference.	

Idaho
State

(6) If a court case, ITP services are in the plan and the parent refuses to follow through, inform court of non-compliance

OR

If a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP services.

OR

If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP initiates the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria.

OR

If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP initiates the appointment of a surrogate parent.

(7) CFS and ITP each document info they have about attempts to contact and follow through.

(8) Periodic exchange of information regarding progress is required. Periodic reports to the court will contain detail about progress of child and parents in following their service plan.

Section II A-8

EQUITABLE DISTRIBUTION OF RESOURCES

The State of Idaho, Department of Health and Welfare services are provided within three administrative hubs (North, West, and East). These hubs encompass seven geographic regions. The North hub includes regions 1 and 2, West hub includes regions 3 and 4, and the East hub includes regions 5, 6, and 7.

Each region has an early intervention program with satellite and outreach programs. The Department of Health and Welfare, with input from the Early Childhood Coordinating Council considers various formulas to distribute funds including equal distribution based on geographic region, a census formula of the regions' percentage of total live births, regional child count of eligible children receiving services, etc. to assure equitable distribution of resources and personnel capacity according to identified needs.

The federal funds allocated to regions are used for regional coordination of early intervention services, public awareness, child find, service coordination, evaluation, and provision of services under the Individualized Family Service Plan. State general funds are appropriated by the Idaho legislature and the Department of Health and Welfare distributes the budget to regional programs for early intervention personnel, contract providers and operating expenses related to the delivery of early intervention services. Budgets are reviewed quarterly and distributions are adjusted according to projections for utilization and need for funds.

Each Regional Early Childhood Committee is required to prepare an application periodically for funds for planned activities to meet regional coordination goals. These funds are overseen by the finance committee of the Early Childhood Coordinating Council.



Hub	Regions	Counties
North	1 & 2	Benewah, Bonner, Kootenai, Shoshone, Clearwater, Idaho, Latah, Lewis, and Nez Perce
West	3 & 4	Adams, Canyon, Gen, Owyhee, Payette, Washington, Ada, Boise, Elmore, and Valley
East	5, 6 & 7	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls, Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton

Section II A-9

Public Participation Policies and Procedures

At least 60 days prior to being submitted to the Department, Idaho's application for funds under Part C of IDEA, including any policies, procedures, descriptions, methods, certifications, assurances and other information required in the application, is published in a manner that ensures circulation throughout the State for at least a 60-day period, with an opportunity for public comment on the application for at least 30 days during that period.

The application includes a description of the policies and procedures used by Idaho to ensure that, before adopting any new policy or procedure, including any revision to an existing policy or procedure, needed to comply with Part C of IDEA and these regulations, ITP:

- Holds public hearings on the new policy or procedure, including any revision to an existing policy or procedure;
- Provides notice of the hearings held in accordance with (a) above at least 30 days before the hearings were conducted to enable public participation; and
- Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Early Childhood Coordinating Council (EC3), to comment for at least 30 days on the new policy or procedure, including any revision to an existing policy or procedure needed to comply with Part C of IDEA and these regulations.

Section II A-10 Transition

A. Overview

Transitions are times of change or modification in services or personnel for children and families. A significant transition occurs when a child reaches age three (3) and the child and family is no longer eligible for early intervention services under the Infant Toddler Program. Upon reaching age three (3), a child may be eligible for services through the local educational agency (LEA). Planning for transition is an ongoing interagency process that explores options and provides information, support, and linkages to new situations and services. Joint planning between agencies is necessary to ensure a smooth and effective transition for children and their families.

Discussions about transition from the early intervention system will begin at the IFSP meeting closest to the child's second (2nd) birthday to help prepare the family and allow time to coordinate between agencies. Transition activities that need to be accomplished by The Infant Toddler Program prior to age three include the following:

- Orient the family to the concept of transition, the transition process, and possible community resources for when the child turns three (typically this occurs on an ongoing basis between 2 years 3 months of age and 90 days prior to age 3 (except for late referrals between 89 and 46 days prior to the 3rd birthday).
- Assist the family to review the child's program options that will be available at age three. Options will vary depending upon child's age, geographic location, unique interests/resources and capabilities of the child and family. Sharing information about a variety of community partners is encouraged- including HS, child care centers, private preschool, community groups, or LEA preschool, etc.
- Develop a transition plan as part of the IFSP nearest 2 years 6 months of age that includes the steps and services to ensure a smooth transition to LEA preschool special education or other community services as appropriate.
- Make a referral to the receiving agency.
- Schedule a transition conference with the receiving agency with parent approval.

Transition activities that need to be accomplished by Part B for children who are referred to Part B by Infant Toddler Program to determine eligibility for preschool special education services and to ensure that IEP can be developed and implemented by the child's third birthday include the following:

- Provide information to family about Part B when notification is received
- Participate in the transition conference and provide parents at the conference with information about LEA preschool services
- Obtain consent from the parent for initial evaluation
- Review Infant Toddler Program's and other existing information to identify additional data needed to determine whether the child is eligible for Part B services
- Conduct initial evaluation and determine eligibility within state timelines

- Invite ITP service coordinator to IEP meeting, if parent requests
- Conduct IEP meeting, develop IEP, and receive consent for initial placement from parent

Transition issues may include the shift from one service system to another, differences in eligibility requirements, new demands for child participation, differing expectations for child behavior and “readiness”, new types and levels of staff involvement and training, and philosophical shifts in intervention models. Careful and thoughtful joint planning by the local early intervention program and the local school district (LEA) will promote smooth and coordinated movement between programs and services.

B. Notification to State Educational Agency (SEA) and Local Education Agency (LEA)

Under Part C of IDEA, the Infant Toddler Program is responsible for notification to the State Department of Education (SEA) and a Local Educational Agency (LEA)/School District for potentially eligible children who are at least 2 years 6 months of age. Parental consent is not required for this notification; notification will be provided on all potentially eligible children, even if a parent is uncertain or not interested in pursuing Part B eligibility or services.

Notification to the SEA and LEA of children who are potentially eligible for Part B services at age three is required in accordance with IDEA. This information about potentially eligible children will be used for planning within the LEA and for measurements of Annual Performance Report (APR) Part C Indicator 8b and Part B Indicator 12a.

a. The Infant Toddler Program will provide an encrypted list of all potentially eligible children reaching 2 years 6 months of age, including the child’s name, date of birth, and parent contact information (names, addresses and telephone numbers) to each school district and to the State Department of Education on a monthly basis. This may also include the service coordinator’s name and contact information and the language(s) spoken by the child and family to further assist the LEA in meeting the child find responsibilities.

Some children with significant involvement may require intensive transition planning; In these instances, it may be necessary and is appropriate to provide notification as early as 2 years 3 months of age.

b. This limited child find information will be provided electronically to the LEA. This notification is a referral for Part B services.

c. To Accomplish Notification to the SEA (State Department of Education), an electronic and encrypted copy of the list of all potentially eligible children will be sent to the 619 Coordinator at the SDE on a monthly basis within the specified date range. The subject line should contain the District number, month and year, and region number. Please attach individual documents for each district being reported. This notification will be emailed to the following address: InfantToddlerNotification@sde.idaho.gov

c. The following definition of “potentially eligible” will be used:

A child ***is potentially eligible*** and should be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and is eligible for Early Intervention services, and
- Child ***is eligible*** for Part C under the category of “Developmental Delay” (DD), or
- Child ***is eligible*** for Part C under the category of “Established Condition” (EC).

A child ***is NOT potentially eligible*** and should NOT be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and has an active IFSP, and
- Child is eligible for Part C services under the category of “Informed Clinical Opinion” (ICO).

- d. After notification, the LEA will do the following:
- i. Make contact with the family and
 - Provide notice of procedural safeguards.
 - Provide written information about the Part B and early childhood special education services. This information may be provided in person at a transition conference or by mail.
 - ii. Complete the appropriate referral and evaluation responsibilities according to Section E & F below.

C. Development of IFSP Transition Plan

In Idaho, discussion about the upcoming transition from Infant Toddler Program to other services will begin during the IFSP meeting nearest the child’s 2nd birthday. At the IFSP meeting nearest 2.6 years of age, the team is responsible for developing the transition plan as part of the IFSP. The transition plan must include steps and services needed to support the transition of the child and family to preschool special education or other appropriate services. This planning must address the following:

- Discussions with parents regarding a transition conference that occurs no later than 2 years 9 months of age, future placement options, and the potential benefits of participation in early childhood learning programs;
- Procedures to prepare the child and family for changes in service delivery, including steps to help the child adjust to and function in a new learning environment; and
- If appropriate, plans for transmitting information about the child to the LEA to ensure continuity of services. With parental consent, information to be shared may include evaluation and assessment information and copies of IFSPs.
- Options available from the child’s third birthday through the remainder of the school year.

The transition plan is revised at subsequent IFSP meetings and/or the transition conference as appropriate.

D. Transition Conference to Discuss Services

The purpose of the transition conference is to introduce the child/family to program or service options the child may access after age three. Unless the parent requests otherwise, the Infant Toddler Program agency is required to invite an LEA representative to the transition conference for those children that are “potentially eligible” for Part B services.

The transition conference takes place as part of an IFSP meeting and must be held at least 90 days before the child turns 3 (and at the discretion of all parties, up to 9 months before their third birthday). The transition conference typically occurs between 2 years 6 months and 2 years 9 months of age. However, for children with complex needs or those requiring more time, it can be scheduled as early as 2 years 3 months of age. Timing will vary according to local protocol and the unique needs of the family.

Transition planning should occur for all children exiting the early intervention system. If a child with a disability is not potentially eligible, reasonable efforts should be made to hold a conference to discuss other appropriate service the child may receive.

Cross-agency planning may require sharing specific and personally identifiable information about a child (such as the most recent evaluations or medical diagnosis reports) with people outside the early intervention system. The ITP service coordinator must obtain written consent from the parent prior to exchange or release of information about their child.

All families are routinely provided written information about Part B services by their ITP service coordinator. If a parent is not interested in Part B services, or does not provide consent to share evaluation and service information with the LEA, transition planning will proceed without participation of the LEA. However, the LEA must still provide information to these families as specified above in Level 2(c).

If the family is interested in receiving early childhood special education services in their local school district, the Infant Toddler Program staff will prepare a written invitation to a transition conference and provide it to the parent, school district staff, early intervention providers, and others as requested by the family.

For a toddler who may be eligible for services under Part B, the conference includes representatives from the lead agency, the family of the toddler, and the LEA. For a toddler who is not potentially eligible, the conference includes representatives from the lead agency, the family of the toddler, and providers of other appropriate services.

Prior to the conference, the ITP service coordinator may share information about the child with school district staff as negotiated through the Interagency Protocol and specified in the Consent to Release Information form signed by the parent (i.e. the most recent evaluations and reports).

This information will assist the LEA in determining whether or not a child is suspected of having a disability under Part B.

The LEA is required to participate in the transition conference; however if the LEA does not participate in the conference, the Infant Toddler Program must still hold a transition conference at least 90 days (and at the discretion of all parties, up to nine months) prior to the child's third birthday and must have invited the LEA representative to the conference.

The meeting may also include other providers such as Head Start (if the local program grant allows for service provision to 3 year olds), Idaho Educational Services for the Deaf and Blind and other community programs/resources the family is currently involved with or is interested in accessing.

The following activities must occur at the transition conference:

- With written parental consent to release information, review existing evaluation and service information that are reflective of the child's current development and performance.
- Provide information about Part B preschool services (including a description of the Part B eligibility definitions, state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services)
- Review the child's options from the child's third birthday through the remainder of the school year.
- Determine whether the forms titled *Referral to Part B for Special Education Evaluation* and *Consent for Assessment* are appropriate.

The following may occur at the transition conference:

- Coordinate activities between the family and receiving agency, such as making arrangements to share information, meet the teacher, explore the classroom
- Modify the IFSP to address specific steps/actions needed to assure child and family are well prepared to be successful in the new location (orient to new environment and activities, riding bus, etc., review AT needs and update if necessary, work on needed skills such as separation, participation in group, following directions, etc.)
- Assure that parents have received and understand their rights and protections under Part B (prior notice and parent consent requirements under 34 CFR 300.504-300.505).
- If appropriate, complete referral forms (Part B Form 330a, Referral to Consider Special Education Evaluation), review existing evaluation/assessment information, obtain consent for initial evaluation, and determine eligibility for Part B. These tasks may also occur in subsequent meetings. (See the Sections E-Referral and F-Evaluations and Eligibility Determination below)

Referral to Part B Preschool Special Education Services

If the child will be/is referred to the LEA to determine eligibility for Part B services, both Infant Toddler Program and the LEA must complete certain activities.

The Infant Toddler staff or Service Coordinator must get written parental consent to release information (use form HW0322 Authorization for Disclosure). Then the following documents will be compiled and included in a referral packet:

- Signed “consent to release information”
- Existing ITP evaluations/assessments, including specific test/cut off scores when available
- Current IFSP

The LEA must:

- Review or complete a *Referral to Consider a Special Education Evaluation form*.
- Provide the parent a copy of the *Procedural safeguards Notice* and discuss and explain their importance.
- Afford the parent an opportunity to provide input regarding the need for and scope of the initial evaluation.
- Review all available information and records, including family and health history, and previous assessments and evaluations conducted if parental consent for release of information has been obtained by Infant Toddler Program (use form HW0322 Authorization for Disclosure).
- Decide what additional information, if any, is needed. If additional assessments are needed, parental consent must be obtained by the LEA and written notice provided to the parent. This review and determination process can take place at a face-to-face meeting of the evaluation team or through an alternate format, unless the parent desires that a meeting be held.
- If the child is determined eligible, the IEP must be developed and implemented by the child’s 3rd birthday.
- If the team determines that the student is not eligible for Part B services, the team should seek other avenues for services to meet any identified needs. **Written notice of the district’s decision** shall be provided to the parent.

Unique Circumstances: Late Referral to Infant Toddler Program, Late Referrals to Part B from ITP, and Summer Birthdays

1. **“Late Referral” to Infant Toddler Program** – For children who are referred to ITP late (after 2 years 6 months of age), different procedures will be followed in making transition based upon the child’s age when referral occurs.
 - a. Children referred to Infant Toddler Program between 2 years 6 months and 2 years 9 months of age - Children who are referred to ITP between 180 days and 90 days

prior to the child's third birthday must have the following activities completed by the Infant Toddler Program:

- i. Evaluation and assessment and eligibility determination
- ii. If eligible, an IFSP outlining the services required, including a strong focus on steps and services necessary to effectively transition the child and family into the next learning environment at age 3
- iii. Notification of children who are potentially eligible is provided to the SEA and LEA as soon as possible after IFSP is completed. This will ensure that the LEA has sufficient time to complete the initial evaluation for eligibility within the required timelines and develop an IEP by the child's third birthday. (Please see section B, *Level 2b* for definition of potentially eligible.)
- iv. A Transition Conference prior to 90 days before the child's third birthday. For children referred close to 90 days before the child's third birthday, the transition conference should be held at the initial IFSP meeting. (See *D. Transition Conference* above for more information about Transition Conference requirements).

LEA must complete all responsibilities related to the initial evaluation for determining Part B eligibility and IEP Development (For more detail, see section *F, Evaluation and Eligibility for Part B*, and section *G, IEP Development*).

- b. Children referred to Infant Toddler Program between 2 years 9 months and 2 years 10.5 months of age - Children who are referred to ITP between 90 and 45 days prior to the child's third birthday may have simultaneous eligibility determinations made for Part C and Part B. The following activities must be completed:
 - i. Infant Toddler Program informs the family about early intervention services ending at age 3 and provides the SEA and LEA notification of a potentially eligible child at the same time they are initiating services through the Infant Toddler Program. This will assist the LEA to complete the initial evaluation for eligibility determination within the required timelines.
 - ii. Evaluation/assessment and eligibility determination are completed for ITP and Part B according to local interagency protocol agreements. (Note: The LEA is responsible for completing all responsibilities related to the initial evaluation for determining Part B eligibility and IEP development by age three. For more information, see section F, *Evaluation and Eligibility for Part B* and section G, *IEP Development*.)
 - iii. If child is eligible for Part C services, an IFSP is developed. The plan will include outcomes that focus on skill development, activities geared to preparing the child/family for success in the next program setting, and steps and services required to effectively transition the child into the next learning environment at age 3 (e.g., transition plan).

For children who are also found eligible for Part B, the initial IFSP meeting may be held in conjunction with the initial IEP meeting to ensure that both Part C and B timelines can be met. To minimize unnecessary plan development and to ensure compliance with Part C and Part B requirements and timelines, **a supplement to the IEP may be completed by Infant Toddler Program staff in lieu of development of a full IFSP.** At a minimum, this supplement will address the child's service needs, contain steps and services to support transition (a transition plan), and outline needed service coordination activities.

- c. Children referred to Infant Toddler Program between 2 years 10.5 months of age and the child's third birthday - If ITP receives a referral on a child extremely late (within 45 days of the child's third birthday) the child will be referred immediately to Part B using whatever information is available on the child (e.g., basic demographic information). The child will not have a Part C evaluation or IFSP developed. For these children, the LEA treats them as new referrals and not children transitioning from Early intervention and as a result Part B is not required to develop an IEP prior to the child's third birthday. All requirements related to conducting an initial evaluation for eligibility determination including timelines, must be met.
2. **Late Referrals to the LEA from Infant Toddler Program** - ITP is required to provide timely notification of potentially eligible children to Part B and convene a transition conference at least 90 days before the child's third birthday for children who were referred to ITP more than 90 days before the child's third birthday. In the event ITP fails to do so, the LEA is responsible for ensuring that an initial evaluation under Part B is completed and, if the child is determined eligible under Part B, an IEP is developed and implemented by the child's third birthday, even if the 60 day timeline for conducting an initial evaluation expires after the child's third birthday. It is the responsibility of both the Infant Toddler Program and the LEA to work collaboratively to ensure children who are potentially eligible for Part B receive timely transitions.
3. **Summer birthdays** – State rules specify that school districts are not required to provide services when school is not in session for greater than 5 days. As a result, timing around transition planning for children who turn age three during the summer months must be adjusted to assure the transition can be completed in an effective manner. It is critical that agencies work together to ensure that there is timely notification of potentially eligible children (referral to Part B) and transition conferences to ensure that Part B eligibility determination can occur and IEP is developed prior to end of the school year.

The requirement for eligibility to be determined and an IEP developed for the child prior to their third birthday remains in place. The LEA remains responsible for assuring appropriate information/evaluations are available to determine Part B eligibility and have an initial IEP or modified IFSP developed prior to age three.

Options include:

- prior to the summer months, develop the initial IEP and amend if necessary when school is in session.
- prior to the summer months, modify the IFSP to serve as the IEP throughout the summer and complete an IEP once school is in session
- determine if the child is in need of extended school year services under Part B. The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.

Infant Toddler Program transition plans should explore other community options available to children for the summer months.

F. Evaluation and Eligibility for Part B

The LEA is responsible for making decisions regarding evaluation, assessments and eligibility for Part B, not Infant Toddler Program staff. However, Part C and Part B staff should make use of and align available assessment/test information (i.e. test or cut off scores) needed for meeting eligibility criteria and to avoid duplication of efforts and additional time for assessment.

Evaluation refers to the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

Assessment is integral to the evaluation process and includes the formal or informal processes of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. Assessments and data may include standardized or non-standardized, criterion-referenced (e.g. curriculum-based measures), observations, interviews, medical reports, etc. LEA is responsible for ensuring the following:

- The evaluation team includes the same membership as the individualized education program (IEP) team, although not necessarily the same individuals. Membership must include at least the parent, district administrator, special education teacher, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child.
- Written notice is provided and informed written consent is obtained for an initial evaluation to determine eligibility for Part B services (even if no new assessments are being conducted).
- The initial evaluation is comprehensive and consists of procedures to determine whether the child has a disability according to the established Idaho eligibility criteria; the child's condition adversely affects academic performance; and whether the student needs special education and related services.

- Eligibility for Part B services can be determined at a transition meeting or at an eligibility/IEP meeting, if sufficient information is available and if required team members participate.
- Assessment data is reviewed with the parent, eligibility is determined and parents are given a copy of the Eligibility Report (Form 380).
- According to Idaho Code, the timeline between receiving written consent for initial assessment and determining eligibility cannot exceed 60 calendar days, excluding periods when regular school is not in session for five or more consecutive school days. LEA's then have 30 days to complete and implement the IEP, also excluding periods when regular school is not in session for five or more consecutive school days.
- Early Childhood Outcome entry data is reported accurately and in a timely manner. Infant Toddler Program exit outcome data can be used for Part B entry outcome data, if available and accurately reflects the child's current performance ITP and Part B should coordinate the collection and sharing of outcome data in a timely manner to minimize duplication of efforts. If the child has participated in Early intervention for at least 6 months, ITP should provide the LEA a copy of the completed Child Outcome Summary Form as soon as possible and no later than 30 days after the child turns three. (Please note: This process could also be reversed so Part B intake evaluations and ECO scores are used by Infant Toddler Program to inform ITP exit ECO scores).

G. IEP Development

The LEA is responsible for developing an Individualized Education Plan (IEP) for all children who received services under Part C and have been determined eligible under Part B prior to the child's 3rd birthday.

- The IEP may be developed at a transition planning meeting (if all required IEP members are in attendance and procedural safeguards requirements have been met) or at another meeting prior to the child's third birthday. The meeting to develop the IEP shall be held at least within 30 days of a determination that the student is eligible and needs special education and related services.
- The **IEP team** must include at least the parent, district administrator, special education teacher or service provider responsible for implementing the IEP, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child. A Part C representative will also be a member of the initial IEP team, if requested by the parent.
- Parents shall be informed of their right to invite ITP representatives to the initial IEP meeting.
- The IEP team, including the parent, will develop an IEP or accept the IFSP, which includes the IEP components. The district must consider the IFSP content, but are not

required to use it as an IEP. If the district and parent agree to use an IFSP as the initial IEP, the district shall provide the parent with a detailed explanation of the differences between an IFSP and an IEP and obtain written consent. If the IFSP will serve as the initial IEP, the additional IEP components that must be included are transportation, statewide testing, ESY, LRE, annual goals, special considerations, etc.

- The IEP/IFSP team, including the parent, will review all service and placement options after annual goals are selected. Placement discussion should be centered on the least restrictive environment in which the goals can be addressed with supports and accommodations. The LEA, considering information from the ITP, must also determine the need for Extended School Year Services (ESY). The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.
- The LEA shall obtain **parental Consent for Initial Placement** in Part B services.

H. Provision of Services

The school district must determine eligibility, have the IEP developed, and have services implemented according to the start date on the IEP (or IFSP if the parent agrees to adopt the IFSP) by the child's third birthday to ensure that the child does not lose services as a result of the transition.

- When a child who is eligible for Part B turns three between September and May, the child will transition into the local school districts Part B program at age three.
- If the child's third birthday occurs during the summer, the IEP team must consider the date when the services under the IEP will begin. The IEP team determines if ESY services are required and if no ESY services are needed, the date of initiation of services may be at the beginning of the school year and the IEP is considered "implemented" by the child's third birthday.

Section II A-11

Promoting Coordination with Head Start and Early Head Start, Early Education, and Child Care Programs

In Idaho, collaboration with Head Start, Early Head Start, Migrant Seasonal Head Start, early education and child care programs is essential to the delivery of quality early intervention services for children with disabilities and their families.

The Idaho Infant Toddler Program (ITP) coordinates with these agencies through a number of activities, some of which are outlined below:

(a) ITP participates as a member of the State Interagency Coordinating Council (Early Childhood Coordinating Council) authorized under Part C of IDEA. Representatives from multiple agencies and stakeholder groups including Head Start, Early Head Start, Idaho Stars (Child Care training system) sit on the Council and serve in an advisory capacity to the Infant Toddler Program. The Council provides a forum for cross agency information sharing and collaboration promoting a comprehensive and coordinated statewide early childhood system.

(b) The Idaho Infant Toddler Program (ITP), Department of Education (DOE), Child & Family Services (CFS), Department of Health (DOH), and the Head Start Collaboration Office are collaborating on the development and use of consistent practices and standards, specific family engagement and health programs, and program improvement efforts targeted to improve outcomes for children.

(c) ITP has partnered with the Idaho Association for the Education of Young Children (Idaho AEYC) to support quality care and education for all children, from birth through age eight, and to promote excellence in early childhood education. Specifically, ITP has partnered with the state professional development system (IdahoSTARS) to increase access of child care providers to professional development opportunities.

(d) ITP has partnered with the Idaho Association for Infant & Early Childhood Mental Health to purchase and implement Michigan's Infant Mental Health Endorsement system. This endorsement system recognizes relationship-focused learning and work experiences that promote infant and early childhood mental health.

Section II A-12 GEPA Statement

The Idaho Infant Toddler Program takes a number of steps to assure equitable access to and participation in its federally-assisted early intervention system by families, infants and toddlers, and providers. Following are examples of specific efforts that are routinely made to facilitate access and participation in the Idaho Infant Toddler Program which is administered by the Idaho Department of Health and Welfare, the lead agency.

All children referred to the Infant Toddler Program for screening or evaluations are welcomed to the process for assessment and the eligibility determination. Services are provided in the native language of the family and the child to the degree that can possibly be arranged. No children or their families are refused access due to gender, race, disability, and age is only restricted based on the limitations of the program, from birth to thirty-six months of age. Services are frequently provided in the families' home or another natural environment that is convenient to the family but if transportation would present a barrier to accessing evaluations or other services, service coordinators make arrangements for or can reimburse the costs for taxi, bus or other means of transportation.

Public awareness materials in English and Spanish are widely distributed to hospitals, physicians and other medical clinics, health district offices, child care settings, Head Start programs, health fairs and community events for outreach and to encourage participation in developmental monitoring to early detection and enrollment if needs arise.

Family Rights and Procedural Safeguards materials are ready in English and Spanish and are translated for the families as needed. They are also prepared in Braille by Idaho Education Services for the Deaf and Blind, and can be made available to non-readers in an auditory format for their use. Evaluation reports and Individualized Family Service Plans are routinely translated into the native language of the family and every program in the state maintains contracts and agreements for interpreter services to support the provision of evaluations, service coordination, and early intervention services to the infants, toddlers, and their families.

Idaho Educational Services for the Deaf and Blind has several staff persons who are deaf and use American Sign Language. They routinely provide interpreters for their staff to participate in IFSP and other team meetings. Interpreters are provided so these personnel and families who are deaf and hard of hearing can attend and benefit from training and conference events. The biennial Early Years Conference coordinates sign language and language interpreters for key note speakers and arranges these supports for conference sessions on request.

The focus of early intervention is on the participation and involvement of families and promotion of inclusion of the child with a disability in the family's routines and community life. Program policies and evidence based practices focus on engaging families in their child's early intervention services. Service coordinators, therapists, and all team members help facilitate participation and reduce any potential barriers that are identified on an individual basis. This is the central philosophy of the Idaho Infant Toddler Program.

Section II A-13 Joint LEA and SEA

N/A for the Idaho Infant Toddler Program

Grant Application - Section IIB Assurances and Optional Assurances

B-1 POLICY TO ASSURE EARLY INTERVENTION SERVICES FOR ALL INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES (§ 303.101(a))

Assurances

Idaho Code, Title 16, Chapter 1 assures that an appropriate statewide system of early intervention services based on scientifically based research, to the extent practicable, are available to all eligible infants and toddlers and their families, including infants and toddlers with

disabilities and their families living on reservations geographically located in their state, infants and toddlers with disabilities who are homeless children and their families, and infants and toddlers with disabilities who are wards of the State in accordance with 34 CFR §303.101(a).

B-2 POLICY ON STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES (§ 303.111 – 303.126)

Assurances

The Department of Health and Welfare, as the lead agency, assures that Idaho's Early Intervention System provides early intervention services to all eligible children. This is supported by the following:

- Idaho Code, Title 16, Chapter ;
- Idaho Infant Toddler Program Implementation Manual;
- Contracts with Providers of Early Intervention Services; and
- Interagency Agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

B-3 STATE CONFORMITY WITH PART C OF THE ACT (§ 303.102)

Assurances

The Department of Health and Welfare, as the lead agency, assures that Idaho's Early Intervention System rules, regulations, and policies conform to the purposes and requirements of 34 CFR Part 303. This is supported by the following:

- Part C, IDEA
- Idaho Code, Title 16, Chapter ;
- Idaho Administrative Procedures Act (IDAPA) Rules;
- Idaho Infant Toddler Program Implementation Manual;
- Contracts with Providers of Early Intervention Services; and
- Interagency Agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

B-4 COMPONENTS FOR STATEWIDE SYSTEM (§§ 303.111 – 303.126)

Assurances

The Department of Health and Welfare, as the lead agency, ensures that Idaho's Early Intervention System includes components described in §§ 303.111 – 303.126. This is supported by the following:

- Idaho Code, Title 16, Chapter ;

- Idaho Infant Toddler Program Implementation Manual;
- Contracts with Providers of Early Intervention Services; and
- Interagency Agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

B-5 POLICY TO ASSURE EARLY INTERVENTION SERVICES FOR ALL INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES (§303.112)

Assurances

Idaho Code, Title 16, Chapter 1 assures that an appropriate statewide system of early intervention services based on scientifically based research, to the extent practicable, are available to all eligible infants and toddlers and their families, including Indian infants and toddlers with disabilities and their families living on reservations geographically located in their state, and infants and toddlers with disabilities who are homeless children and their families.

B-6 EVALUATION, ASSESSMENT, AND NONDISCRIMINATORY PROCEDURES (§303.113)

Assurances

Idaho Code, Title 16, Chapter 1 assures that each referred child, birth through age two, receives a timely, comprehensive, multidisciplinary evaluation and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.

Procedures

A. Referral

There are many public and private sources in the community that make referrals to the Infant Toddler Program. Examples of primary referral sources may include, but are not limited to the following:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Child care programs;
- Parents;
- Friends or family;
- Child Find program;
- Public health facilities;
- Other social service agencies; and
- Other health care providers.

B. Evaluation of the Child

Evaluations are conducted by qualified personnel, based on informed clinical opinion, and include pertinent records and information regarding the child's current level of function in each developmental area. With consent of the parent, this includes assessment activities relating to the child and the child's family. In accordance with the Comprehensive Child Find System the lead agency assures that within 45 days of receipt of referral public agencies will complete evaluation and assessment activity and hold an IFSP meeting.

1. Family involvement is an integral part of the evaluation and assessment process. Information provided by family members is critically important both for designing appropriate intervention strategies and for comprehensive evaluation.
 - a. The early intervention system includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child from birth through age two, referred for evaluation.
 - b. The lead agency (Department of Health and Welfare) is responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the state.
 - c. The lead agency ensures an IFSP is in effect and implemented for each eligible child and the child's family.

2. The evaluation of each child is:
 - a. performed by multidisciplinary team members whose training qualifies them to assess children in the developmental area of concern, utilizing appropriate methods and procedures;
 - b. based on informed clinical opinion and feedback from the family, including the following:
 - (1) a review of pertinent records related to the child's current health status and medical history;
 - (2) an evaluation of the child's level of functioning, as needed, in each of the following developmental areas: cognitive development; physical development including hearing, vision and motor; communication development; social or emotional development; adaptive development.

3. Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the forty-five (45) day time period. In this instance, the Service Coordinator establishes an interim IFSP. The Service Coordinator performs the following to establish an interim IFSP:
 1. Meets with the family, identifies needed services, and completes the interim IFSP.
 2. Obtains parent(s) consent prior to carrying out the services in the interim IFSP.

3. Assures the interim IFSP contains the name of the Service Coordinator responsible for the implementation of the IFSP and the services that are determined to be immediately required.
4. Assures evaluation and assessment are completed within the 45-day time period.

In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), the lead agency will:

1. Document the reason the program is unable to comply; and
2. Develop and implement an interim IFSP as appropriate and consistent with pertinent regulations.

C. Assessment of the Child

Assessment means ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify:

1. the unique strengths and needs of the child in terms of each of the developmental areas;
2. identification of early intervention services appropriate to meet those needs;
3. the family's information regarding the child, including the resources priorities and concerns of the family and supports or services necessary to enhance the family's capacity to meet the developmental needs of the child.

D. Family Assessment

The formal identification of family resources, priorities, and concerns follows the determination of the child's eligibility.

1. Family assessment is voluntary on the part of the family.
2. Family assessment under Part C is family directed and is designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child.
3. If the family agrees to an assessment, the assessment will:
 - a. be conducted by professionals trained to utilize appropriate methods and procedures;
 - b. be based on information provided by the family through a personal interview; and
 - c. incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development as the initial step in developing the IFSP.

E. Nondiscriminatory Procedures

The lead agency assures nondiscriminatory evaluation and assessment procedures. The lead agencies assure that public agencies responsible for the evaluation and assessment of children and families under the law shall ensure at a minimum that:

1. Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.
 - a. Health and Welfare, the designated child-find agency, and participating Part C providers maintain a registry of interpreters and service providers available to assist individuals who are non-English speaking, have hearing impairments, or have a developmental disability.
 - (1) Assistance in the completion of the application process is provided.
 - (2) Assistance with evaluations and assessments is available as needed.
2. Any assessment or evaluation procedure and material used is selected and administered so not to be racially or culturally discriminatory.
Health and Welfare is responsible for monitoring of assessments and evaluation procedures and ensures that materials are administered in the child's native language by qualified personnel to assure that instruments and procedures are valid, reliable, and racially or culturally nondiscriminatory.
3. No single procedure is used as the sole criterion for determining a child's eligibility.
4. Evaluations and assessments are conducted by qualified personnel.
5. Representatives of the Early Childhood Coordinating Council and consultants to the lead agency will assist with facilitating activities which are culturally sensitive.

B-7 INDIVIDUALIZED FAMILY SERVICE PLAN (§ 303.114)

Assurances

Idaho Code, Title 16, Chapter 1 assures the development and implementation of an IFSP for each eligible child and family who chooses to participate in the program. Services of a service coordinator are available to each eligible child and family. The IFSP is done in compliance with state definitions of evaluation and assessment, in a timely manner, and consistent with state and federal requirements. The development of the IFSP includes the parent or parents, other family members and advocates as requested by parents, the service coordinator, persons directly involved in conducting evaluations and assessments, and as appropriate, the persons who will be providing the services to the eligible child or family.

Further, the Department of Health and Welfare assures policies and procedures are in place that ensure, to the maximum extent appropriate, early intervention services are provided in natural environments and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Procedures

- A. The Individualized Family Service Plan or "IFSP" is a written plan for providing early intervention services to each child eligible for services and for the child's family. The plan must:
- be developed jointly by the family (to the extent they wish to be involved) and appropriately qualified persons involved in the provision of early intervention services;
 - be based on the multidisciplinary evaluation and assessment of the child and information provided by the family or family assessment if the family wants to have such information included; and
 - include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.
1. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP is conducted within forty-five (45) days from the date the agency received the referral.
 2. Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the forty-five (45) day time period. In this case the early intervention services may begin if the following conditions are met:
 - a. parental consent is obtained;
 - b. an interim IFSP is written that includes
 - (1) the name of the service coordinator responsible for implementation of the interim IFSP and coordination with other agencies and persons,
 - (2) a specific description of the early intervention services that have been determined to be needed immediately by the child and the child's family;
 - c. the evaluation and assessment are completed within the 45-day time period. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), the lead agency will:
 1. Document the reason the program is unable to comply; and
 2. Develop and implement an interim IFSP as appropriate and consistent with pertinent regulations.
 3. If a dispute between agencies exists regarding the development or implementation responsibility for Individualized Family Service Plans, the lead agency resolves the dispute or assigns responsibility according to the timely dispute resolution procedures.

B. Periodic Review

1. A review of the IFSP for a child and the child's family is conducted every six months, or more frequently if needed, or at any time the family requests such a review. The purpose of the review is to determine:
 - a. the degree to which progress toward achieving outcomes is being made,
 - b. whether modification or revision of outcomes is necessary.
2. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. This may include:
 - a. participating in a telephone or video conference;
 - b. having a knowledgeable authorized representative attend the meeting, and
 - c. making pertinent records available at the meeting.

C. Annual Meeting to Evaluate the IFSP

A meeting is held at least annually to evaluate the IFSP for a child and the child's family, and revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the child and information provided by the family are used to determine what services are needed and will be provided.

D. Accessibility and Convenience of Meetings

IFSP meetings are conducted:

1. in settings and times that are convenient to families,
2. in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so,
3. meeting arrangements are made with, and written notice provided to, the family and other participants, early enough before the meeting date to ensure that they will be able to attend.

E. Parental Consent

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services for which parental consent is obtained are provided.

F. Participants in IFSP Meetings and Periodic Reviews

1. Initial and annual IFSP Meetings. Each initial and annual meeting to develop the IFSP must include participants to represent the following roles:
 - a. the parent or parents of the child,
 - b. other family members, as requested by the parents, if feasible to do so,

- c. an advocate or person outside the family, if the family requests that the person participate,
 - d. the service coordinator that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP,
 - e. a person or persons directly involved in conducting the evaluations and assessments,
 - f. (1) as appropriate, persons who provide services to the child or family.
(2) if the person(s) involved in conducting the evaluation and assessment is (are) unable to attend the IFSP meeting, arrangements are made (i.e., telephone or video conference, an authorized representative to attend meeting, or pertinent records made available at meeting).
2. Periodic Review. Each periodic review provides for the participation of the same persons (at a minimum, parent, service coordinator, and other persons involved), including other family members or advocates as requested by the family, if possible, who attend initial IFSP meetings. If conditions warrant, provisions are made for the participation of other representatives (e.g. participating in a telephone or video conference, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting).
 3. Transition. At least six (6) months prior to age-completion (age 3) of the early intervention plan (IFSP), parents are informed orally and in writing of their rights to the Part B preschool and school age children mandated special education services to ensure the parents' timely access to services. Parents are also informed orally and in writing of transition planning for their child to access Part B services and other relevant services that may be available. Procedures for transition from the Infant Toddler Program to special education services follow the operating procedures as described in the Idaho Infant Toddler Program Interagency Agreement with the Idaho State Department of Education.

G. Content of IFSP

An Individualized Family Service Plan is developed for each eligible child and family who chooses to participate in the program. The contents of the IFSP shall be fully explained to parents. An IFSP includes:

1. Information about the infant's or toddler's status. A statement of the infant's or toddler's present levels of physical development (including vision, hearing, motor, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

This statement is based on professionally acceptable objective criteria.

2. Individual Child Information includes:
 - a. child's legal name,

- b. child's date of birth,
 - c. parents' name, address, and phone number,
3. Family information. With the family's concurrence, the IFSP will address the family's resources, priorities, and concerns related to enhancing the development of the family's infant or toddler with a disability.
 4. Outcomes. The IFSP includes a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and time lines, used to determine:
 1. the degree to which progress toward achieving the outcomes is being made;
 2. whether modifications or revisions of the outcomes or services are necessary.
 5. Early intervention services. The IFSP includes a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes identified in the IFSP, including the frequency, intensity, and method of delivering the services, and payment source for each service.
 6. Natural environments. The IFSP contains a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

Service coordinators and multi-disciplinary teams explore with the family of every eligible where the child would spend his day if not in need of early intervention services and where the child would best learn particular skills. This process is used to identify the natural environment for each child. This is documented on the Individualized Family Service Plan.

As expected outcomes are identified by the team and services to support achievement of these outcomes are incorporated into the IFSP, the team determines how the services can be delivered in the natural settings for the child. If any service cannot, for any reason, be provided in the child's natural environment, the team discusses why the service cannot be achieved satisfactorily for the child in a natural environment and records on the IFSP the reason why not.

The Department of Health and Welfare provides training to providers and families on the definition and concept of natural learning practices through individual provider and parent technical assistance, training sessions on the IFSP process, and by supporting and promoting conference sessions/presenters. These activities address the topic of providing routine based services in the child's natural environment: the team planning process, community development, diverse roles of therapists, and accessing community opportunities for all children.

Administrative supports for staff and contractors to promote the delivery of services in non-traditional settings include providing flexible hours of employment options, providing cell phones, and compensating contractors for travel and time costs.

The lead agency employs contracting procedures to access individual contractors in rural communities in an effort to match available services with children and families in need of those services. Contracts and interagency agreements address the requirements of providing early intervention services in natural environments.

7. Other services - IFSP. To the extent appropriate, the IFSP may include medical and other services the child needs, but that are not required under IDEA, Part C, and the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private resources.
8. Dates for implementation of services. The IFSP includes the projected dates for initiation of the services as soon as possible after the IFSP meeting and the anticipated duration of those services.
9. Service coordination. Service coordination is available to each eligible infant or toddler and the infant's or toddler's family.
 - a. The IFSP includes the name of the service coordinator from the profession, including service coordination, most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
 - b. In meeting the requirements for a service coordinator:
 - (1) The same service coordinator may be selected to be responsible for implementing a child's and family's IFSP who was appointed at the time the child was initially referred for evaluation.
 - (2) A new service coordinator may be selected.
10. Transition. Transition outcomes are incorporated into the IFSP as appropriate for each family. The steps to support the transition of the toddler with a disability to preschool or other appropriate community services are outlined in the IFSP.

Transition planning is an ongoing interagency process that provides options, information, support and linkage to new situations and services. Transitions are the many changes that take place for children and families and may include hospital to home, home to a program or service, program to program, or service to service. Planning for transitions during these times is based on the individual needs of the family.

- a. The lead agency will notify the local education agency (LEA) from the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B as determined in accordance with state law

b. For children eligible for participation in early childhood special education services under Part B of IDEA, the procedures to ensure smooth transitions are addressed in the interagency agreement between the Department of Health and Welfare and the Idaho Department of Education.

c. For children who may not be eligible for preschool services under Part B, with the approval of the family, the service coordinator makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the services the child may receive.

B-8 COMPREHENSIVE CHILD FIND SYSTEM (§ 303.115)

Assurances

Idaho Code, Title 16, Chapter 1 assures that the lead agency is responsible for coordinating a comprehensive child find system consistent with Part B of Individuals with Disabilities Education Act (IDEA.)

The system consists of a coordinating statewide effort to actively identify, locate and evaluate infants and toddlers with developmental and special health care needs.

This system is accessible through multiple referral sources to a single point of entry. Emphasis is placed on the earliest possible identification of risk factors for developmental delays. The system is coordinated with Part B of IDEA child find efforts and other providers of early intervention services to facilitate a system of referral for timely multidisciplinary evaluations. Children identified and referred for evaluation are tracked to identify those children receiving needed early intervention services and those children not receiving those services.

Procedures

A. Coordination

The child find system is coordinated with all major child find efforts of other state agencies including:

1. Part B of under the State Department of Education;
2. Maternal and Child Health programs under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis and Treatment program under Title XIX of the Social Security Act;
4. State Program for Developmental Disabilities;
5. Head Start,
6. Supplemental Security Program under Title XVI of the Social Security Act;
7. Children and Family Services;
8. Idaho Child Care Program;
9. Family Violence Prevention Program;
10. Early Hearing Detection and Intervention Program;

11. Medicaid Children's Health Insurance Program under Title XXI of the Social Security Act;
12. Idaho Educational Services for the Deaf and the Blind;
13. Tribes and tribal organizations that receive money under Part C; and
14. Other tribes and tribal organizations as appropriate.

The lead agency, with the advice and assistance of the Infant Toddler Interagency Coordinating Council utilizes the development and maintenance of a state interagency agreement to ensure that unnecessary duplication of effort by involved agencies does not exist and that Idaho uses resources available through each public agency.

B. Primary Referral Sources

Primary referral sources include, but are not limited to:

1. Hospitals;
2. Private clinics and physicians;
3. District Health Departments;
4. Developmental Disability Program;
5. Parents, and parent support groups;
6. Head Start;
7. Private therapists;
8. Public schools;
9. Family and Children's Services;
10. Child care programs;
11. EPSDT and other public and private screening programs;
12. Migrant, Indian and community health clinics;
13. Women, Infants and Children's Program;
14. Children and Family Services;
15. Homeless family shelters;
16. Domestic violence shelters; and
17. Other.

Primary referral sources have a responsibility to initiate a referral to the Infant Toddler Program as soon as possible, but in no case more than seven (7) calendar days of identifying a child. (CFR34, Section 303.303(a)(2)(i).)

Child Find receives referrals on children at-risk for Developmental Delays or related problems from the community, coordinates the initial steps of identification and referral of the child and family, and helps assure timely and accurate assistance to obtain appropriate services.

After a referral is received, the Child Find Coordinator assists the family in accessing the needed service (i.e., monitoring, screening, or referral for a multidisciplinary evaluation).

C. Implementation of a Statewide Child-find System

The Child Find Coordinator is responsible to perform the following tasks:

- Provides outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
- Distributes the Idaho Infant Toddler Program Developmental Milestones brochure and Infant Toddler Program materials to primary referral sources and provides information about how to make a referral.

Program brochures and materials can be found at various locations throughout the community (e.g., doctor's office, child care centers, Health Districts, hospitals, Early Head Start programs, etc.).
- Assures contacts with the family to provide information about the Infant Toddler Program and establish a working relationship with them. A phone call to the parent/guardian is acceptable.
- Collaborates with the family to decide where to enter the child in the Infant Toddler Program (i.e., monitoring, screening, or referral for multidisciplinary evaluation) consulting the Early Intervention Specialist, as needed.

When a referral is received from a referral source, the Child Find Coordinator:

- Refers a child for a multidisciplinary evaluation as soon as possible, but in no case more than seven calendar days of receipt of the referral or after identification of a child that indicates such a need.
- Notifies the Case Management Hub Supervisor of the referral.
- Ensures that information about the Infant Toddler Program using Program Brochures is provided to the parent/guardian when making a referral for a multidisciplinary evaluation.
- Provides the option to the parent/guardian to enroll child who doesn't need an evaluation in developmental monitoring, known as Developmental Milestones.

The child may be exited from the system if, after three (3) documented attempts (at least one written) to contact the parent/caregiver, the parent/guardian cannot be located to confirm their interest in the program or fails to respond to documented attempts.

The Child Find Coordinator is responsible to perform the following tasks:

- Provides outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
- Distributes the Idaho Infant Toddler Program Developmental Milestones brochure and Infant Toddler Program materials to primary referral sources and provides information about how to make a referral.
- Contacts parent/guardian to provide information about Developmental Milestones and the Idaho Infant Toddler Program and establishes a working relationship with family. A phone call to the parent/guardian is acceptable.
- Collaborates with the family to decide where to enter the child in the Infant Toddler Program (i.e., developmental monitoring, screening, or referral for multidisciplinary evaluation) consulting with Case Management Hub Supervisor, as needed.

- Provides parent/guardians access, both by mail and online, to developmental screening opportunities (i.e., ASQ-3, ASQ-SE and M-CHAT questionnaires).
- Contacts parent/guardians with results of developmental screenings by mail, email or phone. Provides developmental enrichment activities and/or referral to the regional Case Management Hub Supervisor, when appropriate.
- Provides results of developmental screenings, with parent consent, to the primary medical provider.

When a referral is received from a referral source, the Child Find Coordinator:

- Determines with the family whether current developmental concerns exist that warrant referral for evaluation.
- Refers child for a multidisciplinary evaluation as soon as possible, but in no case more than seven calendar days of receipt of the referral or after identification of a child that indicates such a need.
- Notifies the Case Management Hub Supervisor of the referral.
- Ensures that information about the Infant Toddler Program using Program Brochures is provided to the parent/guardian when making a referral for a multidisciplinary evaluation.
- Encourages and assists parent/guardians to enroll child in developmental monitoring, known as Developmental Milestones, upon exit or parent/guardian withdrawal of child from Infant Toddler direct services (IFSP).

D. Monitoring At Risk Infants and Toddlers

Children with the conditions discussed in the following subsections should be referred to Developmental Milestones for developmental monitoring. Some of these children may be found eligible for direct services by a multidisciplinary team through the use of Informed Clinical Opinion.

Medical/Biological Risk

Due to a higher risk of developmental issues, it is important that children with medical/biological risks are referred and tracked for typical development.

These are young children who do not have an identified disability or delay, but who, because of biological circumstances have a higher than normal chance of developmental problems. The following criteria are used to identify a child's medical or biological risk:

- Respiratory Distress Syndrome (documented diagnosis in chart, differentiated from other signs of respiratory distress; must have assisted ventilation and/or Continuous Positive Airway Pressure (CPAP) equal to more than every four hours).
- Symptomatic hypoglycemia low blood sugar of newborn (e.g. jitteriness, seizures, lethargy).
- Neonatal seizures.

- Hypertonia or hypotonia at the newborn discharge examination (tight muscle tone or low muscle tone).
- Intracranial hemorrhage (bleeding within the skull).
- Head circumference equal or less than 5th percentile or equal to or more than 90th percentile for gestational age (excessively large or small for age).
- Birth weight equal to or less than 1800 grams (4 pounds).
- Documented diagnosis of microbial central nervous system infection: bacterial, protozoan, viral, fungal.
- Asphyxia neonatorum with Central Nervous System (CNS) depression or sequelae.
- Intrauterine Growth Retardation (IUGR, less than 5th percentile).
- Hyperbilirubinemia equal to or more than 25mg/dl and or requiring exchange transfusion (yellow or jaundice).
- Neonatal apnea, if significant (repeated episodes, especially if accompanied by low heart rate, breathing stops, or there are long pauses).
- Risk factors for hearing impairments and /or strong family history of hearing impairment.
- Meconium aspiration (baby inhales fecal material during birth) with associated neonatal depression.
- Suspected visual impairment (e.g. nystagmus, strabismus, myopia, deficit in focus/following).
- Significant maternal/fetal concerns prior to birth:
 - Fetal distress with associated neonatal difficulty.
 - Perinatal infections such as Toxoplasmosis, Other [Syphilis], Rubella, Cytomegalovirus, and Herpes Simplex Virus (TORCH); blood born disease such as hepatitis or AIDS; exposure to teratogenic drugs, chemotherapy, or environmental chemicals.
 - Other factors such as oligohydramnios, polyhydramnios, maternal substance abuse, maternal diabetes, maternal hyperthyroidism, maternal Phenylketonuria (PKU), mother on chemotherapy or exposed to teratogenic drugs or environmental chemicals.
- Acquired medical risk (e.g. meningitis, head injury or neurological insult, chronic disease, failure-to-thrive, accidents, life-threatening episodes, etc.).

Environmental Risk

As with a Medical/Biological risks, it is important that children with environmental risks are referred and tracked for typical development.

These are children who regardless of biological risk, are vulnerable because of environmental conditions. They and their families are identified here not in judgment of the family's life situation, but because intervention services can positively impact the child's development and the family's health.

The following criteria are used to assist in identifying a child's environmental risk:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.).

- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.).
- No prenatal care.
- Frequently missed appointments with physician or clinic.
- Maternal age 15 years and under.
- Foster Placement.

E. Screening

Infant Toddler Program Screenings are conducted by qualified personnel, and can include assessments in all five areas of development:

- Physical (including vision and hearing)
- Cognitive
- Social/Emotional
- Communication
- Adaptive Development

Screenings are conducted in the child's native language, when possible, and should be age appropriate. The screening is at no cost to the families.

Child Find Coordinator Responsibilities

The Child Find Coordinator performs the following to coordinate screenings:

- Assures an appointment is offered to the parent/guardian for a developmental screening for their child.
- May coordinate the screening through the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), primary physician, high risk clinics, or other regional screening activities.
- Obtains written consent (permission) from the parent/guardian for screening.
- May conduct the developmental screening or make arrangements with other qualified personnel to conduct the screening.
- With parent consent, enrolls the child in developmental monitoring (Developmental Milestones), if no immediate concerns are identified.
- Refers to an appropriate health care provider or 2-1-1 Idaho CareLine for current immunization schedules.
- Forwards the results of the screening to the child's primary care physician or medical home if the parent/guardian provides a written consent to exchange information.

- Makes a referral for a multidisciplinary evaluation as soon as possible, but in no case more than seven working days if concerns are noted in one or more skill areas.

The Case Management Hub Supervisor or Intake Coordinator is notified of the referral.

- Provides information about the multidisciplinary evaluation and the Infant Toddler Program to parent/guardian.

F. Outreach, Public Awareness and Central Directory

The Child Find Coordinator is responsible, with assistance from the Case Management Hub Supervisor, to educate primary referral sources and the general public about the Infant Toddler Program, Developmental Milestones monitoring and screening, referral procedures, eligibility, and the use of the 2-1-1 Idaho CareLine.

Child Find Coordinator Responsibilities

The Child Find Coordinator performs the following to educate the primary referral sources and provides Outreach, Public Awareness, and general information regarding Infant Toddler Program services available to children in Idaho:

- Distributes Idaho Infant Toddler Developmental Milestones brochure and checklist to primary referral sources and the general public, as requested.
- Maintains accurate and current resource information by submitting routine updates to the 211 Idaho CareLine Coordinator.

The Case Management Hub Supervisor assists with the routine updates, as appropriate.

Routine updates are submitted to the 2-1-1 CareLine Coordinator annually, at a minimum.

- Coordinates with the Case Management Hub Supervisor to carry out recommendations of the Regional Early Childhood Committee (RECC) regarding public awareness activities.

B-9 PUBLIC AWARENESS PROGRAM (§ 303.116)

Assurances

Idaho Code, Title 16, Chapter 1 assures that the public awareness program provides information specific to the state's early intervention system, the child find program and the central directory.

Procedures

The State early intervention system's public awareness program is developed to demonstrate:

1. The early intervention procedures as defined by the Department of Health and Welfare and the Early Childhood Coordinating Council; and
2. The availability of the Central Directory.

The public awareness information for an effective program focuses on:

1. Typical child development;
2. The importance of prenatal care;
3. Information for parents with premature infants; and
4. The importance and efficacy of early intervention.

The public awareness program which focuses on early identification of children and the availability of early intervention services is developed to:

1. Demonstrate that critical decision makers are involved, including but not limited to, the lead agency or designees, the Early Childhood Coordinating Council and parent groups;
2. Prepare and disseminate the materials necessary for education of each respective audience:
 - a. physicians and nurses,
 - b. parents,
 - c. minority groups,
 - d. grandparents and other family members,
 - e. agencies,
 - f. advocates,
 - g. parent groups, and
 - h. child care providers;
3. Demonstrate that an evaluation process exists for assessing the results of the public awareness campaign, including review of primary referral source data and child count data, by age and geographic area.
4. Provide a continuous, ongoing effort throughout the state, including rural areas;
5. Provide for the involvement of, and communication with, major organizations throughout the state that have a direct interest in this part, including public agencies at the state and local level, private providers, professional associations, parent groups, advocate associations, other organizations, or any interested persons in the community;
6. Provide for the field testing of developed materials within the state. The materials should be tested by the general populations as well as the professional community. They should be tested for readability and cultural sensitivity.

7. Reach the general public;
8. Include a variety of methods for informing the public about the provisions of Part C. Examples of methods for informing the general public about the provisions of this part include:
 - a. use of television and radio,
 - b. newspaper,
 - c. pamphlets and posters displayed in appropriate locations, and
 - d. publishing information on websites and maintaining links to related sources of information,
 - e. the use of a toll-free telephone service;
9. Publish information in other languages when necessary.
10. Accommodations are made available through audio tapes and large printed text, as needed.

The Council's Public Awareness Committee assesses need and defines the target audience to be reached each year. Materials and information are prepared and disseminated based on their recommendations to the lead agency. Ongoing coordination with District Health Departments, Idaho Parents Unlimited, Idaho Child Care Program, Early Head Start programs, and Idaho Chapter of American Academy of Pediatrics maintain efforts to reach key referral sources. Each of these groups assists in the dissemination of information to families and care providers.

Regional Early Childhood Committees assist the regional program to prepare and disseminate public awareness materials about local activities including Child Find advertising and feature stories about early intervention. Legislative awareness is also conducted, primarily at the regional level.

B-10 CENTRAL DIRECTORY (§ 303.117)

Assurances

Idaho Code, Title 16, Chapter 1, assures that the State early intervention system includes a central directory, accessible to the general public. The central directory ensures that the public can determine the nature and scope of services and assistance available from each source listed in the directory.

Procedures

Idaho has a well-developed, comprehensive information and referral system. The service is designed to give the caller access to information to assist the public to connect with needed services. The 211 Idaho CareLine, houses the directory information about early intervention services. The system permits any citizen of Idaho to dial a single number and access a statewide provider database by phone or on the website which includes:

- 1) public and private early intervention service resources;
- 2) early intervention experts in the state;
- 3) research and demonstration projects;
- 4) professional groups and organizations; and
- 5) family support and advocacy groups which provide assistance to eligible children and their families

Additionally, because of the joint effort by all divisions of the directory includes information on prenatal care, health services, and child care services to all children. The directory information is available to callers, a website provides a searchable index, and written information is provided to consumers upon request. The public can access provider data by phone, online, or by letter. Brochures distributed about early intervention services and child development use the 211 Idaho CareLine toll free number on them and serve as a transmittal letter to the public.

The directory is maintained with regular updates. Following initial data entry, each service provider/agency is re-contacted to verify the accuracy of the data. This update occurs annually. The lead agency ensures that the Central Directory is maintained in a manner to ensure access.

B-11 COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT AND STANDARDS (§ 303.118)

Assurances

Idaho Code, Title 16, Chapter 1 assures a system of personnel development that provides:

1. Interdisciplinary pre-service and in-service training;
2. Training of a variety personnel needed to meet the requirements of Part C policy;
3. Training specific to:
 - a. Meeting the interrelated social/emotional, health, developmental, and educational needs of eligible infants and toddlers, and
 - b. Assisting the family in enhancing the development of their children, and in participating fully in the development and implementation of the IFSP.
4. Implementing strategies for the recruitment and retention of early intervention service providers;
5. Training personnel to work in rural and home based settings;
6. Training personnel to coordinate transitions; and
7. Training personnel in emotional and social development of young children.

Procedures

A. The procedures and activities associated with training personnel to implement services for infants, toddlers and their families comprise a Comprehensive System of Personnel Development (CSPD).

B. The CSPD Part C system includes the following criteria:

1. Conducting annual update of the staffing and training needs assessment identifying statewide personnel and personnel development needs;

2. Developing a statewide plan for addressing personnel and personnel development needs;
3. Assuring that in service training delivered relates to the topics and competencies identified in needs assessments;
4. Providing specialized orientation to newly hired or contracted professionals and paraprofessionals as well as specialized continuing education to long-term practitioners;
5. Using the Infant Toddler Council Human Resources Committee to review and update the statewide CSPD plan;
6. Disseminating information regarding pre-service and in-service training courses, workshops and conferences;
7. Pursuing funding sources and program development with the State Board of Education where there is a gap in pre-service;
8. Making available scholarships for personnel who need course work or training to meet standards and certification;
9. Supporting development of personnel training and technical assistance grants; and
10. Supporting the development of training programs for paraprofessionals.

C. In-service training coordinated through the regional Infant Toddler Program to all public health and private providers, primary referral sources, paraprofessionals, service coordinators, and parents regarding:

1. Requirements for:
 - a. Child Find
 - b. Multidisciplinary evaluation/assessment
 - c. IFSP/Service Coordination
 - d. Procedural Safeguards
2. Understanding the basic components of the Idaho Early Intervention System
3. Meeting the interrelated social or emotional, health, developmental, and educational needs of Part C eligible children; and
4. Assisting families in enhancing their infants'/toddlers' development by fully participating in their Individualized Family Service Plan's development and implementation.

Ongoing training to Part C providers is offered in each region. An online eManual has been provided for procedures on child find, evaluation and assessment, individualized family service plans and transition, and procedural safeguards. Training in these components is required for all providers and available, as needed. Online training modules support key principles in early intervention quality practices in service coordination and IFSPs.

Additionally, regional/hub supervisors regularly contact and train groups and individual primary referral sources to orient to the Infant Toddler Program, the benefits of early intervention, risks and eligibility criteria, how to make referrals, and procedural requirements. Pediatric and medical groups, the Idaho Perinatal Project, parent organizations, child providers, Family and

Children Services child protection workers, and WIC clinicians are examples of target audiences included in the programs outreach efforts.

Specialized training will be arranged to respond to needs identified in the needs assessment process. Financial support is offered according to resource availability. Assistance for current personnel to meet the highest standards is a priority for personnel development fund.

Training efforts are coordinated with federal child care initiatives on inclusion and integration of the child with a disability in child care settings. Additional efforts will focus on expanding early intervention consultative services to child care providers.

Parent education activities are facilitated by Idaho Parents Unlimited (IPUL) Parent Training Information Center and Regional Early Childhood Committees. IPUL, through their regional consultants, offers training annually on IFSP development, resource identification and coordination, and parent rights. IPUL also sponsors a semi-annual parent conference with a wide variety of sessions concerning parenting and disability issues.

Regular technical assistance and coordination meetings are held with the Infant Toddler Program staff and regional program specialists. Additionally, the program manager will arrange technical assistance visits to each region to assist with program coordination.

- D. The Department of Health and Welfare and the Early Childhood Coordinating Council recognize the expertise of professional organizations for addressing pre-service and in-service training needs. National professional organizations and their Idaho chapters or affiliates assist in implementing the CSPD Part C.

Idaho has a Consortium for the Preparation of Early Childhood Professionals made up of faculty from each institution of higher education, agency, and professional organization representatives. The Consortium facilitates coordination of university programs for the Early Childhood/Early Childhood Special Education Blended Certificate and articulation from 2 year to 4 year programs. The Consortium assists the lead agency to review transcripts to determine fully qualified candidates and to prepare academic plans for professions under conditional hiring agreements. Additionally, the Consortium partners with the Department of Health and Welfare to coordinate internship placements and to promote training in evidence based practices in pre-service programs.

B-12 PERSONNEL STANDARDS (§ 303.119)

Assurances

Idaho Code, Title 16, Chapter 1 assures that entry level requirements for professionals and paraprofessionals providing early intervention services meet Idaho's highest established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation are appropriately and adequately trained. These standards are consistent with State approved or recognized certification, licensure, or other comparable requirements that apply to any profession or discipline in which personnel are providing early intervention services.

Procedures

A. Definitions

1. Appropriate professional requirements in the state means entry level requirements that:
 - a. are based on the highest requirements in the state applicable to the profession or discipline in which a person provides early intervention services, and
 - b. establishes suitable qualifications for personnel providing early intervention services to eligible infants and toddlers and families served by state, local, and private agencies.
2. Highest requirements in the state applicable to a specific profession or discipline means highest entry-level academic degree or other preparation needed for State approved or recognized certification, licensing, registration, or other requirements that apply to profession/discipline.
3. Profession or Discipline means a specific occupational category that:
 - a. provides early intervention services to eligible infants and toddlers and families
 - b. has been established or designated by the State; and
 - c. has a required scope of responsibility and degree of supervision
4. State approved or recognized endorsement, certification, licensing, registration or other comparable requirement means the requirement that a state legislature has enacted or authorized a state agency to promulgate through rules to establish entry-level standards for employment in a specific profession or discipline in the state.

- B. Currently, all new personnel hired to work in the Idaho Infant Toddler (Part C) Program, contracted by the lead agency, or providing services according to the provisions of an interagency agreement are required to meet the highest personnel standards.

In any geographic area of the State where there is a demonstrated shortage of fully qualified, adequately trained personnel, the lead agency may hire, contract, or approve the use of the most qualified individuals available who are making satisfactory progress toward completing applicable course work and training necessary to meet the standards described above in 1, 2, 3, and 4. The following minimum procedures will be used when necessary to hire a less than fully qualified individual:

1. A good faith effort will be made by the supervisor or the Program Manager to recruit personnel who meet the highest standard by:
 - a. Requesting a register of qualified candidates from the Idaho State Division of Human Resources;
 - b. If the register is insufficient to identify fully qualified candidates, requesting an announcement for employment through the required State process of the Division of Human Resources which includes statewide dissemination of the position announcement;
 - c. Screening and interviewing all potentially qualified applicants;
 - d. Hiring the most qualified individuals under a signed conditional hiring agreement which outlines a plan, with time lines, for the candidate to achieve applicable course work and other required training or experience within three years of the date of hire;

- e. Supervising closely the job performance of the employee by a fully qualified individual;
 - f. Monitoring progress toward achievement of the goals contained in the conditional hiring agreement at least annually and documenting progress in the employee record;
 - g. Terminating the employment of the individual if the progress toward completion is deemed unsatisfactory according to the provisions of the conditional hiring agreement, and
 - h. Notifying the Infant Toddler Policy Program Manager (Part C Coordinator) when any employee is hired using this procedure for conditional hiring.
- C. The standards for each early intervention discipline or profession used by the lead agency to implement Part C are consistent with the highest requirements in Idaho for that profession or discipline, except in the instance of a demonstrated personnel shortage according to the procedures in B, above. The lead agency's regional Infant Toddler Program maintains a file of information on Part C personnel and personnel standards.
- D. In identifying the "highest standards in the state", the requirements of all state statutes and rules of all state agencies applicable to services for children and families are considered.

Personnel standards are appropriate professional requirements applicable to a specific occupational category. The standards are enacted by the state legislature or by their authorization of a state agency to promulgate rules to establish entry-level standards for employment in a specific profession or discipline in the state. Personnel standards are required for the Idaho Infant Toddler Program to ensure that all professionals and paraprofessionals are appropriately and adequately trained to provide quality early intervention services.

Idaho Code, Title 16, Chapter 1 ensures requirements for professionals and paraprofessionals providing early intervention services meet Idaho's established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation of early intervention services are appropriately and adequately trained. These standards are consistent with state-approved or recognized certification, licensure, or other comparable requirements that apply to professions or disciplines in which personnel are providing early intervention services.

Audiologist

Idaho Statutes, Title 54, Chapter 29, (54-2912)

A licensed Audiologist must have the following qualifications:

- Possess a master's or doctoral degree with emphasis in Audiology, or not less than seventy-five (75) semester credit hours of post-baccalaureate study that culminates in a doctoral or other recognized degree from a nationally-accredited school for Audiology with a curriculum acceptable to the Board.

- Pass an examination in Audiology approved by the Speech and Hearing Services Licensure Board [Certificate of Clinical Competence in Audiology (CCC-A)].
- Meet the current supervised academic clinical practicum, and supervised postgraduate professional experience approved by the Board; and
- Never have had a license for Audiology revoked.

Developmental Specialist

IDAPA 16.03.10.657.08

A Developmental Specialist must have the following qualifications:

- Possess an Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education (ECSE) or a Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate.

– OR –

Possess a bachelor's or master's degree in special education, elementary education, speech/language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in EC/ECSE from an accredited college or university.

Courses taken must appear on college or university transcripts and must cover the following standards in their content:

- Promotion of development and learning for children from birth to three (3) years.
- Assessment and observation methods for developmentally appropriate assessment of young children.
- Building family and community relationships to support early interventions.
- Development of appropriate curriculum for young children, including Individualized Family Service Plan and Individualized Education Plan (IEP) development.
- Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families.
- Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development.

When the Department, in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of qualified personnel to meet service needs in a specific geographic area, the Department:

- May approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired.

Satisfactory progress will be determined on an annual review by the Department.

- May allow individuals who have an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005 to continue providing services as long as they demonstrate satisfactory progress on the plan and complete the requirements on the plan within three (3) years of their hire date.

Family Therapist

The following subsections describe the qualifications necessary for Marriage and Family Therapists and Professional Counselor.

Marriage and Family Therapists

IDAPA 24.15.01.238 01-03 and Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed Marriage and Family Therapist must have the following qualifications:

- Possess a graduate degree as outlined in Section 54-3405C(1), Idaho Code.
- Successfully complete a written examination as approved by the Board and defined by rule.
- Meet the completion of a one (1) year practicum of supervised marriage and family therapy experience, consisting of a minimum of three hundred (300) direct client contact hours, of which one hundred fifty (150) hours shall be with couples or families, as part of the graduate program requirements as outlined in Section 54-3405C(2), Idaho Code.
- Meet the three thousand (3,000) hour requirement as outlined in Section 54-3405C(3), Idaho Code. Effective July 1, 2004, a Marriage and Family Therapist must be registered with the Board to provide post graduate supervision.

Professional Counselor

IDAPA 24.15.01.150 01-02 and Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed Professional Counselor must have the following qualifications:

- A planned graduate program of sixty (60) semester hours that are primarily counseling in nature, six (6) semester hours of which are earned in an advanced counseling practicum, and including a graduate degree in a counseling field from an accredited university or college offering a graduate program in counseling.
- One thousand (1,000) hours of supervised experience in counseling acceptable to the Board.
- An examination, when required by the Board's rules.

Therapy Technicians Delivering Services to Children Birth - Three

IDAPA 16.03.10.657.9

Developmental therapy paraprofessionals serving infants and toddlers from birth to three (3) years of age must have the following qualifications:

- Be at least eighteen (18) years of age or older.
- Be a high school graduate or have a GED.
- Have transcribed courses for the minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education, or closely-related coursework.

– OR –

Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with Developmental Delays or Disabilities under the supervision of a Child Development Professional, Certified Educator, Licensed Therapist, or Developmental Specialist.

Paraprofessionals, such as aides or Therapy Technicians, may be used by an agency to provide developmental therapy to children birth to three (3) years of age if they are under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group.

Occupational Therapist

IDAPA 22.01.09.020 01-04 and Idaho Statutes, Title 54, Chapter 37 (54-3706)

A licensed Occupational Therapist must have the following qualifications:

- Be of good moral character.

The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.

- Provide evidence of successfully completing of the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of having successfully completed a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be a minimum of six (6) months of supervised fieldwork experience.

- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit.

The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

A Licensed Occupational Therapist shall be responsible for the supervision of the Certified Occupational Therapist Assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the Occupational Therapist Assistant is performing the service.

The mode and extent of the communication between the supervising or consulting Occupational Therapist and the Occupational Therapist Assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

Certified Occupational Therapist Assistant (COTA)

IDAPA 22.01.09.020 01-04 and Idaho Statutes, Title 54, Chapter 37 (54-3706)

A Certified Occupational Therapist Assistant must have the following qualifications:

- Be of good moral character.

The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.

- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of successfully completing a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be, a minimum of two (2) months of supervised fieldwork experience.
- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit.

The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

The Licensed Occupational Therapist shall be responsible for the supervision of the Certified Occupational Therapist Assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the Occupational Therapist Assistant is

performing the service. The mode and extent of the communication between the supervising or consulting Occupational Therapist and the Occupational Therapist Assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

Orientation/Mobility Specialist

Orientation and Mobility Specialists are certified by the Academy for Certification of Vision Rehabilitation and Education Professionals. To qualify to take the certification exam, candidates must have the following qualifications:

- Proof of a minimum of a Bachelor's degree (or foreign equivalent, as verified through an independent credential evaluation company), with an emphasis in Orientation and Mobility (O&M) from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)-approved university or college O&M program at the time the degree or program of study was granted or completed.
- In conjunction with the university program, successful completion of three hundred and fifty (350) hours of "discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc."

The practice must be supervised by an onsite Certified Orientation and Mobility Specialist.

- A signed written statement agreeing to uphold high ethical and professional standards.

The preceding Orientation and Mobility Specialist standards were taken from The Academy for Certification of Vision Rehabilitation and Education Professionals website.

Optometrist

Idaho Statutes, Title 54, Chapter 15 (54-1520, 54-1521, 54-1522)

A licensed Optometrist must have the following qualifications:

- Be a person of good moral character and more than twenty-one (21) years of age.
- Present certificate of graduation or diploma, or a certified true copy of a certificate of graduation or diploma, from an accredited college or university of optometry that meets with the requirements set out in the rules and regulations of the State Board of Optometry.
- Be examined to determine knowledge of the subjects essential to the practice of optometry.

Examinations shall be written and practical, and shall include the required subjects enumerated in the rules and regulations of the State Board of Optometry.

Pediatrician/Physician

IDAPA 22.01.01.050 and Idaho Statutes, Title 54, Chapter 18 (54-1810)

A licensed Pediatrician/Physician must have the following qualifications:

- Submit a completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a medical school acceptable to the Board, and successful completion of a postgraduate training program acceptable to the Board.

The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database.

Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and the Federal Bureau of Investigation Identification Division for this purpose.

- Pass an examination conducted by, or acceptable to, the Board that shall thoroughly test the applicant's fitness to practice medicine.

If an applicant fails to pass the examination on two (2) separate occasions, the applicant shall not be eligible to take the examination for at least one (1) year, and before taking the examination again, the applicant must make a showing to the Board that they have successfully engaged in a course of study for the purpose of improving their ability to engage in the practice of medicine.

Applicants who fail two (2) separate examinations in another state, territory, or district of the United States or Canada, must make the same showing of successful completion of a course of study prior to examination for licensure.

- The Board may require an applicant to be personally interviewed by the Board or a designated committee of the Board.

Such an interview shall be limited to a review of the applicant's qualifications and professional credentials.

Physician Assistant

IDAPA 22.01.03.021 and Idaho Statutes, Title 54, Chapter 18 (1803)

A licensed Physician Assistant must have the following qualifications:

- Applicants for licensure shall have completed an approved program as defined in Subsection 010.03 and shall provide evidence of having received a college baccalaureate degree from a nationally-accredited school with a curriculum approved by the United

States Secretary of Education, the Council for Higher Education Accreditation, or both; or from a school accredited by another such agency approved by the Board.

- Satisfactory completion and passage of the certifying examination for Physician Assistants, administered by the National Commission of Certification of Physician Assistants or such other examinations; which may be written, oral, or practical, as the Board may require.
- The Board may, at its discretion require the applicant or the supervisory physician, or both, to appear for a personal interview.
- If the applicant is to practice with Idaho, the applicant must submit payment of the prescribed fee and a completed form provided by the Board indicating:
 - The applicant has completed a delegation of services agreement signed by the applicant, supervising Physician, and alternate supervising Physicians.
 - The agreement is on file at each practice location, the address of record of the supervising Physician, and the central office of the Board.

– OR –

If the applicant is not to practice in Idaho, he must submit payment of the prescribed fee and a completed form provided by the Board indicating the applicant is not practicing in Idaho.

Prior to practicing in Idaho, the applicant must meet the requirements of Subsections 021.04.a.i. and 021.04.a.ii.

Nurse Practitioner

IDAPA 23.01.01.285.03 and Idaho Statutes, Title 54, Chapter 14 (54-1409)

A licensed Nurse Practitioner must have the following qualifications:

- Be currently licensed as a professional Nurse in Idaho.
- Have successfully completed an approved advanced practice professional nursing education program that meets the Board requirements for the category of advanced nursing practice for which the applicant is seeking licensure.
- Have passed a qualifying examination recognized by the Board and have current initial certification or current recertification from a national group recognized by the Board.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

Physical Therapist

IDAPA 22.01.05.010.22 a-c and Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed Physical Therapist must have the following qualifications:

- Be of good moral character.
- Submit completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school, with a curriculum acceptable to the Board, for Physical Therapists or Physical Therapist Assistants; and have completed the application process.
- Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a Physical Therapist or Physical Therapist Assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
- Have a degree from a school or course of physical therapy with a curriculum approved by:
 - The American Physical Therapy Association (APTA) from 1926 to 1936 or the APTA Accreditation Commission; or
 - The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or
 - An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A licensed Physical Therapist shall supervise and be responsible for patient care given by Physical Therapist Assistants and supportive personnel. A Physical Therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A Physical Therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of Physical Therapist Assistants and supportive personnel as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

Physical Therapist Assistant

IDAPA 22.01.05.010.22 a-c and Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed Physical Therapist Assistant must have the following qualifications:

- Be of good moral character.
- Submit a completed, written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school with a curriculum acceptable to the Board, for Physical Therapists or Physical Therapist Assistants, and have completed the application process.
- Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a Physical Therapist or Physical Therapist Assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
- Have a degree from a school or course of Physical Therapist Assistant with a curriculum approved by:

- The American Physical Therapy Association (APTA) from 1926 to 1936, or the APTA Accreditation Commission; or
- The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or
- An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A Licensed Physical Therapist shall supervise and be responsible for patient care given by Physical Therapist Assistants and supportive personnel. A Physical Therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A Physical Therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of Physical Therapist Assistants and supportive personnel as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

Psychologist

IDAPA 24.12.01 and Idaho Statutes, Title 54, Chapter 23 (54-2307)

A licensed Psychologist must have the following qualifications:

- Be of acceptable moral character.
- Either graduate from an accredited college or university with a degree of doctor of philosophy in psychology and two (2) years of postgraduate experience acceptable to the Board, such two (2) years not to include terms of internship.

– OR –

Graduate from a recognized college or university with a doctoral degree in a field related to psychology, provided experience and training are acceptable to the Board.

- Successful passage of an examination, if such examination is required by the rules duly adopted by the Board.

The Board will require a written examination of applicants. The written examination will be the National Examination for Professional Practice in Psychology (EPPP).

Registered Dietician

IDAPA 22.01.13.020.01-02 and Idaho Statutes, Title 54, Chapter 35 (54-3506)

A licensed Registered Dietician must have the following qualifications:

- Successfully completed the academic requirements of an education program in dietetics approved by the Licensure Board.
- Successfully completed a dietetic internship or pre-professional practice program, coordinated program, or such other equivalent experience as may be approved by the Licensure Board.
- Passed an examination as provided in section 54-3507, Idaho Code.
- Be of good moral character and shall meet the requirements set forth in Section 54-3506, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3510, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Either pass an examination required by the Board or shall be entitled to apply for a waiver pursuant to Section 54-3508, Idaho Code.
- The written examination shall be the examination conducted by the Commission on Dietetic Registration and the passing score shall be the passing score established by the Commission.
- An applicant who fails to pass the examination must submit a new application.
- An applicant who has failed to pass the examination on two (2) separate occasions will be denied eligibility to reapply; however, applications may be considered on an individual basis if proof of additional training is submitted.

Registered Nurse

IDAPA 23.01.01.240.01-04 and Idaho Statutes, Title 54, Chapter 14 (54-1408)

A licensed Registered Nurse must:

- Be a graduate of a state approved/accredited practical or professional nursing education program that is substantially equivalent to Idaho's Board-approved practical or professional nursing education program.
- Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.
- Applicant must hold a license in good standing from another state or territory of the United States.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the Licensed Practical Nurse.

Licensed Practical Nurse

IDAPA 23.01.01.460.01-02 and Idaho Statutes, Title 54, Chapter 14(54-1407)

A licensed Practical Nurse must:

- Have successfully completed the basic curriculum of an approved eleven (11) month practical nursing education program, or its equivalent.
- Pass an examination adopted and used by the Board to measure knowledge and judgment essential for safe practice of practical nursing or have a practical nursing license in good standing, without restriction or limitation, issued upon successful similar examination that is approved by the Board conducted in another state, territory, or foreign country.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the Licensed Practical Nurse.

Service Coordinator

IDAPA 16.03.10

A qualified Service Coordinator must:

- Be an employee or contractor of an agency that has a valid provider agreement with the Department of Health and Welfare.
- Have at least twelve (12) months' experience working with the population they will be serving or be supervised by a qualified Service Coordinator.
- Have a minimum of a bachelor's degree in a human services field from a nationally-accredited university or college or be a Licensed Professional Nurse, also referred to as a Registered Nurse (RN).

Social Worker

IDAPA 24.14.01 and Idaho Statutes, Title 54, Chapter 32

Clinical Social Worker refers to an individual with a master's degree or doctorate in social work and two (2) years of postgraduate supervised clinical experience approved by the Board who is licensed under this chapter and may be designated as a Licensed Clinical Social Worker (LCSW).

Masters Social Worker refers to an individual with a doctorate or master's degree in social work from a college or university approved by the Board and who is licensed under this chapter and may be designated as a Licensed Masters Social Worker (LMSW).

Social Worker refers to an individual who has a baccalaureate degree in Social Work or related fields from a college or university approved by the Board and who is licensed under this chapter and may be designated as a Licensed Social Worker (LSW). The Board shall issue licenses to qualified applicants who, in addition to qualifications enumerated in section 54-3202, Idaho Code, have passed an examination conducted by the Board and are of good moral character.

Speech/Language Pathologist

Statutes, Title 54, Chapter 29 (54-2913)

A licensed Speech/Language Pathologist must:

- File a written application with the Board on forms prescribed and furnished by the Board. A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses a master's or doctoral degree from a nationally-accredited school of Speech/Language Pathology with a curriculum acceptable to the Board.
- Pass an examination in speech/language pathology approved by the Speech and Hearing Services Licensure board and earn a Certificate of Clinical Competence in Speech/Language Pathology (CCC-SLP).
- Meet the current supervised academic clinical practicum and supervised postgraduate professional experience approved by the Board.
- Have never had a license for speech/language pathology revoked as part of disciplinary action from this or any other state.

In addition, the Speech/Language Pathologist shall not be found by the Board to have engaged in conduct prohibited by section 54-2923, Idaho Code.

However, the Board may take into consideration the rehabilitation of the applicant and other mitigating circumstances, as appropriate.

Speech/Language Pathologist's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)- hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

Speech/Language Pathologist Aide

Idaho Statutes, Title 54, Chapter 29 (54-2914)

A licensed Speech/Language Pathologist Aide must:

- File a written application with the board on forms prescribed and furnished by the board.

A nonrefundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.

- Provide documentation satisfactory to the board that the applicant possesses a baccalaureate degree from a nationally accredited school of speech-language pathology aide with a curriculum acceptable to the board.
- Pass an examination in speech-language pathology aide approved by the board.

Speech/Language Pathologist Aide's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)- hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

Speech/Language Pathologist Assistant

Idaho Statutes, Title 54, Chapter 29 (54-2915)

A licensed Speech/Language Pathologist Assistant must:

- File a written application with the Board on forms prescribed and furnished by the Board.

A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.

- Provide documentation satisfactory to the Board that the applicant possesses an associate's degree from a nationally-accredited school of Speech/Language Pathology Assistant with a curriculum acceptable to the Board.
- Pass an examination in Speech/Language Pathology Assistant approved by the Board.

Speech/Language Pathologist Assistant's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the

Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)-hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

Teacher for Visually Impaired

IDAPA 08.02.02

A certified Teacher for Visually Impaired must possess both a Standard Exceptional Child Certificate and a Visual Impairment Endorsement (K-12).

To be eligible for an Exceptional Child Certificate with a Visually Impaired Endorsement, a candidate must satisfy the following requirements:

- Complete a baccalaureate degree from an accredited college or university.
- Complete a program from an Idaho college or university in elementary, secondary, or special education currently approved by the Idaho State Board of Education.

– OR –

Complete a program from an out-of-state college or university in elementary, secondary, or special education currently approved by the educational agency of the state in which the program was completed.

- Complete a program of a minimum of 30 semester credit hours in the area of visual impairment and must receive an institutional recommendation specific to this endorsement from an accredited college or university.

B-13 LEAD AGENCY ROLE IN SUPERVISION, MONITORING, FUNDING, INTERAGENCY COORDINATION, AND OTHER RESPONSIBILITIES (§ 303.120)

Assurances

The Idaho Department of Health and Welfare is the lead agency. As the lead agency, the Department of Health and Welfare assures implementation of statewide coordinated comprehensive, early intervention services to all eligible infants and toddlers and their families. Idaho Code Title 16, Chapter I, an act for early intervention services for infants and toddlers was enacted in 1991. The code defines Health and Welfare as the lead agency and designates the Department as the single line of responsibility for the administration of the early intervention system and all funds appropriated to implement the provisions of the act.

The State of Idaho has designated the Department of Health and Welfare to be responsible for assigning financial responsibility among appropriate agencies.

Administrative responsibilities of the Department of Health and Welfare include:

1. The general administration, supervision, and monitoring of programs and activities;
2. The identification and coordination of all available resources within the State from federal, state, local, and private sources;
3. The assignment of financial responsibility;
4. The development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes among public agencies or service providers;
5. The resolution of intra- and inter- agency disputes;
6. The entry into formal intra- and interagency agreements with other agencies involved in early intervention services; and
7. The writing of policies, procedures, and administrative rules in conjunction with the Early Childhood Coordinating Council; and the provision of staff and services as necessary to carry out the functions of the council.

B-14 POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES (§ 303.121)

Assurances

Idaho Code, Title 16, Chapter 1, assures the Department of Health and Welfare contract or otherwise arranges for the delivery of all services for all early intervention services, meeting state standards and consistent with Part C.

Procedures

The State uses agencies and individuals in both the public and private sectors that meet the requirements of the State personnel standards policies and procedures for early intervention services.

Regional Department of Health and Welfare Infant Toddler Programs services are funded according to an allocation formula recommended by the Early Childhood Coordinating Council which considers funds for infrastructure, population (live birth rate), and child count census.

Contracts are awarded according to the Department's procedures for contracting for services. Contracts for the purchase of early intervention services, training, assistive technology devices, etc., are awarded according to the Department's contracting and purchasing/procurement policies and procedures.

Any qualified service provider who complies with Department standards, rules and regulations is eligible through a competitive process to contract with the Department to deliver early intervention services as defined by the policies and procedures of this system. Department contract procedures are followed.

B-15 REIMBURSEMENT PROCEDURES (§ 303.122)

Assurances

The Idaho Department of Health and Welfare, the lead agency, is responsible for establishing State policies related to how services to eligible children and their families will be paid for under the State's early intervention program.

Procedures

A. The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for identifying and coordinating all available resources for early intervention services within the state, including those from the following federal, state, local, and private sources:

1. The Idaho Infant Toddler Program federal grant from US Department of Education;
2. State General Funds including specific funds to serve infants and toddlers with disabilities and their families;
3. EPSDT, Medicaid, and Medicaid Waivers;
4. Social Security Supplemental Income under the Social Security Administration;
5. The Bureau of Clinical and Preventative Health Services through the MCH Title V Block Grant funds including WIC, Newborn Screening Special Health Care Programs, Home visiting program;

6. State Department of Education, Part B, Section 619 of the Individuals with Disabilities Education Act and Even Start;
 7. District Health Departments;
 8. Idaho Council on Developmental Disabilities;
 9. Head Start including Migrant and Season Head Start and Native American;
 10. Bureau of Indian Affairs and Indian Health Services;
 11. Private resources such as Elks Rehabilitation Center, Hospital NICUs, local high risk clinics, diagnosis specific support groups such as the Epilepsy League, United Cerebral Palsy, ARC, etc; and
 12. The Bureau of Family and Community Services (Social Services Block Grant) including Child Welfare;
 13. The Child Care and Development Grant.
- D. In accordance with state and local interagency agreements, Part C funds may be used to provide a free and appropriate public education in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year. Additionally, Part B funds may be used to provide a free and appropriate public education to two year old children with disabilities who will reach age three during the school year, whether or not such children are receiving, or have received, services under Part C.
- E. The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for updating the information on funding sources if legislative or policy change is made under any of those sources.
- F. The system for delivery of services in a timely manner pending the resolution of disputes among agencies or service providers is the responsibility of the Department of Health and Welfare and includes:
1. The lead agency will ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.
 2. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision;
 3. In final determination of eligibility and financial responsibilities the assigned agency will make arrangements for reimbursement of any expenditures incurred by the agency originally assigned the responsibility including Part C;

4. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days.
 5. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare; and
 6. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.
- G. The Department of Health and Welfare, as the lead agency, assures the reimbursement of agencies for the timely provision of services to infants and toddlers deemed eligible for early intervention services. If reimbursements are not made in a timely manner, the procedures include the following steps:
1. Contact will be made by the Infant Toddler Program Manager with the appropriate personnel at the state agency of the given program;
 2. If the issue is not resolved, then the director of the Department of Health and Welfare or his designee will contact the respective director of the state agency to solve the problem;
 3. If request for funding is necessary, the request will be made by the Department to the Governor, Joint Finance Appropriation Committee, and Idaho Legislature.
 4. Specific procedural requirements are established through interagency agreements to:
 - a. assign financial responsibility to appropriate agencies;
 - b. resolve interagency and intra-agency disputes;
 - c. secure timely reimbursement of funds;
 - d. assure that the control of funds and property bought with funds be maintained in a public agency; and
 - e. assure that Part C funds do not supplant or commingle with existing federal, state and local funds.
- H. To the extent necessary to ensure compliance with its action, the lead agency refers to the Early Childhood Coordinating Council or governor, and implements necessary procedures for the delivery of services in a timely manner.

B-16 PROCEDURAL SAFEGUARDS (§ 303.123)

Assurances

The Idaho Department of Health and Welfare, the lead agency, assures the establishment of procedural safeguards to meet the requirements of IDEA, Part C and Idaho Code, Title 16, Chapter 1, and to ensure effective implementation of these procedures in order to:

1. Meet the requirements of IDEA, Part C;
2. Ensure effective implementation of the procedural safeguards by each public agency involved in the provision of the early intervention system;
3. Ensure confidentiality of family information; and
4. Assure that parents (including surrogate parents) receive prior notice, detailing content in native language, and provide consent to the provision of services through the IFSP process.

Definitions

1. “Confidentiality” ensures the protection of any personally identifiable data, information, and records collected or maintained by participating agencies, including the state lead agency and early intervention providers in accordance with the protections under the Family Education Rights and Privacy (FERPA) in 20 U.S.C 1232g and 34 CFR part 99.
2. Consent means that:
 - a. The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or normal mode of communication;
 - b. The parent understands and agrees in writing to carrying out the activity for which consent is sought. The consent describes that activity and lists the records (if any) that will be released and to whom;
 - c. The parent understands that the granting of consent is voluntary part of the parent and may be revoked at any time; and
 - d. The parent has the right to determine whether the infant or toddler or other family members will accept or decline an early intervention service under this part in accordance with State law, without jeopardizing other early intervention services under this part.
 - e. The parent has the right to decline any early intervention service after first accepting the service without jeopardizing other early intervention services.
3. “Destruction of records” means the physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.
4. Disclosure - To permit access to or the release, transfer, or other communication of personally identifiable information contained in education records by any means, including oral, written, or electronic means, to any party except the party identified as the party that provided or created the record.
4. Early intervention records – All records regarding a child that are required to be collected, maintained, or used under IDEA, Part C and its implementing regulations.

6. Native language, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part.
7. Participating Agency - Any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the requirements of IDEA, Part C and its implementing regulations with respect to a particular child. A participating agency includes the Infant Toddler Program, service providers, and any individual entity that provides Part C services (including service coordination, evaluations and assessments, and other Part C services), but does not include primary referral sources, or public agencies (such as State Medicaid) or other private entities that act solely as funding sources for Part C services.
8. Personally identifiable means that information including:
 - a. The name of the child, the child's parent or other family member;
 - b. The address of the child;
 - c. A personal identifier, such as the child's or parent's social security number; or
 - d. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.
9. Surrogate Parent – Person assigned to represent the child whenever the parents are not known or cannot be found, or the infant is a ward of the State.

Parent Consent

1. As parents voluntarily participate in Part C early intervention services, the parent's informed written consent must be obtained prior to the following:
 - Administering screening to determine whether a child is suspected of having a developmental delay or disability;
 - Conducting the initial evaluation or re-evaluation;
 - Conducting a family assessment;
 - Initiating provision of early intervention services;
 - Using public benefits or insurance or private insurance to pay for services; and
 - Releasing personally identifiable information.
2. If parent does not give consent, the public agency:
 - a. Makes an effort to ensure that the parent understands his or her child will not be able to receive screening, evaluation, assessment or other services without consent.
 - b. Makes an effort to ensure that the family is fully aware of the nature of the screening, evaluation, assessment or services that would be available if consent is given.
3. In the event the parent refuses consent for initial evaluation/assessment, no action is taken to coerce a parent to accept the evaluation other than in a circumstance where refusal to

consent to such procedures constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code Sec. 16-1601 et seq.

- a. If the service coordinator believes that such refusal to consent is within the statutory definition of neglect or abuse, above, the parent is so notified and a referral made immediately, verbally and/or in writing, to Child Protection Services.
- b. Evaluation/assessment may be provided without parental consent only when ordered by a court of competent jurisdiction.
- c. If a guardian has been appointed by a court of competent jurisdiction they may consent for such evaluation/assessment.

Surrogate Parents

Because no Idaho law specifically regulates surrogate parents in the early intervention/educational setting, the Department of Health and Welfare ensures that procedures are adopted in cases requiring surrogate parents as follows:

- a. The multidisciplinary team determines whether a child needs a surrogate parent using the following criteria:
 - (1) where no parent can be identified,
 - (2) when the whereabouts of a parent cannot be discovered after reasonable efforts, or
 - (3) when the child is a ward of the state.
- b. The multidisciplinary team identifies potential surrogate parents.
- c. The lead agency appoints an individual to act as a surrogate for the parent of an eligible child.
- d. The lead agency makes a reasonable effort to assign an individual within 30 calendar days from the identified need to act as the surrogate for the child.
- e. The lead agency ensures that any person selected as a surrogate parent:
 - Has no interest that conflicts with the interests of the child he or she represents and has knowledge and skills that ensure adequate representation of the child;
 - May not be an employee of any state agency providing early intervention or other services to the child or any family member of the child;
 - A person who otherwise qualifies to be a surrogate parent is not an employee solely because of being paid by a public agency to serve as surrogate parent.
 - Has no personal or professional interest that conflicts with the interest of the child he or she represents.
 - Has knowledge and skills that ensure adequate representation of the child.
- f. Potential surrogate parents include individuals involved in disability support groups, and employees of public or private agencies not involved in providing early intervention services and the child's foster parents.
- g. A surrogate parent has the same rights a parent for all purposes under Part C, IDEA.

Prior Notice

1. Prior written notice is given to parents a reasonable time before public agency or service provider proposes OR refuses to initiate or change identification, evaluation, or placement of the child or provision of early intervention services to the child and/or family. Appropriate intervals for notice may include but are not limited to:
 - a. The family's initial contact with the early intervention system;
 - b. The initial evaluation and assessment is proposed or refused; and
 - c. A change in services or placement is proposed or refused, including transition.

2. Content of prior written notice:
 - a. A description of the action proposed or refused by the agency;
 - b. An explanation of why the agency proposes or refuses to take the action;
 - c. A description of any other options that the agency considered and the reasons why those options were rejected;
 - d. A description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action;
 - e. A description of any other factors that is relevant to the agency's proposal or refusal;
 - f. A statement that the parents of a child with a disability have protection under the procedural safeguards of this part including a description of mediation, state complaint and due process hearing procedures and how to file a complaint and the timelines for those procedures;
 - g. Sources for parents to contact to obtain assistance in understanding the provisions of this part.

3. Notice shall be:
 - a. Written in language understandable to the general public; and
 - b. Provided in parent's native language, unless not feasible and if parent's native language or other mode of communication is not written, public agency or designated service provider takes steps to ensure:
 - (1) That the notice is translated orally or by other means to parent in parent's native language or mode of communication;
 - (2) Parent understands notice;
 - (3) There is written evidence that these requirements have been met, and
 - (4) If parent is deaf or blind, or has no written language or mode of communication, notice is in language or mode of communication normally used by parent.

Opportunity To Examine Records

1. Except as provided in 3 below, parents are afforded the opportunity to examine, inspect and review any records regarding their family and child that relate to:
 - a. Screening, evaluation, assessment, eligibility determinations and the development and implementation of the IFSP;
 - b. Provision of service;
 - c. Individual complaints dealing with the family or child; and

- d. Any other records of the early intervention program involving the child and the child's family.
2. Parents are entitled access to records collected, maintained, or used by the lead agency, other public agency and/or a service provider which relate to their child or family.
3. When a parent asks to review a record, the agency or service provider maintaining the records must comply without unnecessary delay and before any meeting regarding an IFSP or hearing related to identification, evaluation, placement, or provision of services for the child and family and, in no case, more than 10 calendar days after the request has been made.
 - a. The right to review includes:
 - (1) the right to a response to a reasonable request for explanations and interpretations of the records;
 - (2) the right to obtain initial copies of the record at no charge;
 - (3) the right to have a representative of the parent's choosing review the record; and
 - (4) the right to inspect and review only the information relating to their child in a record containing information on more than one child, or to be informed of that specific information.
 - b. The agency presumes the parent has authority to inspect/review records related to the child unless the agency has been advised the parent does not have the authority under State law governing guardianship, separation, and divorce.
4. Each participating agency may charge a fee for copies of records in excess of 100 pages if fee does not prevent parents from exercising their right to inspect or review records. A fee may not be charged to search for or retrieve information.
5. A parent may request that information in a record be amended or deleted if it is inaccurate, misleading, or violates the privacy or rights of the child or child's family.
 - a. When amendment or deletion is requested the agency or provider shall act on the request within a reasonable period of time after it receives the request.
 - b. If the request to amend or delete is refused the agency or provider shall:
 - (1) Inform the parent;
 - (2) Notify the parent that he may request a hearing to challenge information in the record. A hearing is conducted under procedures set forth in The Family Education Rights and Privacy Act (FERPA).
 - c. If following a hearing it is determined that information in the record is inaccurate, misleading or violates privacy or other rights of the child, the agency shall amend the record and inform the parents in writing of the amendment.
 - d. If the parent chooses not to request a hearing, or if the record is not altered as a result of the hearing, the parent may place in the involved record a corrective statement commenting on the information in the record or a statement setting forth why the parent disagrees with the decision on appeal.
 - (1) The corrective statement is maintained by the agency as long as the child's records is maintained; and

- (2) If the disputed information is ever disclosed by the agency or provider, the parental statement shall also be disclosed.
6. The lead agency, public agency or private provider of Part C services provides parents upon request a list of the types and locations of records collected, maintained or used by public agencies and service providers.

Confidentiality

1. Details of public notice to parents regarding identification, location, and assessment of children can be found in the Comprehensive Child Find System section of the application.
2. The Department of Health and Welfare, the lead agency, ensures the protection of personally identifiable information which is collected, used, or maintained concerning a child, the child's parent or another family member. Personally identifiable information is confidential. Confidential information is protected and is not released, as provided by Idaho Code 9-340 and any regulations adopted pursuant to that statute. The lead agency also ensures the right of parents or guardians to receive written notice of the exchange of personally identifiable information and the right for parents or guardians to consent to the exchange of this information consistent with federal and state law.
3. IDAPA Rules, 16.05.01- 300, apply regarding disclosures.
 - a. Parents are informed, as soon as practicable, of disclosures made without their prior consent under the circumstances in the disclosure rules; and
 - b. All such disclosures are noted in the child's or family's records.
4. A log is kept and is accessible to parents, of all disclosures made pursuant to the general release. The log includes the purpose for which the party is authorized to use the record, the name of the person to whom information is disclosed, and the date of disclosure.
5. Parental consent is required before personally identifiable information is disclosed to anyone other than an official of the participating agency collecting or using this information. Parental consent must be obtained if personally identifiable information is to be used for any purpose other than meeting requirements under Part C.
 - a. Parents are informed by the public agency or service provider of their right to refuse to sign such release and such notice will be on each release form.
 - b. The release shall name with specificity all agencies, providers, and individuals (by name or position) to whom information may be disclosed, specific type of information to be disclosed, and the purpose of the disclosure.
 - c. Parents may limit the information disclosed and to whom by so indicating in writing.
 - d. All such releases of information are revocable at any time and shall so state. No consent for the release of information is valid for more than twelve (12) months.

- e. Information from the record shall not be released to participating agencies without parental consent unless authorized to do so under Family Education Rights and Privacy Act (FERPA), Section 99.31.
- 6.
 - a. If parents refuse to consent to the release of information, the family is informed by the public agency or service provider regarding the potential benefit of releasing the information and the possible adverse effect of refusal.
 - b. No action is taken to coerce a parent to consent to release information except in a circumstance where refusal to consent constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code, Section 16-1601 et seq.
 - (1) If the service provider believes that such refusal to consent is within the statutory definition of neglect or abuse above, the parent is notified and referral made immediately, verbally or in writing, to Child Protection Services.
 - (2) Information may be released without parental consent only according to procedure 5e above, or when ordered by a court of competent jurisdiction.
- 7. The lead agency procedures on confidentiality meet the requirements of Section 300.610-.627 with the following modifications:
 - a. State educational agency means the lead agency under this part (Idaho Department of Health and Welfare);
 - b. Special education, related services, free appropriate public education, free public education, or education means "early intervention services" under this part;
 - c. Participating agency, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part;
 - d. Reference to Section 300.111 (Identification, Location and Evaluation of Disabled Children) means Sections 303.115 and 116 (Comprehensive Child Find System);
 - e. Reference to Section 300.610 (Confidentiality of Personally Identifiable Information) means Section 303.402 (Confidentiality of Information.)
- 8. To safeguard confidentiality of personally identifiable information, each participating agency:
 - a. Ensure records are maintained in a secure location.
 - b. Ensures protection of personally identifiable information at collection, storage, disclosure and destruction stages;
 - c. Appoints one official of the agency to assume responsibility for insuring confidentiality of personally identifiable information;
 - d. Provides training and instruction to all persons collecting or using personally identifying information;
 - e. Maintains for public inspection a current list of names and position of employees who have access to personally identifiable information;
 - f. Informs parents at exit from early intervention that personally identifiable information will be destroyed when it is no longer needed to provide services to the child (six years after Program exit) and;
 - f. Assures that information which is no longer required is destroyed at the request of the parent or six years after the child leaves services (permanent records of child's name,

- address, phone number, program, program location and year completed may be maintained without time limitation); and
- g. Includes sanctions to insure policies and procedures are followed, such as employee discipline pursuant to the Idaho Personnel Commission rules and, in the case of contract providers, contract rescission or modification.
9. Confidentiality requirement under Part C, IDEA starts from the point in which a child is referred for services until the later of when the participating agency is no longer required to maintain or no longer maintains that information under applicable Federal and State laws.

Administrative Procedures for Resolving Parents' Complaints

1. The Department by these regulations operates a system for conducting formal hearings that:
 - a. Entertains parental complaints regarding identification; screening; evaluation; assessment; eligibility determinations; the development, review and implementation of the IFSP; the failure to respect parents' procedural rights;
 - b. Provides a clear and easy-to-use method of requesting a hearing; and
 - c. Resolves a complaint involving more than one public agency and/or service provider.
2. Decisions of the hearing officer or other resolution of the complaint are enforceable regarding all public agencies in the Part C program.
3. Upon receiving a request for a due process hearing, the lead agency appoints a hearing officer to conduct a formal hearing. It is the duty of the hearing officer to listen to viewpoints about the complaint, examine information relevant to the issues, and seek to reach a timely resolution of the complaint.
 - a. Hearing officers must have knowledge about the provisions of complaint management required, of relevant law, of the Part C system and of the needs of and services available for eligible children and their families.
 - b. Hearing officers must be impartial.
 - (1) They shall not be employed by any agency or entity involved in the provision of early intervention services or in the care of the child.
 - (2) They shall have no other conflict of interest, either personal or professional, that might impair their objectivity (e.g., work for an agency that has a vested interest in the outcome of the questions presented for resolution at the hearing).
 - (3) A person who otherwise qualifies under b.1 & 2 above is not an employee solely because of being paid by a public agency to implement a complaint resolution process.
 - c. Hearing officers provide a record of proceedings including the written explanations of their decisions that include findings of facts and conclusions of law.
 - (1) Where delay in receipt of a decision might cause a child to suffer harm, a decision may be rendered orally at the conclusion of the hearing and a written decision be filed later, however, not later than 30 days after receipt of a parent's complaint.

- (2) When the procedure in (c)(1) is followed, parents shall rely on the oral decision. Appeal time will begin to run upon the filing date of the written decision.
4. The Department of Health and Welfare ensures that the parents of children eligible under Part C are afforded the following rights; in any administrative proceeding the parents may:
 - a. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part.
 - b. present evidence, and confront, cross-examine, and compel the attendance of witnesses.
 - c. prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding.
 - d. obtain a written or electronic verbatim transcription of the proceeding.
 - e. obtain written findings of fact and decisions.
 5. Any proceeding for implementing the complaint resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parents.
 6. When parents request a hearing, they are informed of free or low-cost legal or advocacy assistance that may be available to them, and given a list of organizations that provide or arrange such assistance.
 7. The lead agency ensures that not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties, unless the hearing officer grants specific extensions of time beyond the 30 days at the request of either party.
 8. During the pendency of any proceeding, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.
 9. If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.
 10. Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court.

Mediation

1. A mediation process is available as a supplement to the formal hearing process, is available prior to the filing of a due process hearing, and may be voluntarily chosen by the parent. The procedures shall ensure that the mediation process:
 - a. Is voluntary on the part of the parties;

- b. Is not used to deny or delay a parent's right to a due process hearing or to deny any other rights, and
 - c. Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. Mediation cannot be used to deny or delay a parent's right to an impartial due process hearing or any other rights afforded under Part C, IDEA. A parent can request mediation alone or simultaneously with a request for an impartial due process hearing and may refuse or withdraw from the mediation process at any time. A parent may also request mediation when filing an administrative complaint.
3. The Infant Toddler Program shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
4. The Infant Toddler Program shall bear the cost of the mediation process, including the costs of meetings.
5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.
6. The mediation process shall be completed within 30 calendar days of the receipt for mediation unless a request for mediation, an impartial due process hearing or complaint investigation was requested at the same time.
7. An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement.
8. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of such process and must not have a personal or professional interest that conflicts with the person's objectivity.
9. The Infant Toddler Program will select mediators on a random, rotational, or other impartial basis.

B-17 SYSTEM FOR DATA COLLECTION (§303.124)

Assurances

Idaho Code, Title 16, Chapter 1 assures a statewide data collection system for monitoring and evaluating the state early intervention system. The program responds to reporting requirements and time lines as requested by the U.S. Secretary of Education.

Procedures

The Division of Family and Community Services and the Infant Toddler Programs collect data on all children referred for early intervention services. The Idaho Infant Toddler Program utilizes a web based data system to address the data collection needs to meet federal reporting requirements and program management related to child count and delivery of services.

Providers, public and private, are informed in writing of data collection requirements and time lines for submission. Provider agreements address compliance requirements and confidentiality concerns. Due to the limited population of Idaho, the use of sampling methods is not routinely used. Data is collected and entered at seven regional sites by individual providers and is available online to central office for a statewide analysis of data. A research analyst prepares federal reports, evaluates and monitors compliance and consistency in data collection and analysis methodology and assists in system planning through evaluation of program efficacy, service utilization, etc. Sources of information submitted for data collection include but are not limited to the following:

1. The Department of Health & Welfare Adult/Child Development Centers;
2. Idaho Educational Services for the Deaf and Blind regional programs;
3. Private developmental disability centers;
4. Migrant and Seasonal and Native American Head Start Programs, and
5. Early Head Start Programs.

Contracts and Interagency agreements support the sharing of information to generate an unduplicated child count as well as for planning and program coordination purposes.

Idaho's data collection system provides for reporting required data and any other information that the Secretary requires.

B-18 STATE INTERAGENCY COORDINATING COUNCIL (Early Childhood Coordinating Council) (§303.125)

Assurances

In Idaho, the Council is mandated by Idaho Code, Title 16, Chapter I, Sections 16-105 and 16-106, which specify membership requirements for appointment by the Governor and duties of the Council. Under Executive Order No. 2006-12, the Council consolidated membership and mission with a Governor appointed Task Force on Early Care and Learning and was renamed the Early Childhood Coordinating Council (EC3) and also merged with the Head Start Collaboration Advisory Council. The EC3 membership meets the following:

- A. Parents: 20% are parents, including minority parents, of infants and toddlers with disabilities, or children 12 years of age or younger with disabilities who have knowledge of or experience with programs for infants and toddlers with disabilities.

- At least one of these parents is the parent of an infant or toddler, or a child age 6 or younger, with a disability;
- B. Service providers: Not less than 20 percent of the members shall be public or private providers of early intervention services.
 - C. State legislature.--Not less than 1 member shall be from the State legislature.
 - D. Personnel preparation.--Not less than 1 member shall be involved in personnel preparation.
 - E. Agency for early intervention services.--Not less than 1 member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.
 - F. Agency for preschool services.--Not less than 1 member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.
 - G. State Medicaid agency.--Not less than 1 member shall be from the agency responsible for the State Medicaid and CHIP program.
 - H. Head start agency.--Not less than 1 member shall be a representative from a Head Start agency or program in the State.
 - I. Child care agency.--Not less than 1 member shall be a representative from a State agency responsible for child care.
 - J. Agency for health insurance.--Not less than 1 member shall be from the agency responsible for the State regulation of health insurance.
 - K. Office of the coordinator of education of homeless children and youth.--Not less than 1 member shall be a representative designated by the Office of Coordinator for Education of Homeless Children and Youths.
 - L. State foster care representative.--Not less than 1 member shall be a representative from the State child welfare agency responsible for foster care.
 - M. Mental health agency.--Not less than 1 member shall be a representative from the State agency responsible for children's mental health.
 - N. Other members.--The Council includes other members selected by the Governor, including representatives from other professional organizations or entities who have interest and investment in early intervention and other early childhood policies and services, including the Bureau of Indian Affairs (BIA), or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

The Governor designates a member of the Council who is not a representative of the lead agency to serve as chairperson of the Council. The Governor ensures, through the appointments that the membership reasonably represents the population of Idaho. The Council meets at least quarterly with executive committee and standing committees meeting more frequently as needed.

Notice of meetings and agendas are mailed at least two weeks prior to meeting dates to the following: Family and Community Services (FACS) Program Managers; Regional Early Childhood Committee Chairpersons; Hub Supervisors; Division Administrator of FACS and

members of the committees of the Department of Health and Welfare; the Council on Developmental Disabilities; and Idaho Parents Unlimited. Meetings are open and accessible and as necessary, the Idaho Registry of Interpreters for the Deaf is available to provide information for arranging for interpreters for the deaf and other necessary services for both ICC members and other participants. Payment for the services is included in Council meeting expenses. See attached membership information.

The Early Childhood Coordinating Council operates according to bylaws and adopted policies including a policy on conflict of interest, assuring that no member of the Council may vote on any matter providing direct financial benefit to self, or give the appearance of conflict.

Use of funds by the Council.

(a) General. Subject to the approval by the Governor, the Council may use funds under this part.

(1) To conduct hearings and forums;

(2) To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);

(3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;

(4) To hire staff; and

(5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

(b) Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part.

The Council's duties and responsibilities are to assist the lead agency and all other appropriate agencies in ensuring the joint development, implementation and maintenance of policies for a statewide system of programs providing early intervention services. The Council assists the lead agency in achieving the full participation, coordination and cooperation of all appropriate public agencies in the State. The Council assists the lead agency in implementation of the Early Intervention System by establishing processes that include seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery. The Council also establishes processes to take steps to ensure that policy problems identified are resolved. This participation shall be promoted by maintaining an interagency agreement with at least annual review. The interagency agreement specifies roles and responsibilities of the participating agencies related to the specific services required and provides guidance for their implementation including procedures for dispute resolution. If dispute resolution is not achieved at the level of the local unit and Regional Committee, the issues for arbitration shall be presented to representatives from the Governor's Infant and Toddler Interagency Coordinating Council. After reviewing all aspects of the issue the Council representatives shall make a recommendation for resolution to the Director of the lead agency.

The Council advises and assists the lead agency and other agencies responsible for the provisioning of early childhood services regarding appropriate services for children 0-8 years old

inclusive. Additionally, the Council advises and assists the State Department of Education regarding the transition of toddlers with disabilities to preschool services under Part B and other appropriate services to the extent appropriate.

The Council advises and assists all appropriate agencies with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services.

The Council advises and assists in the identification of sources of funds and other support of services under the Early Intervention System, the assignment of fiscal responsibility to appropriate agencies, and the promotion of interagency agreements.

The Early Childhood Coordinating Council advises and assists the lead agency in the preparation of federal grant applications and in making amendments to that application. The Early Childhood Coordinating Council works directly with the program manager to prepare the annual plan and application.

The Council, with Infant Toddler program staff, prepares an annual performance report on the state's use of funds and the status of the early intervention system which is submitted to the Director and to the Secretary of the Department of Education according to the timeline established by the US DOE. The report includes information according to the requirements specified by the Secretary.

B-19 Early Intervention Services in the Natural Environment (§ 303.126)

Assurances

Idaho Code, Title 16, Chapter 1 assures the development and implementation of an IFSP for each eligible child and family who chooses to participate in the program. Further, the Department of Health and Welfare assures policies and procedures are in place that ensure, to the maximum extent appropriate, early intervention services are provided in natural environments and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment determined by the parent and IFSP team only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Procedures

Providing services in natural environments reflects the core mission of early intervention, which is to provide supports and services to families to help their children develop to their fullest potential.

Children learn best when they learn in natural contexts. They need multiple opportunities to practice early learning skills and abilities throughout their day. Generalization research indicates that it is much easier for a child to generalize newly learned skills when the skills are learned within the context of meaningful, functional activities as they naturally occur.

Natural environments are the places where children live, learn, and play. Examples of natural environments include:

- Home
- Gymnastics programs
- Parks
- Child care centers
- Neighbor's home
- Grandparents home
- Neighborhood play groups
- Church activities
- Library
- Swimming pools
- Restaurants

Natural environments are settings that are natural or typical for a same-aged infant or toddler without a disability may include the home or community settings. Early intervention services in an IFSP must be provided to the maximum extent appropriate, in natural environments, or in settings other than the natural environment that are most appropriate, as determined by the parent and IFSP team, only when early intervention services cannot be achieved satisfactorily in a natural environment. If a service is identified by the parent and IFSP team to be provided outside a natural environment, a justification as to why the service will not be provided in the natural environment.

The determination of the appropriate setting for providing early intervention services, including any justification for not providing a service in the natural environment must be:

- Made by the IFSP team (includes the parent and other team members);
- Consistent with the Natural Environment provisions outlined in the Part C regulations; and
- Based on the child's outcomes that are identified by the IFSP team.

The Program's IFSP contains a Summary of Services page that identifies whether early intervention services are being provided in a natural environment. The IFSP also contains a Justification for Services Outside the Natural Environment page. This page includes:

- Service(s) provided outside of the natural environments;
- Outcomes associated with the service(s) above;
- Settings for the service(s)
- Explanation of why the outcome cannot be achieved in a natural environment;
- Plan and timeline for moving the service(s) and/or support(s) into a natural environment; and
- The Projected Review Date of the Justification(s)

B-20 EXPENDITURE OF FUNDS (§ 303.221)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System ensures that Federal funds made available to the State under section 643 of IDEA are expended in accordance with the provisions of Part C of IDEA, including §§303.500 and 303.501. This includes:

- Having a statewide system of payment regarding the identification and coordination of all available resources within the State from Federal, State, local and private sources;
- Using Part C funds for activities or expenses that are reasonable and necessary for implementing the State's early intervention program for infants and toddlers with disabilities; and
- Funding under Part C, IDEA are used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local or private source.

This is supported by the following:

- Idaho Code, Title 16, Chapter ;
- Idaho Infant Toddler Program Implementation Manual;
- Contracts with Providers of Early Intervention Services; and
- Interagency Agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

B-21 PAYOR OF LAST RESORT (§ 303.222)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System ensures that it complies with the requirements in §§303.510 and 303.511 in subpart F of Part C of IDEA.

Procedures

Funds may only be used for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other Federal, State, local, or private source.

Idaho will not reduce medical or other assistance available in the State to alter eligibility under Title V of the Social Security Act, 42, U.S.C. 701 (SSA) or Title XIX of the SSA, 42 including section 1903(a) of the SSA regarding medical assistance for services furnished to an infant or toddler with a disability when those services are included in the child's IFSP adopted pursuant to part C of the Act.

Each interagency agreement includes the provision of financial responsibility for early intervention services, including the provision of such services during the pendency of any dispute between State agencies.

Each interagency agreement includes procedures for timely resolution of interagency disputes about payment or other aspects of early intervention services.

Each interagency agreement permits agencies to resolve internal disputes in a timely manner based agency procedures included in the agreement.

Each agreement includes the process the lead agency will follow in achieving resolution of intra-agency disputes if an agency is unable to resolve its own disputes.

Each agreement includes any components necessary to ensure effective cooperation and coordination among all agencies involved in the early intervention system.

The lead agency, with assistance from the Early Childhood Coordinating Council, is responsible for resolving disputes. The system for delivery of early intervention services in a timely manner during the pendency of dispute among agencies or service providers includes:

- During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for services with Part C funds in accordance with the payor of last resort provision;
- If, on resolving disputes, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility of the appropriate agency and makes arrangements for reimbursement of expenditures incurred by the agency originally assigned fiscal responsibility within 60 days.
- In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days.
- Further disputed decision will be the responsibility of the Director of the Department of Health and Welfare.

The Interagency Agreement includes a provision that, to the extent necessary to ensure compliance with its action, the lead agency refers dispute issues to the Early Childhood Coordinating Council and after reviewing all aspects of the issue, the Council makes recommendations for resolution to the Director. Subsequently, decisions by the Director of the lead agency may be referred to the Office of the Governor.

B-22 CONTROL OF FUNDS AND PROPERTY (§ 303.223)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System assures that:

1. The control of funds provided under Part C of IDEA, and title to the property acquired with those funds, are in a public agency for the uses and purposes provided in Part C of IDEA; and
2. A public agency administers the funds and property.

B-23 REPORTS AND RECORDS (§ 303.224)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System assures that it:

1. Makes reports in the form and containing the information that the Secretary may require; and
2. Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of Part C of IDEA, the correctness and verification of reports, and the proper disbursement of funds provided under this part of Part C IDEA.

B-24 PROHIBITION AGAINST SUPPLANTING; INDIRECT COSTS (§ 303.225)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System assures that:

- The Federal funds made available under section 643 of IDEA to the State:
 - Are not commingled with State funds; and
 - Are used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds.
- To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under Part C of IDEA and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for:
 - A decrease in the number of infants and toddlers who are eligible to receive early intervention services under Part C of IDEA; and

- Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
- Except as provided in paragraph D below, ITP under Part C of IDEA does not charge indirect costs to its Part C grant.
- ITP has an approved indirect cost rate through the Department of Health and Welfare as the lead agency's cognizant Federal agency, the lead agency charges an indirect costs through a restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569.
- In charging indirect costs, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.

B-25 FISCAL CONTROL (§ 303.226)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System ensures that fiscal control and fund accounting procedures have been adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under Part C of IDEA.

B-26 TRADITIONALLY UNDERSERVED GROUPS (§ 303.227)

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System ensures that policies and practices have been adopted to ensure:

1. That traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C of IDEA; and
2. That these families have access to culturally competent services within their local geographical areas.

B-27 ONGOING EFFORT TO RECRUIT AND HIRE QUALIFIED PERSONNEL (§ 303.119(d))

Assurances

The Department of Health and Welfare, Idaho Infant Toddler Program (ITP) Early Intervention System has adopted a policy to address the shortage of personnel. ITP ensures that the policy includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards describe in Part C of IDEA.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

AUG 17 2012

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E-MAIL: dcafs@psc.hhs.gov

Jodi Osborn, Financial Executive Officer
Idaho Department of Health & Welfare
450 West State Street, 9th Floor
Boise, Idaho 83720-0036

Dear Ms. Osborn:

This letter provides approval of the Idaho Department of Health & Welfare Cost Allocation Plan (Plan) amendment which was transmitted to our office on January 25, 2012, and subsequently revised on May 3, 2012. The Plan amendment is effective July 1, 2012.

Acceptance of actual costs in accordance with the approved Plan is subject to the following conditions:

- 1) The information contained in the Plan and provided by the State in connection with our review of the Plan is complete and accurate in all material respects.
- 2) The actual costs claimed by the State are allowable under prevailing cost principles, program regulations and law.
- 3) The claims conform with the administrative and statutory limitations against which they are made.

This approval relates only to the methods of identifying and allocating costs to programs, and nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans or Federal legislation and regulations.

Implementation of the approved Cost Allocation Plan may subsequently be reviewed by authorized Federal staff. The disclosure of inequities during such reviews may require changes to the Plan.

If you have any questions concerning the contents of this letter, please contact Stanley Huynh of my staff at (415) 437-7829.

Sincerely,

A handwritten signature in black ink, appearing to read "Arif Karim".

Arif Karim, Director
Division of Cost Allocation

cc: Carol Pevery, CMS Teresa Trimble, ACF Charles Okal, FNS
Joann Simmons, ORR

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