

BabyNet Transition to First Steps:
Report of Technical Teams to
First Steps Transition Leadership Team
November 4, 2009

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Report of Technical Team A

System Components:

- A rigorous definition of the term “developmental delay”
- Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family.

5 year goal:

To ensure all 45-day activities (between receipt of referral for evaluation and development of initial Individualized Family Service Plan [IFSP]) are completed as required and in a timely manner utilizing peer-reviewed research and evidence-based practices.

Short term goals:

1. Further investigate possibility of separating the role of intake from eligibility.
2. Consider using a statewide centralized intake-only process to allow System Point of Entry (SPOE) offices to focus more on eligibility determination.
3. Investigate the feasibility of maintaining a “narrow” definition for developmental delay while utilizing an evaluation tool with cut-off metrics (Note: it is unclear if in fact South Carolina is still deemed to be a state with a narrow definition of eligibility requirements; this needs further investigation).
4. Currently, there are issues regarding anticipated referral volume and staffing capacity that are likely barriers to eligibility determination to be completed in a timely manner.
5. Use of a curriculum-based assessment to determine eligibility is not the equivalent of assessing the unique needs of the child prior to development of the initial IFSP. Determine what criteria triggers when/if a discipline specific evaluation is to be done within 45 days. (The Office of Special Education Programs [OSEP] with the US Department of Education has indicated that discipline specific evaluations may need to occur within the 45 day time period. This is pending clarification.)
6. Consider creating standing 45-day eligibility teams.
7. Gather baseline data to determine percentage of eligibility evaluations completed using: a) parent report only, b) parent report combined with direct observation, and c) direct observation only. Determine which administration method is most representative of peer-reviewed scientific research and evidence-based practice, and set regional targets for improved use of current recommended practice.
8. The BN Senior Management Team and the Speech Language Pathology Clinical Team should review the Connecticut policy for eligibility for Specific Expressive Language Delay and alternate methods of service for this population of children.
9. Investigate the need to develop a policy that identifies when to use a bilingual versus monolingual provider (See Connecticut policy for reference).
10. Review the covered medical conditions for other states with similar eligibility categories, and determine if we have missed any diagnoses that should be considered (time constraints prevented this review; see Appendix D of this document for list of established risk conditions currently accepted in South Carolina).

Improvement Activities:

1. Address staffing needs in SPOE offices or make interim contingency changes that keep the eligibility process moving.
2. Consider using presumptive eligibility for a finite period of time (qq.v. Mott and Dunst, 2006).
3. Develop guidelines to define whether a monolingual clinician, bilingual clinician, or a monolingual clinician using an interpreter would be utilized when conducting an evaluation or assessment for a child from a home in which English is not the primary language.
4. Stop allowing children who do not demonstrate a delay in their primary or dominant language to become eligible.

Justification:

For all areas, current policy, practice, BabyTrac data, and performance were examined.

What Works:

1. South Carolina uses personnel that meet Comprehensive System of Personnel Development (CSPD) requirements.

2. Children who are referred on the basis of suspected developmental delay are evaluated in all areas of development prior to the initial IFSP using the Assessment, Evaluation and Programming System (AEPS).
3. The AEPS supports best practice when direct observation is utilized in the natural environment and assessment is conducted by observations from multiple practitioners.

What Doesn't Work:

1. Conducting eligibility determination with inadequate staffing ratios.
2. There is concern about inter-rater reliability with use of the AEPS among intake service coordinators. Anecdotal feedback indicates that the CBA is administered differently throughout the state. There is heightened concern about personnel in one SPOE office using only the parent report section of the AEPS. Another large region reported use the CBA for eligibility evaluation as 50% parent report and 50% direct observation.
3. Other anecdotal reports from special instructors indicate that there is inconsistency between the initial eligibility evaluation findings gathered during intake and the assessment of the child for development of special instruction interventions.
4. There is concern that the AEPS does not assess all age populations well. (Authors of the tool indicate limited validity and reliability for children less than four months of age).
5. When a child is automatically eligible by diagnosis, there is a delay getting the referral to the agency due to awaiting late arriving medical history.
6. There are limitations with the ability to query data in BabyTrac. For instance, there is not data regarding how many children are eligible per established risk versus developmental delay, nor or how many are deemed eligible by informed clinical opinion.

System Component:

Service coordination for intake and ongoing activities.

5 year goal:

To ensure that all referred and eligible families and children have access to quality, timely service coordination services, and that this service is provided in a manner consistent with peer-reviewed scientific research and evidence-based practices.

Short term goals:

1. Further investigate both the blended and intra-agency models of service coordination.
2. Provide intensive training and technical assistance supports regarding service coordination roles and responsibilities with emphasis on contrast with service provider roles and responsibilities.
3. Further investigate DHEC service coordination staffing patterns to determine if there are sufficient personnel to handle referral volume.
4. Investigate other states to determine whether implementation of conducting screenings prior to referral would save time/money to prevent potential referrals from unnecessary eligibility determination.

Improvement Activities:

Investigate ways in which to relieve SPOE office of ongoing service coordination duties.

Justification:

For all areas, current policy, practice, BabyTrac data, and performance were examined.

What Works:

DDSN and SCSDB both report that their respective models of service coordination work for them.

What Doesn't Work:

There is a consensus that SPOE offices do not work efficiently due to simultaneous responsibilities of intake service coordination, eligibility, and ongoing service coordination.

System Component:

Initial Individualized Family Service Plan.

5 year goal:

To ensure that an initial Individualized Family Service Plan includes all required components and is developed in timely manner for all eligible children and families.

Short term goals:

1. Further investigate the possibility of separating the roles of intake, eligibility, and ongoing service coordination by SPOE office personnel as this may allow for the initial IFSP team to be comprised of more than the service coordination/CBA provider and the parent.
2. Periodically review the plan for process improvements.

Improvement Activities:

Continue to investigate the current compliance rate and identify what is questionable about the data we have.

Justification:

For all areas, current policy, practice, BabyTrac data, and performance were examined.

What Works:

1. Adequate staffing in SPOE offices and service coordination agencies leads to timely completed Initial IFSPs.
2. Service coordinators and special instructors are generally pleased with the current IFSP document.

What Doesn't Work:

1. Due to staffing issues at the time of eligibility determination, we may not be compliant with the policy.
2. The CBA provider and the service coordinator are typically the same person in most cases (per report) when:
 - a. the child is eligible based on established risk conditions (excluding those with hearing and/or vision impairments), **or**
 - b. The child is eligible based on substantial, documented delays in development, **and**
 - c. The child meets at least one special instruction indicator.

System Components:

Percent of families participating in Part C who report that early intervention services have helped the family to:

- a. Know their rights,
- b. Effectively communicate their child's needs, and
- c. Help their children develop and learn.

5 year goal:

To ensure that all families receive information about procedural safeguards, advocacy skills, and family training from their service coordinator and all service providers are included in their child's IFSP.

Short term goals:

1. Develop TECSBOOK chapters based on Families' Rights and Family Outcome Process.
2. Develop a video to be used with service coordinator and/or families to be used at intake visits and/or to train service coordinators. The video could be posted on the BabyNet website and/or put on CD's for dissemination. This video could include the entire Part C process or just a review of Child and Family Rights and Procedural Safeguards (Team A reviewed several examples from other states, including an excellent presentation from Kentucky).
3. Investigate Family Outcome data trends, fluctuations, and failure to meet targets.
4. Because Family Outcomes can only be measured at exit from Part C services, investigate ongoing mechanisms to capture family satisfaction data more than annually so that trends may be identified and impacted as needed.

Improvement Activities:

Service coordinators should discuss the survey process with families at some point prior to transition. This could possibly be included in the transition plan.

Justification:

For all areas, current policy, practice, BabyTrac data, and performance were examined.

What Works:

1. Families receive surveys in a timely manner.
2. At many different times during the BabyNet process, families are given a copy of the “Child and Family Rights,” and the service coordinator reviews this document with the family.
3. All percentages take an upward tick for FFY 2008, but reason why has yet to be determined.

What Doesn't Work:

1. Families and service coordinators are not aware of the survey process.
2. Families do not know that they should be receiving these surveys.
3. Service coordinators are not able to share with families beforehand the importance of these surveys.

System Component:

Continued Eligibility for Part C Services.

5 year goal:

On at least an annual basis, ensure that system resources are strategically utilized on behalf of children who continue to exhibit substantial delays in development after receipt of Part C services.

Short term goals:

1. Review best practice for frequency for re-administration of the curriculum-based assessment for periodic review and annual evaluation of the IFSP, and in annual determination of the child's continuing eligibility.
2. Determine if our current policy supports at least “recommended practice” with regards to re-administration of the curriculum-based assessment.
3. Review the literature to determine if the current percentages of delay are too low for the Carolina Curriculum and/or the Hawaii Early Learning Profile (other curriculum-based assessments in use in South Carolina) to warrant continuing eligibility.
4. Determine if increasing the frequency with which the AEPS or other CBA is re-administered would be of use to better fine tune intervention programming and achieve better practice.
5. Develop policy that triggers a review of the IFSP.
6. There may be a need to change service delivery frequency due to the child no longer having a delay or having improved remarkably since the last IFSP review.

Improvement Activities:

1. Further investigate how other states determine continuing eligibility.
2. The need to replace and/or supplement standardized norm-referenced tests to determine eligibility for IDEA services is of great concern to many EI/ECSE professionals (Source: Early Intervention Management and Research Group).

Justification:

For all areas, current policy, practice, BabyTrac data, and performance were examined.

What Works:

Children are assessed in all five areas prior to their annual IFSP review where continuing eligibility is determined.

What Doesn't Work:

The CBA is only required to be re-administered annually. It should be reviewed often as good practice.

Report of Technical Team B

System Component:

Comprehensive child find and referral system.

5 year goal:

In compliance with IDEA Part C regulations (Sec. 303.321 (a-e)), BabyNet will have developed and implemented policies and procedures to ensure that

- all BabyNet eligible children are identified, located and evaluated,
- child find efforts are coordinated with other major state agency efforts to locate and identify children,
- referral procedures for use by primary referral sources are clearly articulated and effective, and
- a tracking system is in place to provide detailed information on sources of referrals.

Short term goals:

1. BabyNet employs sufficient numbers of personnel to conduct referral and intake activities, so that initial visits are completed in a timely manner.
2. Eligibility criteria are established, so that the early intervention system serves those children who are most in need.
3. Child find efforts are coordinated in collaboration with a variety of organizations and agencies; so that available resources are utilized effectively, duplication of effort is eliminated, and appropriate referrals are made early.
4. In order to maximize scarce resources, primary referral sources are informed of BabyNet eligibility criteria, trained in the use of screening tools, and conduct screenings as appropriate prior to making referrals.
5. In order to adequately identify children eligible for BabyNet who are referred through the Child Welfare system, explore utilization of a social-emotional assessment tools such as the Devereux. Both the DECA and the Devereux Early Childhood Assessment for Infants and Toddlers (1- 18 months and 18 – 36 months) assess protective factors and screen for social and emotional risks in very young children.
<http://www.devereux.org/site/DocServer/EHS-DECAITCrosswalk.pdf?docID=8221>
<http://jpa.sagepub.com/cgi/content/abstract/27/5/386>
<http://www.safehealthystudents.org/pdf/DevereauxEarlyChildhoodAssessment.pdf>
6. Assess the need for a new or improved early intervention tracking system, so that more data on referrals can help to inform decisions about child find efforts.
7. A forum is available where personnel who are involved in child find and intake can discuss local challenges, suggest solutions, and help to shape child find efforts; so that child find activities effectively target the most vulnerable and underserved populations.

Improvement activities:

1. Consider alternative service delivery models, staffing patterns, and/or other cost effective means of providing sufficient numbers of BabyNet personnel to provide needed referral and intake services.
2. Review information on how past changes to eligibility criteria have affected numbers of children on BabyNet roles.
3. With assistance from the Interagency Coordination Council review current relationships with all other state agencies, social programs, and tribal organizations that are identified explicitly or implicitly in the federal regulations; and establish or enhance policies and collaborative relationships with those child find partners. Consider an MOA to address the relationship with specific strategies for each special population.
4. Identify partnering agencies which can provide training to primary referral sources including NICU personnel, medical professionals, child care educators, Early Head Start, Head Start and child welfare staff; and develop specific plans to assess training needs, conduct appropriate training, and evaluate results.
5. Recommend that the BabyNet lead agency participate in the Help Me Grow (HMG) replication project to assess the feasibility of statewide implementation of the Greenville pilot. Particular advantages from a HMG process should impact training within primary care practices on routine developmental screening, and the advantage of channeling referrals thru a 2-1-1 Child Development Info line that includes BabyNet, Part B (School Districts), Children with Special Health Care Needs, and children who fall outside of the eligibility criteria for these system nets but still need assistance and support with development and school readiness issues. This systemic approach will link the established IDEA service systems with community level services uniquely available within the

county. The HMG system also provides a developmental monitoring process for families when children are not IDEA eligible. South Carolina is one of 5 states with a HMG Replication Project.

6. Evaluate the strengths and limitations of the BabyTrac system and determine whether it adequately meets comprehensive child find system needs; and if it does not, consider other systems or adjusting the current tracking system to provide more in-depth reports. (Example: Providing *by county* reports on primary referral sources to track effectiveness of child find/public awareness efforts.)
7. Establish a statewide venue, such as a blog or other online space, where conversations about child find issues can be held among agency personnel and parents. Monitor the discussions regularly to inform decisions about child find activities.
8. Seek out additional partners to conduct group screenings locally and to carry out child find activities, including interpreters and translators, college and university students, and community service organizations.

Justification of team recommendations:

1. Team B has heard testimony from BabyNet personnel that earlier changes to the eligibility criteria, combined with increased numbers of referrals from Department of Social Services and BabyNet staff reductions has resulted in a number of referrals, so large that the system is “overwhelmed” and staff are unable to do child find activities. Addressing the Needs of Young Children in Child Welfare: Part C Early Intervention Services available from the Child Welfare Information Gateway 20OCT2009: <http://www.childwelfare.gov/pubs/partc.cfm>
Team B has heard testimony from early intervention practitioners and has examined legal requirements, best practice guidelines, and research evidence indicating that child find efforts may fail to reach underserved populations such as children in Early Head Start, rural areas, homeless children, children in foster care, cultural and language minority groups, and children who were born prematurely.
Children with Disabilities in Early Head Start - This research to practice brief describes important findings on the need for awareness of Early Intervention benefits and referral processes and gaps in service provision. Available 20OCT2009:
http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/children_disabilities/children_disabilities.pdf
Serving the Underserved: A Review of the Research and Practice in Child Find, Assessments, IFSP/IEP Processes for Culturally and Linguistically Diverse Young Children (2001) ERIC Clearinghouse on Disabilities and Gifted Education, Council for Exceptional Children. Chapter 1 of this publication addresses Child Find, Screening and Tracking. Available 20OCT2009:
http://www.eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&ERICExtSearch_SearchValue_0=tracking+early+intervention&searchtype=basic&ERICExtSearch_SearchType_0=kw&pageSize=10&eric_displayNrtiever=false&eric_displayStartCount=11&_pageLabel=RecordDetails&objectId=0900019b800c5ad2&accno=ED454640&nfls=false
2. Team B has heard testimony that organizations such as Family Connection, TECS, the PRIDE project, have been contributing to child find efforts by providing training and referral information to doctors, medical students, medical staff, child care educators, NICU staff, and parents of newborns. Family Connections does outreach in all four major NICUs in the state. TECS staff has provided training to child care educators and medical school faculty, students and residents. PRIDE provides training to doctors and early care educators. Efforts of these programs could be coordinated and extended with support from the new lead agency.
3. Team B has heard testimony regarding the BabyTrac system, and finds that the software has limitations that restrict its usefulness as a source of data that could inform decision making about child find efforts.
4. TECS has the capability to provide a monitored, online discussion platform for conversations among individuals who are involved in child find activities.
5. Team B has heard testimony regarding referrals from Department of Social Services of children who are referred under requirements of IDEA and the Child Abuse, Protection and Treatment Act (CAPTA). Concerns that need to be addressed include the need to better articulate the referral process, the numbers of children who are referred but are found ineligible for Part C services, and the critical need for mental health services to support many of these children and their parents. The following resource document offers insights and suggestions:
Healthy Beginnings, Healthy Futures: A Judges Guide - Research on early brain development highlights how crucial the early years are in the development of infants, toddlers, and preschoolers. This very young population is especially vulnerable to the effects of abuse and neglect that set the stage for their long-term health outcomes. Produced in collaboration with the National Council of Juvenile and Family Court Judges and the Zero to Three National Policy Center, this guide for judges addresses the wide array of health needs of very young children in the child welfare system. By sharing current research on physical health, child development, attachment, infant

mental health, and early care and education, the authors provide tools and strategies to help judges promote better outcomes for babies, toddlers, and preschoolers who enter their courts. Available 20OCT2009:

<http://www.abanet.org/child/baby-health/healthybeginnings.html>

6. Help Me Grow Roundtable: Promoting Development through Child Health Services Supplement to the Journal of Developmental and Behavioral Pediatrics – The Commonwealth Fund
<http://www.commonwealthfund.org/Content/Publications/In-the-Literature/2006/Jul/Help-Me-Grow-Roundtable-Promoting-Development-through-Child-Health-Services-Supplement-to-the-Journ.aspx>
7. How to Develop a Statewide System to Link Families with Community Resources: A Manual Based on Connecticut's "Help Me Grow" Initiative <http://www.commonwealthfund.org/Content/Newsletters/The-Commonwealth-Fund-Digest/2006/Sep/September-October-2006/Innovations/Linking-Families-Statewide-with-Community-Resources--A-Manual-Based-on-Connecticuts--Help-Me-Grow--e.aspx>

System Component:

Public awareness program including the preparation and dissemination of information to be given to parents, and disseminating such information to parents.

5 year goal:

South Carolina's BabyNet system will include an effective, ongoing and continuous public awareness program component that meets the requirements of IDEA Part C regulations (Sec. 303.320(a-c)).

Short term goals:

1. Utilize research evidence to guide the development of public awareness efforts.
2. BabyNet Policy and Procedure Manual shall include written policy regarding how the public awareness program will inform the public about the state's early intervention program; the purpose and scope of the system; how to make referrals; and how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and the central directory.
3. The BabyNet lead agency will establish and state in policy how the public awareness program will be planned, monitored, and implemented so that program efforts are driven by data reflecting need for services and not by fulfillment of targets or lack of staff.
4. The BabyNet lead agency will resume responsibility for preparation and dissemination to all primary referral sources of materials for parents on the availability of early intervention services.
5. The BabyNet public awareness program will include focused efforts to reach rural and homeless families, families with infants under age one, Hispanic, Native American, persons with disabilities, and other minority populations.
6. In a timely manner, undertake to ensure that all BabyNet collaborating state agencies and partners at local, state and national levels have updated the information they provide to the public to reflect the change in lead agency and current contact information for BabyNet.

Improvement Activities:

1. Pool resources and increase capacity by establishing, and/or strengthening partnerships with public and private agencies that can assist with dissemination of information to the public.
2. Provide training and material support to primary referral sources including physicians, NICU staff, community health centers, parent support groups, child care training programs, child care educators, other early childhood programs, foster parents, programs for the homeless, child welfare workers.
3. Utilize a consistent message in variety of print and electronic media such as public service announcements on radio and television, newspaper articles, videos in multiple languages.
4. Begin to identify information and resources necessary to tailor public awareness activities to meet the needs of underserved populations such as language and ethnic minorities including Hispanic, American Indian, rural residents, families of children under age one, persons with disabilities, and homeless families.
5. Utilize translation and interpreter services in the development and implementation of the public awareness program.

Justification of the recommendations:

1. Team B has heard testimony from personnel in the field that public awareness activities have been suspended due to shortages of staff and other resources and/or fulfillment of OSEP targets.

2. The current BabyNet Policy and Procedure Manual provides insufficient guidance regarding public awareness program. It does not state program goals, establish responsibility for implementing and monitoring the program, or identify specific partners who play key roles in the program. (BabyNet Policy and Procedure Manual Section III (B) (1-3) pages 10-12).
3. Research on public awareness in early intervention suggests that outreach to primary referral sources and collaborations with primary referral sources are the practices that are likely to be effective. (Public Awareness and Child Find Activities in Part C Programs © 2007 by Dunst, C. J. & Clow, P. W.)
4. Family Connection, TECS, the ABS Special Needs Program and the Pride pilot program have taken initiative as participating partners in BabyNet public awareness efforts by providing information and training to primary referral sources, and are interested in expanding their roles. Team B has identified many other partners that should be formally involved. These include, but are not limited to: Head Start and Early Head Start, Department of Education, the South Carolina State Coordinator for the Homeless, the Department of Mental Health, the Center for Child Care Career Development, medical training programs, child welfare personnel, foster parents, United Way, guardians ad litem, programs for teenage parents and for parents of premature infants, community-based programs for the homeless, the Help Me Grow pilot project, and faith communities.

System Component:

Central directory of services, resources, and research and demonstration projects.

5 year goal:

South Carolina’s BabyNet system will include a Central Directory of Information component that is

- in full compliance with IDEA Part C regulations (Sec. 303.301(a-d)),
- incorporates an online database, is part of a 2-1-1 system, and
- is staffed by a trained and qualified information and referral practitioner.

Short term goals:

1. BabyNet Policy and Procedure Manual will include specific information identifying the Central Directory; describing how it is accessed, staffed and maintained; setting standards for information included in the directory; and explaining how information and materials are to be disseminated to the public.
2. Use the Family Connection database of resources for families as the basis for the BabyNet Central Directory of Information.

Improvement Activities:

Participate in the South Carolina Help Me Grow replication project to begin development of a long range plan to shift inquiries for Part C and other developmental entities to a 2-1-1 Developmental Info Line. (See the *Help Me Grow* references in Child Find Recommendations section.)

1. Develop and publish written policies and procedures for establishment of a BabyNet Central Directory of Information.
2. Schedule and conduct cross-training of Family Connections staff and United Way 2-1-1 database specialists, so that the referral process is improved.
3. Post a web link for the BabyNet Central Directory on the 2-1-1 website and on the BabyNet website.
4. Include a web link for the 2-1-1 website on the BabyNet Central Directory website and on the BabyNet website.
5. Investigate requirements and procedures for Alliance of Information and Referral Systems (AIRS) credentialing of the BabyNet Central Directory and information and referral staff.

Justification of team recommendations:

1. Although CareLine (1-800-868-0404) has functioned both as a statewide toll free number for information about how to make referrals to BabyNet and as a primary referral source; CareLine was not designed to be a BabyNet central directory, is not designated in BabyNet policy as the Central Directory, and does not meet the most Part C regulations regarding the Central Directory component. <http://www.nectac.org/idea/303regs.asp?text=1#SubD>
2. Although many agencies throughout the state maintain web pages with links to resources that may be of interest to families of young children with disabilities, none of these is fully compliant with the IDEA regulatory requirements for a Central Directory of Information component for the state’s Part C system. Family Connection

has a web page that provides an extensive list of resources for parents of children with disabilities and includes a link to the United Way 2-1-1 system. <http://www.familyconnectionsc.org/resources/>

3. Although United Way affiliated 2-1-1 systems operate in South Carolina, 2-1-1 service not available in every county, and existing systems are not tied specifically to early intervention informational resources. <http://www.211.org/>
4. Alliance of Information and Referral Systems (AIRS) is a credentialing authority operating an Accreditation Program that measures an organization's ability to meet the AIRS Standards, and a Certification Program that evaluates the competence of Information and Referral practitioners. In partnership with the United Way, AIRS has been a leader in the development of the 2-1-1 movement for access to human services. Currently, the United Way of the Midlands 2-1-1 system is accredited by AIRS. <http://www.airs.org/i4a/pages/index.cfm?pageid=1>
5. Team B examined evidence that policies in some other Part C systems include specific information about the Central Directory of Information. A good example is Virginia's policy. <http://www.infantva.org/documents/ovw-PGuideCentralDirectory.pdf> .
6. Team B examined best practice examples of Central Directories for Part C in other states where information was available in various formats, including web-based information, 2-1-1 systems, and multi-lingual resource personnel. An outstanding example is the Central Directory of Connecticut Birth to Three Program <http://www.birth23.org/Resources/default.asp>
7. Collaboration among agencies in South Carolina would capitalize on existing resources and result in a more efficient and cost effective system for providing information and referral to families.

Report of Technical Team C

System Components:

- Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources.
- Policies and procedures to ensure that personnel are appropriately and adequately prepared and trained.

5 year goal:

The state early intervention system shall have in place policy and procedures to support a comprehensive system of personnel development that is: of sufficient scope to address the inservice needs of all Part C service providers in South Carolina; flexible; articulated with existing systems of inservice training and supports as well as with programs of study and coursework at 2-year, 4-year, and graduate institutions of higher education; and interactive with and responsive to personnel training needs, state technical assistance system, and general supervision data.

Short term Goals:

1. Re-instate ICC Personnel Committee for ongoing advisement, and input for long-planning.
2. Revise current policy.
3. Increase accountability of BabyNet System Personnel for meeting CSPD requirements.
4. Develop and implement a state model of training and technical assistance for systemic personnel supports.
5. Explore articulation with pre-service systems (2-year, 4-year, and graduate institutions) and initiatives (e.g., Head Start requirements) relative to infant-toddler course content, certificates and degree programs specific to the services of special instruction, service coordination, and applied behavioral analysis paraprofessionals; long-term, across all related disciplines.

Improvement Activities:

1. Continue with online CSPD curriculum more long-term goals can be determined and developed.
2. Expand existing CSPD curriculum to a clock hour equivalent of 135 hours, and move to a web-based format. Consider use of ARRA stimulus funds to accomplish the format transition.
3. Increase collaboration and coordination with existing in-service systems and initiatives.

Justification of team recommendations:

Team C reviewed the relevant federal requirements, existing South Carolina C Part C competencies, qualifications, credentialing process, target audiences, and online curriculum and user's guide currently in use. Additionally, parallel systems of inservice personnel development, training, and technical assistance were discussed, including those in use by the Center for Child Care Career Development; TEACH Scholarships, First Steps County Partnerships, the Department of Social Services, and the State Department of Education Offices of Early Childhood Education and Exceptional Children.

The following documents were available to and referenced by Team C participants throughout the three meetings:

1. [Principles LooksLike DoesntLookLike3 11 08.pdf](#) (Adobe Portable Document Format - 96k) OSEP TA Community of Practice- Part C Settings
2. [Finalmissionandprinciples3 11 08.pdf](#) (Adobe Portable Document Format - 45k) OSEP TA Community of Practice- Part C Settings
3. [AgreedUponPractices FinalDraft2 01 08.pdf](#) (Adobe Portable Document Format - 1,250k) OSEP TA Community of Practice- Part C Settings
4. [tamodel.pdf](#) (Adobe Portable Document Format - 789k) NECTAC Model for Provision of Systemic Technical Assistance 2009
5. [topics_thinkingpoints.pdf](#) (Adobe Portable Document Format - 830k) NECTAC Considerations in Provision of Technical Assistance, 2009
6. [Dunst et al \(2009\) synthesis of adult learning methods and strategies.pdf](#) (Adobe Portable Document Format - 489k)
7. [Dunst \(2009\) ebp professional development for EI.pdf](#) (Adobe Portable Document Format - 1,051k) Evidence-Based Practices for Professional Development in Early Intervention
8. [Dunst Trivette \(2009\) PALS.pdf](#) (Adobe Portable Document Format - 1,577k) PALS: Participatory Adult Learning Strategy Model

9. Electronic Code of Federal Regulations.pdf (Adobe Portable Document Format - 244k) IDEA Part C Federal Regulations

Report of Technical Team D

System Component:

General Supervision System: State Performance Plan Indicator 1 (timely delivery of services in natural environments).

5 year goal:

The state shall have a system of general supervision for its services under IDEA/Part C, established through a single line of authority in a lead agency (designated or established by the governor) for carrying out:

- a) General administration and supervision;
- b) Identification and coordination of available resources;
- c) Assignment of financial responsibility to the appropriate agencies;
- d) Development of procedures to ensure that services are provided in a timely manner, pending resolution of any disputes, including resolution of intra- and interagency disputes;
- e) Policy pertaining to contracting or otherwise arranging for services, including procedure for securing timely reimbursement of funds;
- f) Procedural safeguards for families and children enrolled in the early intervention system; and
- g) A system for compiling accurate and valid data on the early intervention program.

Short term Goals:

To ensure a system that ensures timely access to all needed services for eligible families and children in all geographic areas.

Improvement Activities:

Indicator 1: Timely Delivery of Services

1. Increase specificity in policy and provider contracts in an effort to standardize assessment and service delivery methodology.
2. Link contractual obligations to providers' payments.
3. Explore the possibility of directly employing certain service providers within Lead Agency to increase accountability for contractual requirements and timely access.
4. Explore the cost savings associated with the use of licensed paraprofessionals as appropriate, particularly in geographic areas of provider shortage.
5. Explore centralized billing and payments system (e.g., as used in Colorado and/or Indiana).
6. Clarify and enforce policy and contractual obligations regarding providers' acceptance of all forms of payment (private insurance, public insurance [fee-for-service, Managed Care Organization, or Medical Home Network, and BabyNet Service Funds]).
7. Examine state definition of 'timely' delivery of services relative to other states, as the state has the right to set the timeframe.

Justification of team recommendations:

For all indicators, Team D examined the current State Performance Plan, FFY 2007 Annual Performance Report, FFY 2007-2009 Grant Award Letters, and reviewed the document entitled, "Developing and Implementing an Effective System of General Supervision," accessed at:

<http://www.accountabilitydata.org/BIG%208%20PART%20C/Part%20C%20generalsupervisionword4-07.pdf>

Justifications from review of state data include the following for Indicator 1: APR data indicates failure to reach compliance targets for this indicator for three of the last four years.

System Component:

General Supervision System: State Performance Plan Indicator 7 (45-day process and activities from referral to development of initial IFSP).

Short term Goals:

To have all children's eligibility determined, assessment of unique needs completed, completion of assessment of family's resources, priorities, and concerns, and development of initial IFSP finalized within 45 days of referral to the state early intervention system.

Improvement Activities:

1. Separate child find activities (screening) from orientation and intake process; i.e., a referral is a referral for eligibility evaluation, vs. a child find activity.
2. Explore legality of having 45-day process begin when family signs consent (TA request from MSRRRC/NECTAC), and whether this would make it more difficult for families to access services in a timely manner.
3. Set time limit on how long staff have to complete a screening once information is received.
4. Explore separation of intake service coordination from eligibility evaluation functions, and/or intake service coordination from ongoing service coordination; short of system redesign, additional staff will be needed.
5. Consider use of dedicated eligibility determination teams.
6. Complete analysis of staffing data (numbers needed; qualifications and pay scale of existing intake staff).
7. Review definition of 'timely' delivery of services relative to other states, as the state has the right to set the timeframe.

Justification of team recommendations:

For all indicators, Team D examined the current State Performance Plan, FFY 2007 Annual Performance Report, FFY 2007-2009 Grant Award Letters, and reviewed the document entitled, "Developing and Implementing an Effective System of General Supervision," accessed at:

<http://www.accountabilitydata.org/BIG%208%20PART%20C/Part%20C%20generalsupervisionword4-07.pdf>

Justifications from review of state data include the following for Indicator 7: While FFY 2008 data indicate 95% compliance with this indicator, recent changes in state funding and loss of positions will likely result in a lower rate of compliance in FFY 2009.

System Component:

General Supervision System: State Performance Plan Indicator 9 (System of General Supervision).

Short term Goals:

To ensure a system of general supervision exists that addresses all levels of service coordination and delivery, and ensures correction within one year of identification of non-compliance.

Improvement Activities:

1. Examine existing system of monitoring, and as needed, develop and support additional mechanisms for overall increased monitoring, to include appropriate use of evidence-based practices in delivery of all services.
2. Define and monitor levels of accountability in system of general supervision across all levels (State ICC, Lead Agency, Partnering Agencies, service coordinators, service providers; and, as relates to funding sources, licensure requirements, and professional associations standards).
3. Eliminate opportunities for conflict of interest and/or potential overbilling (for example, set policy such that ongoing service providers do not serve on initial eligibility determination teams, or that at annual determination of Part C eligibility, there is a review of ongoing providers' re-evaluations by an independent source).
4. Set policy so that there is a clear distinction Part C eligibility, and benefits related to receipt of services; services must be necessary in order that the family can support the child's attainment of the IFSP goals.
5. Examine and validate all available data sources that may be used for the purposes of identification and correction of non-compliance, making annual local determinations, and reporting annual state determinations.
6. Streamline the multiple existing systems through integration, coordination, and communicate findings of (intra-agency) monitoring systems.
7. Clarify relationship between HHS monitoring of Medicaid-funded services and lead agency monitoring of the provision of those service in accordance with IDEA/Part C.

8. Identify and examine all sources of system funding, regarding regulations addressing non-supplantation of funds and maintenance of effort.

Justification of team recommendations:

For all indicators, Team D examined the current State Performance Plan, FFY 2007 Annual Performance Report, FFY 2007-2009 Grant Award Letters, and reviewed the document entitled, “Developing and Implementing an Effective System of General Supervision,” accessed at:

<http://www.accountabilitydata.org/BIG%208%20PART%20C/Part%20C%20generalsupervisionword4-07.pdf>

Justifications from review of state data include the following for Indicator 9: While components of a general supervision system exist and are effective, South Carolina has received multiple citations of non-compliance with federal statute and regulations for this indicator.

System Component:

General Supervision System: State Performance Plan Indicator 14 (Valid and Reliable Data).

Short term Goals:

To ensure statewide access to and ongoing use of a valid, accurate, and reliable data system for purposes of measurement of performance and results, identification of non-compliance with IDEA/Part C statute and regulations, correction of non-compliance, and federal/state reporting.

Improvement Activities:

1. Explore options for a flexible web-based data system that includes on-demand queries and online system of billing and payments.
2. Ensure that data used for in meeting public reporting requirements for §§ 616, 618, and local determinations are valid and reliable.
3. Determine if current data platform is sufficient for all required and necessary reporting for ongoing monitoring.
4. Use federally-agreed upon data definitions in design of queries and reports.
5. Supervision of service coordination responsibilities for data reporting.
6. Use portion of remaining ARRA stimulus monies to fund revision of existing data system or purchase software to upgrade and replace existing system.

Justification of team recommendations:

For all indicators, Team D examined the current State Performance Plan ,FFY 2007 Annual Performance Report, FFY 2007-2009 Grant Award Letters, and reviewed the document entitled, “Developing and Implementing an Effective System of General Supervision,” accessed at:

<http://www.accountabilitydata.org/BIG%208%20PART%20C/Part%20C%20generalsupervisionword4-07.pdf>

Justifications from review of state data include the following for Indicator 14: While components of a valid and accurate data system exist, South Carolina has received multiple citations of non-compliance with federal statute and regulations for this indicator.

Report of Technical Team E

System Component:

Individualized Family Service Plan and service coordination.

5 year goals:

1. To preserve those components of the current service delivery process which are effective and compliant.
2. To implement a service delivery model that includes all appropriate service providers at the initial development of the IFSP (during the 45 day process).
3. To increase the system's overall capacity and resources to provide appropriate services to children and families.

Short term Goals:

To continue the work of technical team E in identifying current capacity and barriers to implementing an alternative 45 day process within the next 6 months.

Improvement Activities:

To meet at least monthly to develop a strategic plan for piloting an alternative service delivery model/ components.

Justification of team recommendations:

To ensure best practice in service delivery and full inclusion of all service providers in an effort to meet the compliance indicators (#1, #3 and #4) and address non-compliance related to service delivery.

References:

1. Primary Coach Approach, based on NECTAC documents, 2004,
<http://www.nectac.org/~calls/2004/partcsettings/rush.asp>, &
<http://www.nectac.org/~calls/2004/partcsettings/hanft.asp>
2. Rapport, M.J., et al. (2004). Practices across disciplines in early intervention, *Inf. & Yng Child.*, 17:1
3. P. Campbell et al. (2002). Between Research & Practice: Provider perspectives on ei, *TECSE*, 22:4.

System Components:

1. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers.
2. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment.

5 year goals:

1. To improve access to Part C services for eligible children in all geographic regions of the state to include the homeless, children on Indian Reservations and CAPTA children.
2. To provide and maintain flexible training options for all Part C providers related to Part C requirements, state policy and best practices.

Short term Goals:

1. To continue the work of technical team E in identifying current capacity and barriers to implementing an alternative service delivery model within the next 6 months.
2. To explore the option of having employees of the Lead Agency where there is limited or no access to services.
3. To explore the use of SLP/OT/PT assistants for improved access to Part C services where limited or not available.
4. To explore the option of providing incentives to service providers to provide services in limited or no access areas.
5. To continue the current online training system (TECSBOOK).
6. To add consistent, specific training requirements to contractual and system agency personnel that are ongoing throughout the contractual period within the next 6 months.

Improvement Activities:

1. To review and revise provider contracts for increased specificity and accountability.
2. To revise the family guide to the BabyNet system and how the information is delivered with clear expectations regarding parent participation.

Justification of team recommendations:

To ensure equal rights and protection under the law for Part C services eligible families and their children.

References:

1. D. Rush and M. Sheldon (coaching and PSP) <http://www.nectac.org/~calls/2004/partcsettings/rush.asp>
2. Mary Beth Bruder (introductory to primary service provider - PSP - and activity-based/situated learning approach) <http://www.nectac.org/~calls/2004/partcsettings/bruder.asp>
3. Juliann Woods (consultation strategies) <http://www.nectac.org/~calls/2004/partcsettings/woods.asp>
4. Robin McWilliam (PSP) <http://www.nectac.org/~calls/2004/partcsettings/mcwilliam.asp>

System Component:

Policies and procedures and accountability mechanisms to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment.

5 year goal:

1. To preserve current components of accountability which exist within the system (agency contracts).
2. To develop and implement accountability mechanisms and training for the remaining 14 Part C services.
3. To develop and implement a mentoring peer review component in the Part C accountability process.
4. To explore alternatives to the current data system including networking the four databases currently in use.

Short term Goals:

1. To review the current working draft of the general supervision plan for sufficiency in supervision of state Part C providers within the next 6 months.
2. To develop a new MOA with partnering agency within the next 12 months.
3. To establish a lead accountability department in addition to a provider relation person and monitoring coordinator within the next 6 months.
4. To use stimulus funds to purchase a new data system within next 6 months

Improvement Activities:

1. To include contracted providers in the state with a general supervision plan.
2. To enforce current contract requirements.
3. To review the already reviewed data base systems and select one for use.

Justification of team recommendations:

1. To defer to the lead agency for discussion concerning establishing accountability department.
2. To reach accountability with APR #9 and #14.

References:

1. Robin McWilliam (PSP) <http://www.nectac.org/~calls/2004/partcsettings/mcwilliam.asp>
2. P. Campbell et al. (2002). Between Research & Practice: Provider perspectives on EI, TECSE, 22:4.
3. 2008 session from the OSEP National Early Childhood Conference, by Pletcher et al., containing overview of service delivery models based on literature review
<http://attachments.wetpaintserv.us/uIb%24%24mh0feiuSEjZBddLFg%3D%3D665219>
4. SC Board of Speech/Language Pathology and Audiology. (reviews law including information related to speech-language pathology assistants in SC)
 - a. Practice Act: <http://www.scstatehouse.gov/code/t40c067.htm> - (Note Sections 40-67-20; 40-67-30; and 40-67-220(D), (E)(1) and (2))

- b. Regulations: <http://www.scstatehouse.gov/coderegs/c115.htm>
 - c. Additional information: FAQ - <http://www.llr.state.sc.us/pol/speech/index.asp?file=faq.htm>
- 5. South Carolina Board of Occupational Therapy. (reviews law including information related to occupational therapy assistants in SC)
 - a. Practice Act/Regulations: <http://www.scstatehouse.gov/code/t40c036.htm> - (Note Section 40-36-300)
 - b. Additional information: FAQ - <http://www.llr.state.sc.us/POL/OccupationalTherapy/index.asp?file=faq.htm>
- 6. South Carolina Board of Physical Therapy Examiners. (reviews law including information related to physical therapy assistants in SC)
 - a. Practice Act/Regulations: <http://www.scstatehouse.gov/code/t40c045.htm> (Note Sections 40-45-20(5); 40-45-300; 40-45-320)
 - b. Additional information: FAQ - <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=faq.htm>
- 7. SC Medicaid Provider Manual for Private Rehabilitation Services: <http://www.dhhs.state.sc.us/internet/pdf/manuals/PrivateRehabAudiological/SECTION%202.pdf>

System Component:

Appropriate early intervention [transition] services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers.

5 year goal:

- 1. To preserve current components of transition that exist within the system (agency contracts).
- 2. To develop and implement ongoing training specific to transitions within Part C.
- 3. To develop and implement ongoing training specific to teaming as related to transition with Part C.

Short term Goals:

To develop more extensive guidelines on service coordinators' and service providers' responsibilities related to transitioning to reduced service frequencies within next 6 months.

Improvement Activities:

To review current guidelines on transitioning and explore the feasibility of adding additional guidelines.

Justification of team recommendations:

To reach compliance regarding transition (State Performance Plan Indicator #8c).

References:

Excerpts from Part C <http://attachments.wetpaintserv.us/sUNOGMaZK%24IxzH0xZUZ%24Vw%3D%3D81971>

Report of Technical Team F

System Component:

State Inter-Agency Coordinating Council.

Five-year goal:

South Carolina shall have a functioning State Interagency Coordinating Council that meets federal requirements for membership, assigned activities, and public participation through regularly scheduled and announced meetings, and public posting of minutes.

Short term goals:

1. Engage in transparent monitoring of and reporting by lead agency regarding:
 - a. State Performance Plan Compliance and Performance Indicators,
 - b. Related statutory and regulatory requirements, and
 - c. Status of non-compliance and complaint resolution.
2. Support Lead Agency and partners in incorporation of national practice trends as relates to child find, the 45-day activities, service delivery, child and family outcomes, and transition.

Improvement Activities:

1. Identify ICC roles, responsibilities, and activities through use of strategic planning process.
2. Secure administrative supports for implementation of activities of the ICC.

Justification of team recommendations:

Team F examined the documents and resources listed below. In addition, a one-day meeting was held (facilitated by staff of the MidSouth Regional Resource Center, and the National Early Childhood Technical Assistance Center) during which the following objectives were addressed:

1. Gain knowledge of current federal statute and regulations regarding state interagency coordinating councils' required membership and activities.
2. Identify potential roles, structure, and boundaries of a state ICC in its relationship with the Lead Agency.
3. Identify qualities of effective ICCs.
4. Gain knowledge of ICC responsibilities specific to development of and accountability for the State Performance Plan and Annual Performance Reports.

<http://www.nectac.org/~pdfs/pubs/nnotes17.pdf>

<http://www.state.nj.us/health/fhs/eis/committee.shtml>

<http://health.state.ga.us/programs/bcw/icc.asp>

http://www.hdi.uky.edu/Libraries/NECTC_Papers_and_Reports/Technical_Report_4.sflb.ashx

<http://dese.mo.gov/divspeced/FirstSteps/SICCPage.html>

<http://www.pattan.net/partners/VisionStatement.aspx>

<http://www.wrightslaw.com/info/ei.index.htm>

Team B: Addendum

Comments Submitted following approval of the final draft:

Public Awareness

1. Part of the problem with so many public awareness campaigns are that they are written for the majority culture, and then translated into another language, but they're not effective because the message doesn't come across effectively, even if it's in their language. I would suggest rather than just translating the messages, that you contract with a community-based agency to develop the messages in conjunction with their population. They could use focus groups and pilot test the materials so that the language AND the message is clear and appropriate.
2. Under "Justification of the Recommendations" when you name groups with which to partner, I'd suggest adding PASOs and/or other programs that work with Hispanic mothers in particular, so that there is some agency that already has gained the trust of the Hispanic population and knows how to reach these families in a culturally-appropriate way. Another partner might be the Adult Education programs in many school districts, which often offer ESL programs for Hispanic parents.
3. Short Term Goal #5: The BabyNet public awareness program will include focused efforts to reach rural and homeless families, families with infants under age one, Hispanic, Native American, persons with disabilities, and other minority populations; *and will be sensitive to the diverse ethnic and cultural perspectives of each group.*
4. Improvement Activities #5: Utilize translation and interpreter services in the development and implementation of the public awareness program. *Also consult with other agencies that have knowledge of targeted groups to ensure that the public awareness program is conducted in culturally-appropriate ways.*

Central Directory

1. The PASOs Program, in conjunction with Palmetto Health and the March of Dimes, produced a bilingual resource navigation guide, which takes parents through a more detailed description of local resources. It is bilingual and the page numbers correlate so that English-speaking providers can refer to the page number for a Spanish-speaking client and point to the information in Spanish. It's tailored to the culture and includes specific issues for undocumented parents as well, because their concerns are rarely addressed in other resource guides. I would be glad to provide a copy of this guide (which needs to be reviewed and reprinted) for you to look at if you'd like. How will the Central Directory work for non-English speakers?
2. Does the 211 line have Spanish speakers in all areas?

Child Find

1. Interpreters and Translators are listed as key for finding children, but keep in mind that they are only supposed to interpret what providers say, not make recommendations on their own. If they are alone with the family at some point, they could suggest it, but could run the risk of displeasing the provider by giving out unwarranted information. You may want to include culture and language-specific outreach programs in your Child Find partners such as ethnic church outreach programs, outreach programs at clinics or DHEC offices, and programs like PASOs (at the risk of tooting our own horn again).
2. Another place that's "safe" and sees a wide range of subgroups are libraries—have you considered library staff?

Appendix A: Technical Team Participants

Team A:

Conveners: Ann Barton, Lynda Smith

Participants: Leanne Bailey, Beth Bunge, Jennifer Buster, Patti Ertzberger, Shannon Grant, Melody McLaughlin, Laura Long, Sue Snyder, Teri Todd, Sheila White

Facilitator: Stephanie Hicklin

Team B:

Conveners: James Ella Collins, Tim Ervolina, Jackie Richards

Participants: Helen Carroll, Mary Eaddy, Patty Ertzberger Margarita Franco, Shannon Grant, Sherry Larson, Laura Long, Lee McElveen, Debra McCoy, Jeri Ross-Hayes, Carol Scott, Julie Smithwick-Leone, Melissa Swann, Paige Wall, Karen Warren Beth Williams, Rosemary Wilson, Jane Witowski

Facilitator: Suzan Albright

Team C:

Conveners: Bill Brown, Vivian Correa

Participants: Krista Kustra, Derek Lewis, Millie McDonald, Rosemary Wilson.

Facilitator: Kristie Musick

Team D:

Conveners: Brenda Martin, Craig Stoxen, Dan Wuori

Participants: Leanne Bailey, Pat Boswell, Beth Bunge, Lenora Burke, Jennifer Buster, Mary Eaddy, Tonya Inabinet, Debra McCoy, Melody McGlaughlin, Elaine Reed, Teri Todd, Cheryl Waller, Sheila White, Beth Williams

Facilitators: Richard Ferrante

Team E:

Conveners: Jennifer Buster, Cindy Seagle, Danielle Varnedoe

Participants: Beth Bunge, Rep. Shannon Erickson, Richard Ferrante, Julie Horne, Susan Kaufman, Dawn Kearney, Melody McGlaughlin, Robin Morris, Beth Odom, Lisa Ryan, Lynda Smith, Teri Todd, Cheryl Waller, Karen Warren, Laura Yates

Facilitators: Lily Nalty, Lesly Wilson

Team F:

Conveners: Laurie Hafner, Danny Varat

Participants: Mary Lynn Diggs, Susan Floyd, Fred Washington, Beth Williams

Facilitators: Richard Ferrante, Sharon Ringwalt

Appendix B: BabyNet Transition to First Steps Systematic Process for Transition Teams

Guiding Questions:

- Review current peer-reviewed research and evidence-based practices in as relates to assigned Part C components
- Review current BabyNet policies and practices, and identify what works
- By October 31st: Report on recommended changes in model, practice, and/or policy, and immediate actions needed for improved efficiency and performance?

Shared Vision:

- Ensure a seamless, inclusive and largely “invisible” transfer
- Ensure continuity of service to all existing clients
- Preserve the state’s existing eligibility definitions under Part C
 - Seek efficiencies, insert safeguards and maximize service to children
 - Explore new service delivery models
 - Seek opportunities to further empower families and connect to existing community resources

Three-Tier Team Process

- Review of Best Practice
- Review of Current Practice
- Review of Suggested Practice

NOTE: *It is recommended that each step in the process be subdivided and synthesized among team members with overall team consolidation of findings that produce improvement activities for each component for your assigned team.*

Tier 1: Review of Best Practice

This tier of the process should involve a thorough review of current recommended and evidence based practice recommendations related to Early Intervention. The intent is to relate this evidence to your team assignments. This process should involve the following as related to your assigned team component:

- Review of Individuals with Disabilities Education Act 2004, National Early Childhood Technical Assistance Center, and Early Childhood Outcomes Center <http://www.nectac.org/>
- Review of current transdisciplinary peer-review early intervention literature
- Review of profession state practice regulations for all transdisciplinary professionals
- Review of national professional association guidelines and requirements

Tier 2: Review of Current Practice

This tier of the process should involve a thorough review of our state’s BabyNet current policy, processes and outcomes. The intent is to relate these findings to your team assignments and assist with determining what working well in our current system. This process should involve the following as related to your assigned team component:

- Review BabyNet Website (including appendices), Policies, and Materials <http://www.scdhec.gov/health/mch/cshcn/programs/babynet/index.htm>
- Review current and past BabyNet APR/SPP and any OSEP feedback regarding targets and state performance, and conditions of current and recent grant awards <http://www.ed.gov/policy/speced/guid/idea/monitor/index.html>

Tier 3: Review of Suggested Practice

This tier of the process should involve a thorough review of other state and national early intervention policy, processes and outcomes. The intent is to review other models and model components being used by other states (Connecticut...etc.; this may be states with similar eligibility criteria, or, states that ‘Meet Requirements’ under APR) or recommend by national consultants (e.g. NECTAC/ECO/OSEP). This process should involve the following as related to your assigned team component:

- Review websites such as National Early Childhood Technical Assistance Center (NECTAC) and Early Childhood Outcome Center (ECO) for related documents and resources for review.
- Review of other state early intervention processes, policies and outcomes.

During the systematic team process TECS Technical Assistance (TA) staff will facilitate and moderate this three-tiered process by providing a web-based area to help organize the process and findings; timelines for completing each tier of process; transdisciplinary related early intervention resources; and general technical assistance during the process.

Conveners will lead the team within the First Steps three-tier process with TECS TA consultation.

At the conclusion of the three-tiered process, it is expected that each team will provide recommendations that support the overall shared vision, to include the following:

1. **An overall long-term goal for your team components.** The intent is to develop a five year goal that specifies components related to your team assignment that you would like to see implemented. The goal should be measurable in order to _____
2. **Short-term goal(s) for your team for your team components.** The intent is to develop 6 to 24 month goals that address more immediate issues as well as steps toward overall team long-term goal. The goal should be measurable in order to _____
3. **Improvement Activities (Action Plan).** The intent is to identify steps and strategies necessary to achieve short and long term goals for your team assignment. These activities should include recommended timelines for implementation.
4. **Summary/Justification of team recommendations.** The intent is for the team to summarize their findings from the three tiered process and recommended goals and improvement activities. Teams should provide citations or resources supporting each identified goal and activity.

As appropriate, these recommendations and priorities will form the basis of revisions to: 1) the South Carolina Part C Interagency Memorandum of Agreement, 2) the BabyNet Policy and Procedure Manual, 3) provider contracts, 4) system forms, and 5) the Comprehensive System of Personnel Development.

Appendix C: System Components and State Performance Plan Indicators

| <p align="center">Minimum Components of a Statewide Early Intervention System</p> | <p align="center">State Performance Plan and Annual Performance Report Indicators</p> |
|--|---|
| <ol style="list-style-type: none"> 1. State definition of developmental delay 2. Central directory 3. Public awareness program. 4. Comprehensive child find system. 5. Evaluation, assessment, and non-discriminatory procedures. 6. Individualized family service plans. 7. Comprehensive system of personnel development (CSPD). 8. Personnel standards. 9. Procedural safeguards. 10. Supervision and monitoring of programs. 11. Lead agency procedures for resolving complaints. 12. Policies and procedures related to financial matters. 13. Interagency agreements; resolution of individual disputes. 14. Policy for contracting or otherwise arranging for services. 15. Data collection. | <p align="center">Compliance Indicators Targets = 100%</p> <p>C1 – Timely Service Delivery C7 – Timeliness of IFSP C8 – Early Childhood Transition (A, B, C) C9 – Part C Monitoring System C10 – Administrative Complaints C11 – Due Process Hearings C14 – Data Accuracy</p> |
| | <p align="center">Results (Performance) Indicators Targets set by state</p> <p>C2 – Settings C3 – Child Outcomes (A, B, C) C4 – Family Outcomes (A, B, C) C5 – Child Find, Ages Birth to 1 C6 – Child Find, Ages Birth to 3 C12 – Resolution Agreements C 13 – Mediations</p> |

Appendix D: Established Risk Conditions Accepted for Part C Eligibility in South Carolina

| | |
|--|--------------------------------------|
| 10p13 Deletion | Dandy Walker Malformation |
| 11q Deletion | DiGeorge Syndrome |
| 13q Syndrome | Down Syndrome (Trisomy 21) |
| 18q Deletion Syndrome | Duplication Short Arm Chromosome #20 |
| 49xxxxxy syndrome (Multiple x Chromosome Syndrome) | Encephalocele |
| 1p Minus Syndrome | Fazio-Londe disease |
| 4p Minus Syndrome | Fetal Alcohol Syndrome |
| 6p Minus Syndrome | Fragile X |
| 6q Minus Syndrome | Glaucoma w/Visual Impairment |
| 7q Minus Syndrome | Glutaric Acidemia Type 1 |
| 8p Minus Syndrome. | Grade IV Intraventricular Hemorrhage |
| Agenesis of the Corpus Callosum | Hearing Loss \geq 20 db |
| Albinism | Hemiparesis |
| Amniotic Band Syndrome | Herpes Encephalitis |
| Amyoplasia Congenita Disruptive Sequence | Holoprosencephaly |
| Anencephaly | Hydranencephaly |
| Angelman Syndrome | Hydrocephaly |
| Anophthalmia | Incontinentia Pigmenti Syndrome |
| Argininosuccinate lyase deficiency | Infantile Spasms |
| Argininosuccinic Aciduria | Isochrome 18p Syndrome |
| Arthrogyriposis | Jacobsen's Syndrome |
| Asphyxia | Joubert Syndrome |
| Athetoid Cerebral Palsy | Kabuki syndrome |
| Auditory Neuropathy | Karsch-Neugebauer Syndrome |
| Atresia of the External Auditory Canal | Klinefelter Syndrome |
| Autism Spectrum Disorder (ASD) | Krabbe Disease |
| Bilateral Micromelia | Larsen syndrome |
| Bilateral Optic Nerve Coloboma | Lebers's Congenital Amaurosis |
| Bilateral Retinal Detachment w/Blindness | Lennox-Gastaut Syndrome |
| Bilateral Visual Acuity \leq 20/70 corrected vision best eye | Lissencephaly Syndrome |
| Birthweight \leq 1200 grams or \leq 28 weeks gestational age (until age 2 years) | Lowe Syndrome (oculo-cerebro-renal) |
| Carpenter Syndrome | Marshal Smith Syndrome |
| Cataracts w/ Visual Impairment | Melnick-Frazier |
| Caudal Regression Syndrome | Methylmalonic Acidemia Microdactyly |
| Cerebral palsy (CP)/Static Encephalopathy | Microtia |
| Charge Association/Syndrome | Midas Syndrome |
| Citrullinemia | Miller-Dieker Syndrome |
| Cleft Hands Bilateral | Mobius sequence or Mobius Syndrome |
| Coffin- Lowry Syndrome | MPS (Mucopolysaccharidosis) |
| Cornelia de Lange | MSUD (Maple Syrup Urine Disease) |
| Cortical Blindness | Myelodysplasia |
| Cri du Chat | Myotonic Dystrophy |
| Cystinosis | Myotubular Myopathy |
| | Non-Ketotic Hyperglycemia |
| | Neural Tube Defects |
| | Opitz Syndrome |

Optic Nerve Atrophy
Ornithine-Carbonyl-Transferase Deficiency
Osteogenesis Imperfecta
Pachygyria
Pallister-Killian syndrome
Pathologic Head Growth
Perinatal Asphyxia, severe
Pervasive Developmental Disorder (ASD)
Phocomelia
PKU
Pompe Disease
Prader-Willi syndrome
Propionic A acidemia
R.O.P. stage 4 & 5 Retrolental Fibroplasia
Retinitis Pigmentosa
Retinoblastoma
Rhizomelic Chondrodysplasia Punctata
Ring chromosome 9
Ring chromosome 13
Schizencephaly
Seckel Syndrome
Seizures w/ Congenital Brain Malformation
Septo-Optic Dysplasia
Severe Attachment Disorder (ASD)
Shaken Baby Syndrome
Smith-Magenis Syndrome
Spastic Diplegia

Spastic Hemiplegia
Spastic Quadriplegia
Spina Bifida
Spinal Cord Injury
Spinal Muscular Atrophy
Stickler Syndrome
Syringohydromyelia
Tar syndrome
Tay- Sachs Disease
Tetrasomy 12p
Trisomy 1
Trisomy 5p
Trisomy 10
Trisomy 13
Trisomy 18
Trisomy 4
Trisomy 8 Mosaicism Syndrome
Trisomy 9
Tuberous Sclerosis
Turner's Syndrome
Vater Syndrome, with Limb Anomalies
Velo-Cardio-Facial Syndrome
Waardenberg Syndrome
Werdnig-Hoffman
William's Syndrome
Wolf-Hirschhorn Syndrome
Zellweger Spectrum Syndrome

Appendix E: Statute and Regulations Referenced in Technical Team Work

Team A: Referenced IDEA regulatory requirements for rigorous definition of developmental delay:

§ 303.16 Infants and toddlers with disabilities.

(a) As used in this part, *infants and toddlers with disabilities* means individuals from birth through age two who need early intervention services because they—

(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- (i) Cognitive development.
- (ii) Physical development, including vision and hearing.
- (iii) Communication development.
- (iv) Social or emotional development.
- (v) Adaptive development; or

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

(Authority: 20 U.S.C. 1432(5))

NOTE 1: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay," as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

NOTE 2: With respect to paragraph (b) of this section, children who are at risk may be eligible under this part if a State elects to extend services to that population, even though they have not been identified as disabled. Under this provision, States have the authority to define who would be "at risk of having substantial developmental delays if early intervention services are not provided." In defining the "at risk" population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers "at risk" for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect. It should be noted that "at risk" factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

Team A: Referenced IDEA regulatory requirements for state eligibility criteria and procedures:

§ 303.300 State eligibility criteria and procedures.

Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with § 303.16, that will be used by the State in carrying out programs under this part.

(a) The State shall define *developmental delay* by—

(1) Describing, for each of the areas listed in § 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).

(c) If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1432(5), 1435(a)(1))

NOTE: Under this section and § 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child's eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area. If a given standardized procedure is considered to be appropriate, a State's criteria could include percentiles or percentages of levels of functioning on standardized measures.

Team A: Referenced IDEA regulatory requirements for evaluation and assessment:

§ 303.322 Evaluation and assessment.

(a) *General.*

(1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.

(2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) *Definitions of evaluation and assessment.* As used in this part—

(1) *Evaluation* means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in § 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) *Assessment* means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) *Evaluation and assessment of the child.* The evaluation and assessment of each child must—

(1) Be conducted by personnel trained to utilize appropriate methods and procedures;

(2) Be based on informed clinical opinion; and

(3) Include the following:

(i) A review of pertinent records related to the child's current health status and medical history.

(ii) An evaluation of the child's level of functioning in each of the following developmental areas:

(A) Cognitive development.

(B) Physical development, including vision and hearing.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

(d) *Family assessment.*

(1) Family assessments under this part must be family-directed and designed to determine 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 the child.

(2) Any assessment that is conducted must be voluntary on the part of the family.

(3) If an assessment of the family is carried out, the assessment must—

(i) Be conducted by personnel trained to utilize appropriate methods and procedures;

(ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) *Timelines.*

(1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45- day time period required in § 303.321(e).

(2) The lead agency shall develop procedures to ensure that 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), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with § 303.345 (b)(1) and (b)(2).

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (a)(2), (d)(1), and (d)(2))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.323 Nondiscriminatory procedures.

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that—

(a) 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;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

(c) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and

(d) Evaluations and assessments are conducted by qualified personnel.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (d)(2), and (d)(3))

Team A: Referenced IDEA regulatory requirements for service coordination:

§303.23 Service coordination (case management).

(a) General.

(1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the 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.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for--

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves--

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities. Service coordination activities include--

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) Employment and assignment of service coordinators. (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs

(a) and (b) of this section.

(d) Qualifications of service coordinators. Service coordinators must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about--

(1) Infants and toddlers who are eligible under this part;

(2) Part C of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

(Authority: 20 U.S.C. 1432(4))

Note 1: If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.

Note 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991).

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

Team A: Referenced IDEA regulatory requirements for Individualized Family Service Plans (IFSP):

§ 303.167 Individualized family service plans.

Each application must include—

- (a) An assurance that a current IFSP is in effect and implemented for each eligible child and the child's family;
- (b) Information demonstrating that—
 - (1) The State's procedures for developing, reviewing, and evaluating IFSPs are consistent with the requirements in §§ 303.340, 303.342, 303.343 and 303.345; and
 - (2) The content of IFSPs used in the State is consistent with the requirements in § 303.344; and
- (c) Policies and procedures to ensure that—
 - (1) To the maximum extent appropriate, early intervention services are provided in natural environments; and
 - (2) 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.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(4), 1436(d))
[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.340 General.

(a) Each system must include policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements of this section and §§ 303.341 through 303.346.

(b) As used in this part, *individualized family service plan* and *IFSP* mean a written plan for providing early intervention services to a child eligible under this part and the child's family.

The plan must—

- (1) Be developed in accordance with §§ 303.342 and 303.343;
- (2) Be based on the evaluation and assessment described in § 303.322; and
- (3) Include the matters specified in § 303.344.

(c) *Lead agency responsibility.* The lead agency shall ensure that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of this part. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436)

NOTE: In instances where an eligible child must have both an IFSP and an individualized service plan under another Federal program, it may be possible to develop a single consolidated document, provided that it (1) contains all of the required information in § 303.344, and (2) is developed in accordance with the requirements of this part.

§ 303.342 Procedures for IFSP development, review, and evaluation.

(a) *Meeting to develop initial IFSP—timelines.* For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in § 303.321(e).

(b) *Periodic review.* (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—

- (i) The degree to which progress toward achieving the outcomes is being made; and
 - (ii) Whether modification or revision of the outcomes or services 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.

(c) *Annual meeting to evaluate the IFSP.* A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under § 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

(d) *Accessibility and convenience of meetings.* (1) IFSP meetings must be conducted—

- (i) In settings and at times that are convenient to families; and
 - (ii) 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.
- (2) Meeting arrangements must be 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 to which parental consent is obtained must be provided.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436)

NOTE: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise. Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

§ 303.343 Participants in IFSP meetings and periodic reviews.

(a) *Initial and annual IFSP meetings.*

(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

- (i) The parent or parents of the child.
- (ii) Other family members, as requested by the parent, if feasible to do so;
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.
- (iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.
- (v) A person or persons directly involved in conducting the evaluations and assessments in § 303.322.
- (vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including—

- (i) Participating in a telephone conference call;
- (ii) Having a knowledgeable authorized representative attend the meeting; or
- (iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436(b))

§ 303.344 Content of an IFSP.

(a) *Information about the child's status.*

- (1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.
- (2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.
- (b) *Family information.* With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.
- (c) *Outcomes.* The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine—
- (1) The degree to which progress toward achieving the outcomes is being made; and
 - (2) Whether modifications or revisions of the outcomes or services are necessary.
- (d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including—
- (i) The frequency, intensity, and method of delivering the services;
 - (ii) The natural environments, as described in § 303.12(b), and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;
 - (iii) The location of the services; and
 - (iv) The payment arrangements, if any.
- (2) As used in paragraph (d)(1)(i) of this section—
- (i) *Frequency* and *intensity* mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and
 - (ii) *Method* means how a service is provided.
- (3) As used in paragraph (d)(1)(iii) of this section, *location* means the actual place or places where a service will be provided.
- (e) *Other services.* (1) To the extent appropriate, the IFSP must include—
- (i) Medical and other services that the child needs, but that are not required under this part; and
 - (ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.
- (2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.
- (f) *Dates; duration of services.* The IFSP must include—
- (1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in § 303.342; and
 - (2) The anticipated duration of those services.
- (g) *Service coordinator.* (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
- (2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may—
- (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
 - (ii) Appoint a new service coordinator.
- (3) As used in paragraph (g)(1) of this section, the term *profession* includes "service coordination."
- (h) *Transition from Part C services.*
- (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with § 303.148, to—
 - (i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or
 - (ii) Other services that may be available, if appropriate.
 - (2) The steps required in paragraph (h)(1) of this section include—
 - (i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;
 - (ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and
 - (iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in § 303.322, and copies of IFSPs that have been developed and implemented in accordance with §§ 303.340 through 303.346.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436(d))

NOTE 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting—during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.

NOTE 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

NOTE 3: The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with § 303.12.

The "other services" in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical health services). Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, and when, where, and how it will be provided, and (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

NOTE 4: Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about (a) what services are to be provided, (b) the actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parents.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998; 64 FR 12536, Mar. 12, 1999]

§ 303.345 Provision of services before evaluation and assessment are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in § 303.322, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes—
 - (1) The name of the service coordinator who will be responsible, consistent with § 303.344(g), for implementation of the interim IFSP and coordination with other agencies and persons; and
 - (2) 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 time period required in § 303.322(e).

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436(c))

NOTE: This section is intended to accomplish two specific purposes: (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.

§ 303.346 Responsibility and accountability.

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1436)

Team B: Referenced IDEA regulatory requirements for a comprehensive child find system:

§303.321 Comprehensive child find system.

(a) General.

(1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section.

(2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system.

(b) Procedures. The child find system must include the policies and procedures that the State will follow to ensure that--

- (1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and
- (2) An effective method is developed and implemented to determine which children are receiving needed early intervention services.

(c) Coordination.

(1) The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the--

- (i) Program authorized under part B of the Act;
- (ii) Maternal and Child Health program under title V of the Social Security Act;
- (iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;
- (iv) Developmental Disabilities Assistance and Bill of Rights Act;
- (v) Head Start Act; and
- (vi) Supplemental Security Income program under title XVI of the Social Security Act.

(2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that--

- (i) There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part; and
- (ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

(d) Referral procedures.

(1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for--

- (i) Evaluation and assessment, in accordance with §§ 303.322 and 303.323; or
 - (ii) As appropriate, the provision of services, in accordance with Sec. 303.342(a) or Sec. 303.345.
- (2) The procedures required in paragraph (b)(1) of this section must--
- (i) Provide for an effective method of making referrals by primary referral sources;
 - (ii) Ensure that referrals are made no more than two working days after a child has been identified; and
 - (iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in Sec. 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

(3) As used in paragraph (d)(1) of this section, primary referral sources includes--

- (i) Hospitals, including prenatal and postnatal care facilities;
- (ii) Physicians;
- (iii) Parents;
- (iv) Day care programs;
- (v) Local educational agencies;
- (vi) Public health facilities;
- (vii) Other social service agencies; and
- (viii) Other health care providers.

(e) Timelines for public agencies to act on referrals.

(1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall--

- (i) Complete the evaluation and assessment activities in Sec. 303.322; and
- (ii) Hold an IFSP meeting, in accordance with Sec. 303.342.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1432(4)(E)(vii), 1435(a)(5))

Note: In developing the child find system under this part, States should consider (1) tracking systems based on high-risk conditions at birth, and (2) other activities that are being conducted by various agencies or organizations in the State.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Team B: Referenced IDEA regulatory requirements for a public awareness system

§303.320 Public awareness program.

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about--

- (a) The State's early intervention program;
- (b) The child find system, including--
 - (1) The purpose and scope of the system;
 - (2) How to make referrals; and
 - (3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
- (c) The central directory.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(6))

Note 1: An effective public awareness program is one that does the following:

- 1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas;
- 2. Provides 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, and other organizations;
- 3. Has coverage broad enough to reach the general public, including those who have disabilities; and
- 4. Includes a variety of methods for informing the public about the provisions of this part.

Note 2: Examples of methods for informing the general public about the provisions of this part include:

- (1) Use of television, radio, and newspaper releases,
- (2) pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations, and
- (3) the use of a toll-free telephone service.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Team B: Referenced IDEA Statutory and Regulatory Requirements for a Central Directory of Information:

IDEA STATUTE

Statute: TITLE I / C / 635 / a / 7

A central directory that includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State.

IDEA REGULATIONS

§ 303.301 Central directory.

- (a) Each system must include a central directory of information about—
 - (1) Public and private early intervention services, resources, and experts available in the State; (2) Research and demonstration projects being conducted in the State; and
 - (3) Professional and other groups that provide assistance to children eligible under this part and their families.
- (b) The information required in paragraph (a) of this section must be in sufficient detail to—
 - (1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
 - (2) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.
- (c) The central directory must be—
 - (1) Updated at least annually; and
 - (2) Accessible to the general public.
- (d) To meet the requirements in paragraph (c)(2) of this section, the lead agency shall arrange for copies of the directory to be available--
 - (1) In each geographic region of the State, including rural areas; and
 - (2) In places and a manner that ensure accessibility by persons with disabilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

Team C: Referenced IDEA Statutory and Regulatory Requirements for a Personnel Training and Standards:

§ 303.360 Comprehensive system of personnel development.

- (a) Each system must include a comprehensive system of personnel development.
- (b) The personnel development system under this part must—
 - (1) Be consistent with the comprehensive system of personnel development required under part B of the Act (34 CFR 300.380 through 300.387);
 - (2) Provide for preservice and inservice training to be conducted on an interdisciplinary basis, to the extent appropriate;
 - (3) Provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and
 - (4) Ensure that the training provided relates specifically to—
 - (i) Understanding the basic components of early intervention services available in the State;
 - (ii) Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part; and
 - (iii) Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.
- (c) A personnel development system under this part may include—
 - (1) Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;
 - (2) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;
 - (3) Training personnel to work in rural and inner-city areas; and
 - (4) Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under part B of the Act or to other preschool or other appropriate services.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(8))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.361 Personnel standards.

- (a) As used in this part—
 - (1) *Appropriate professional requirements in the State* means entry level requirements that—
 - (i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and
 - (ii) Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local, and private agencies.
 - (2) *Highest requirements in the State applicable to a specific profession or discipline* means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.
 - (3) *Profession or discipline* means a specific occupational category that—

- (i) Provides early intervention services to children eligible under this part and their families;
 - (ii) Has been established or designated by the State; and
 - (iii) Has a required scope of responsibility and degree of supervision.
- (4) *State approved or recognized certification, licensing, registration, or other comparable requirements* means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that State.
- (b) (1) Each statewide system must have policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.
- (2) The policies and procedures required in paragraph (b)(1) of this section must provide for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.
- (c) To the extent that a State's standards for a profession or discipline, including standards for temporary or emergency certification, are not based on the highest requirements in the State applicable to a specific profession or discipline, the State's application for assistance under this part must include the steps the State is taking, the procedures for notifying public agencies and personnel of those steps, and the timelines it has established for the retraining or hiring of personnel that meet appropriate professional requirements in the State.
- (d) (1) In meeting the requirements in paragraphs (b) and (c) of this section, a determination must be made about the status of personnel standards in the State. That determination must be based on current information that accurately describes, for each profession or discipline in which personnel are providing early intervention services, whether the applicable standards are consistent with the highest requirements in the State for that profession or discipline.
- (2) The information required in paragraph (d)(1) of this section must be on file in the lead agency, and available to the public.
- (e) In identifying the "highest requirements in the State" for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children eligible under this part and their families must be considered.
- (f) A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to eligible children under this part.
- (g) In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraph(b)(2) of this section, consistent with State law, within 3 years.
- (Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1435(a)(9))
- NOTE: This section requires that a State use its own existing highest requirements to determine the standards appropriate to personnel who provide early intervention services under this part. The regulations do not require States to set any specified training standard, such as a master's degree, for employment of personnel who provide services under this part. The regulations permit each State to determine the specific occupational categories required to provide early intervention services to children eligible under this part and their families, and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Team D: Referenced IDEA Statutory and Regulatory Requirements for a General Supervision System
§ 616. MONITORING, TECHNICAL ASSISTANCE, AND ENFORCEMENT.

(a) FEDERAL AND STATE MONITORING-

(1) IN GENERAL- The Secretary shall--

(A) monitor implementation of this part through--

- (i) oversight of the exercise of general supervision by the States, as required in section 612(a)(11); and
- (ii) the State performance plans, described in subsection (b);

(B) enforce this part in accordance with subsection (e); and

(C) require States to--

- (i) monitor implementation of this part by local educational agencies; and
- (ii) enforce this part in accordance with paragraph (3) and subsection (e).

(2) FOCUSED MONITORING- The primary focus of Federal and State monitoring activities described in paragraph (1) shall be on--

(A) improving educational results and functional outcomes for all children with disabilities; and

(B) ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.

(3) MONITORING PRIORITIES- The Secretary shall monitor the States, and shall require each State to monitor the local educational agencies located in the State (except the State exercise of general supervisory responsibility), using quantifiable indicators in each of the following priority areas, and using such qualitative indicators as are needed to adequately measure performance in the following priority areas:

(A) Provision of a free appropriate public education in the least restrictive environment.

(B) State exercise of general supervisory authority, including child find, effective monitoring, the use of resolution sessions, mediation, voluntary binding arbitration, and a system of transition services as defined in sections 602(34) and 637(a)(9).

(C) Disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.

(4) PERMISSIVE AREAS OF REVIEW- The Secretary shall consider other relevant information and data, including data provided by States under section 618.

(b) STATE PERFORMANCE PLANS-

(1) PLAN-

(A) IN GENERAL- Not later than 1 year after the date of enactment of the Individuals with Disabilities Education Improvement Act of 2004, each State shall have in place a performance plan that evaluates that States efforts to implement the requirements and purposes of this part and describes how the State will improve such implementation.

(B) SUBMISSION FOR APPROVAL- Each State shall submit the States performance plan to the Secretary for approval in accordance with the approval process described in subsection (c).

(C) REVIEW- Each State shall review its State performance plan at least once every 6 years and submit any amendments to the Secretary.

(2) TARGETS-

(A) IN GENERAL- As a part of the State performance plan described under paragraph (1), each State shall establish measurable and rigorous targets for the indicators established under the priority areas described in subsection (a)(3).

(B) DATA COLLECTION-

(i) IN GENERAL- Each State shall collect valid and reliable information as needed to report annually to the Secretary on the priority areas described in subsection (a)(3).

(ii) RULE OF CONSTRUCTION- Nothing in this title shall be construed to authorize the development of a nationwide database of personally identifiable information on individuals involved in studies or other collections of data under this part.

(C) PUBLIC REPORTING AND PRIVACY-

(i) IN GENERAL- The State shall use the targets established in the plan and priority areas described in subsection (a)(3) to analyze the performance of each local educational agency in the State in implementing this part.

(ii) REPORT-

(I) PUBLIC REPORT- The State shall report annually to the public on the performance of each local educational agency located in the State on the targets in the States performance plan. The State shall make the States performance plan available through public means, including by posting on the website of the State educational agency, distribution to the media, and distribution through public agencies.

(II) STATE PERFORMANCE REPORT- The State shall report annually to the Secretary on the performance of the State under the States performance plan.

(iii) PRIVACY- The State shall not report to the public or the Secretary any information on performance that would result in the disclosure of personally identifiable information about individual children or where the available data is insufficient to yield statistically reliable information.

(c) APPROVAL PROCESS-

(1) DEEMED APPROVAL- The Secretary shall review (including the specific provisions described in subsection (b)) each performance plan submitted by a State pursuant to subsection (b)(1)(B) and the plan shall be deemed to be approved by the Secretary unless the Secretary makes a written determination, prior to the expiration of the 120-day period beginning on the date on which the Secretary received the plan, that the plan does not meet the requirements of this section, including the specific provisions described in subsection (b).

(2) DISAPPROVAL- The Secretary shall not finally disapprove a performance plan, except after giving the State notice and an opportunity for a hearing.

(3) NOTIFICATION- If the Secretary finds that the plan does not meet the requirements, in whole or in part, of this section, the Secretary shall--

(A) give the State notice and an opportunity for a hearing; and

(B) notify the State of the finding, and in such notification shall--

(i) cite the specific provisions in the plan that do not meet the requirements; and

(ii) request additional information, only as to the provisions not meeting the requirements, needed for the plan to meet the requirements of this section.

(4) RESPONSE- If the State responds to the Secretary's notification described in paragraph (3)(B) during the 30-day period beginning on the date on which the State received the notification, and resubmits the plan with the requested information described in paragraph (3)(B)(ii), the Secretary shall approve or disapprove such plan prior to the later of--

(A) the expiration of the 30-day period beginning on the date on which the plan is resubmitted; or

(B) the expiration of the 120-day period described in paragraph (1).

(5) FAILURE TO RESPOND- If the State does not respond to the Secretary's notification described in paragraph (3)(B) during the 30-day period beginning on the date on which the State received the notification, such plan shall be deemed to be disapproved.

(d) SECRETARYS REVIEW AND DETERMINATION-

(1) REVIEW- The Secretary shall annually review the State performance report submitted pursuant to subsection (b)(2)(C)(ii)(II) in accordance with this section.

(2) DETERMINATION

(A) IN GENERAL- Based on the information provided by the State in the State performance report, information obtained through monitoring visits, and any other public information made available, the Secretary shall determine if the State--

(i) meets the requirements and purposes of this part;

(ii) needs assistance in implementing the requirements of this part;

(iii) needs intervention in implementing the requirements of this part; or

(iv) needs substantial intervention in implementing the requirements of this part.

(B) NOTICE AND OPPORTUNITY FOR A HEARING- For determinations made under clause (iii) or (iv) of subparagraph (A), the Secretary shall provide reasonable notice and an opportunity for a hearing on such determination.

(e) ENFORCEMENT-

(1) NEEDS ASSISTANCE- If the Secretary determines, for 2 consecutive years, that a State needs assistance under subsection (d)(2)(A)(ii) in implementing the requirements of this part, the Secretary shall take 1 or more of the following actions:

(A) Advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance, which may include assistance from the Office of Special Education Programs, other offices of the Department of Education, other Federal agencies, technical assistance providers approved by the Secretary, and other federally funded nonprofit agencies, and require the State to work with appropriate entities. Such technical assistance may include--

(i) the provision of advice by experts to address the areas in which the State needs assistance, including explicit plans for addressing the area for concern within a specified period of time;

(ii) assistance in identifying and implementing professional development, instructional strategies, and methods of instruction that are based on scientifically based research;

(iii) designating and using distinguished superintendents, principals, special education administrators, special education teachers, and other teachers to provide advice, technical assistance, and support; and

(iv) devising additional approaches to providing technical assistance, such as collaborating with institutions of higher education, educational service agencies, national centers of technical assistance supported under part D, and private providers of scientifically based technical assistance.

(B) Direct the use of State-level funds under section 611(e) on the area or areas in which the State needs assistance.

(C) Identify the State as a high-risk grantee and impose special conditions on the States grant under this part.

(2) NEEDS INTERVENTION- If the Secretary determines, for 3 or more consecutive years, that a State needs intervention under subsection (d)(2)(A)(iii) in implementing the requirements of this part, the following shall apply:

(A) The Secretary may take any of the actions described in paragraph (1).

(B) The Secretary shall take 1 or more of the following actions:

(i) Require the State to prepare a corrective action plan or improvement plan if the Secretary determines that the State should be able to correct the problem within 1 year.

(ii) Require the State to enter into a compliance agreement under section 457 of the General Education Provisions Act, if the Secretary has reason to believe that the State cannot correct the problem within 1 year.

(iii) For each year of the determination, withhold not less than 20 percent and not more than 50 percent of the States funds under section 611(e), until the Secretary determines the State has sufficiently addressed the areas in which the State needs intervention.

(iv) Seek to recover funds under section 452 of the General Education Provisions Act.

(v) Withhold, in whole or in part, any further payments to the State under this part pursuant to paragraph (5).

(vi) Refer the matter for appropriate enforcement action, which may include referral to the Department of Justice.

(3) NEEDS SUBSTANTIAL INTERVENTION- Notwithstanding paragraph (1) or (2), at any time that the Secretary determines that a State needs substantial intervention in implementing the requirements of this part or that there is a substantial failure to comply with any condition of a State educational agencies or local educational agencies eligibility under this part, the Secretary shall take 1 or more of the following actions:

(A) Recover funds under section 452 of the General Education Provisions Act.

(B) Withhold, in whole or in part, any further payments to the State under this part.

- (C) Refer the case to the Office of the Inspector General at the Department of Education.
- (D) Refer the matter for appropriate enforcement action, which may include referral to the Department of Justice.
- (4) OPPORTUNITY FOR HEARING-
- (A) WITHHOLDING FUNDS- Prior to withholding any funds under this section, the Secretary shall provide reasonable notice and an opportunity for a hearing to the State educational agency involved.
- (B) SUSPENSION- Pending the outcome of any hearing to withhold payments under subsection (b), the Secretary may suspend payments to a recipient, suspend the authority of the recipient to obligate funds under this part, or both, after such recipient has been given reasonable notice and an opportunity to show cause why future payments or authority to obligate funds under this part should not be suspended.
- (5) REPORT TO CONGRESS- The Secretary shall report to the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate within 30 days of taking enforcement action pursuant to paragraph (1), (2), or (3), on the specific action taken and the reasons why enforcement action was taken.
- (6) NATURE OF WITHHOLDING-
- (A) LIMITATION- If the Secretary withholds further payments pursuant to paragraph (2) or (3), the Secretary may determine--
- (i) that such withholding will be limited to programs or projects, or portions of programs or projects, which affected the Secretary's determination under subsection (d)(2); or
- (ii) that the State educational agency shall not make further payments under this part to specified State agencies or local educational agencies that caused or were involved in the Secretary's determination under subsection (d)(2).
- (B) WITHHOLDING UNTIL RECTIFIED- Until the Secretary is satisfied that the condition that caused the initial withholding has been substantially rectified--
- (i) payments to the State under this part shall be withheld in whole or in part; and
- (ii) payments by the State educational agency under this part shall be limited to State agencies and local educational agencies whose actions did not cause or were not involved in the Secretary's determination under subsection (d)(2), as the case may be.
- (7) PUBLIC ATTENTION- Any State that has received notice under subsection (d)(2) shall, by means of a public notice, take such measures as may be necessary to bring the pendency of an action pursuant to this subsection to the attention of the public within the State.
- (8) JUDICIAL REVIEW-
- (A) IN GENERAL- If any State is dissatisfied with the Secretary's action with respect to the eligibility of the State under section 612, such State may, not later than 60 days after notice of such action, file with the United States court of appeals for the circuit in which such State is located a petition for review of that action. A copy of the petition shall be transmitted by the clerk of the court to the Secretary. The Secretary thereupon shall file in the court the record of the proceedings upon which the Secretary's action was based, as provided in section 2112 of title 28, United States Code.
- (B) JURISDICTION; REVIEW BY UNITED STATES SUPREME COURT Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Secretary or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code.
- (C) STANDARD OF REVIEW- The findings of fact by the Secretary, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of fact and may modify the Secretary's previous action, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall be conclusive if supported by substantial evidence.
- (f) STATE ENFORCEMENT- If a State educational agency determines that a local educational agency is not meeting the requirements of this part, including the targets in the States performance plan, the State educational agency shall prohibit the local educational agency from reducing the local educational agency's maintenance of effort under section 613(a)(2)(C) for any fiscal year.
- (g) RULE OF CONSTRUCTION- Nothing in this section shall be construed to restrict the Secretary from utilizing any authority under the General Education Provisions Act to monitor and enforce the requirements of this title.
- (h) DIVIDED STATE AGENCY RESPONSIBILITY- For purposes of this section, where responsibility for ensuring that the requirements of this part are met with respect to children with disabilities who are convicted as adults under State law and incarcerated in adult prisons is assigned to a public agency other than the State educational agency pursuant to section 612(a)(11) (C), the Secretary, in instances where the Secretary finds that the failure to comply substantially with the provisions of this part are related to a failure by the public agency, shall take appropriate corrective action to ensure compliance with this part, except that--
- (1) any reduction or withholding of payments to the State shall be proportionate to the total funds allotted under section 611 to the State as the number of eligible children with disabilities in adult prisons under the supervision of the other public agency is proportionate to the number of eligible individuals with disabilities in the State under the supervision of the State educational agency; and
- (2) any withholding of funds under paragraph (1) shall be limited to the specific agency responsible for the failure to comply with this part.
- (i) DATA CAPACITY AND TECHNICAL ASSISTANCE REVIEW- The Secretary shall--
- (1) review the data collection and analysis capacity of States to ensure that data and information determined necessary for implementation of this section is collected, analyzed, and accurately reported to the Secretary; and
- (2) provide technical assistance (from funds reserved under section 611(c)), where needed, to improve the capacity of States to meet the data collection requirements.

SEC. 618. PROGRAM INFORMATION.

- (a) IN GENERAL- Each State that receives assistance under this part, and the Secretary of the Interior, shall provide data each year to the Secretary of Education and the public on the following:
- (1)(A) The number and percentage of children with disabilities, by race, ethnicity, limited English proficiency status, gender, and disability category, who are in each of the following separate categories:
- (i) Receiving a free appropriate public education.
- (ii) Participating in regular education.
- (iii) In separate classes, separate schools or facilities, or public or private residential facilities.
- (iv) For each year of age from age 14 through 21, stopped receiving special education and related services because of program completion (including graduation with a regular secondary school diploma), or other reasons, and the reasons why those children stopped receiving special education and related services.
- (v)(I) Removed to an interim alternative educational setting under section 615(k) (1).
- (II) The acts or items precipitating those removals.
- (III) The number of children with disabilities who are subject to long-term suspensions or expulsions.
- (B) The number and percentage of children with disabilities, by race, gender, and ethnicity, who are receiving early intervention services.
- (C) The number and percentage of children with disabilities, by race, gender, and ethnicity, who, from birth through age 2, stopped receiving early intervention services because of program completion or for other reasons.
- (D) The incidence and duration of disciplinary actions by race, ethnicity, limited English proficiency status, gender, and disability category, of children with disabilities, including suspensions of 1 day or more.

- (E) The number and percentage of children with disabilities who are removed to alternative educational settings or expelled as compared to children without disabilities who are removed to alternative educational settings or expelled.
- (F) The number of due process complaints filed under section 615 and the number of hearings conducted.
- (G) The number of hearings requested under section 615(k) and the number of changes in placements ordered as a result of those hearings.
- (H) The number of mediations held and the number of settlement agreements reached through such mediations.
- (2) The number and percentage of infants and toddlers, by race, and ethnicity, who are at risk of having substantial developmental delays (as defined in section 632), and who are receiving early intervention services under part C.
- (3) Any other information that may be required by the Secretary.
- (b) DATA REPORTING-
 - (1) PROTECTION OF IDENTIFIABLE DATA- The data described in subsection (a) shall be publicly reported by each State in a manner that does not result in the disclosure of data identifiable to individual children.
 - (2) SAMPLING- The Secretary may permit States and the Secretary of the Interior to obtain the data described in subsection (a) through sampling.
- (c) TECHNICAL ASSISTANCE- The Secretary may provide technical assistance to States to ensure compliance with the data collection and reporting requirements under this title.
- (d) DISPROPORTIONALITY
 - (1) IN GENERAL- Each State that receives assistance under this part, and the Secretary of the Interior, shall provide for the collection and examination of data to determine if significant disproportionality based on race and ethnicity is occurring in the State and the local educational agencies of the State with respect to--
 - (A) the identification of children as children with disabilities, including the identification of children as children with disabilities in accordance with a particular impairment described in section 602(3);
 - (B) the placement in particular educational settings of such children; and
 - (C) the incidence, duration, and type of disciplinary actions, including suspensions and expulsions.
 - (2) REVIEW AND REVISION OF POLICIES, PRACTICES, AND PROCEDURES- In the case of a determination of significant disproportionality with respect to the identification of children as children with disabilities, or the placement in particular educational settings of such children, in accordance with paragraph (1), the State or the Secretary of the Interior, as the case may be, shall--
 - (A) provide for the review and, if appropriate, revision of the policies, procedures, and practices used in such identification or placement to ensure that such policies, procedures, and practices comply with the requirements of this title;
 - (B) require any local educational agency identified under paragraph (1) to reserve the maximum amount of funds under section 613(f) to provide comprehensive coordinated early intervening services to serve children in the local educational agency, particularly children in those groups that were significantly overidentified under paragraph (1); and
 - (C) require the local educational agency to publicly report on the revision of policies, practices, and procedures described under subparagraph (A).

§ 303.501 Supervision and monitoring of programs.

- (a) *General.* Each lead agency is responsible for—
 - (1) The general administration and supervision of programs and activities receiving assistance under this part; and
 - (2) The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.
- (b) *Methods of administering programs.*

In meeting the requirement in paragraph (a) of this section, the lead agency shall adopt and use proper methods of administering each program, including—

- (1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;
- (2) Enforcing any obligations imposed on those agencies under part C of the Act and these regulations;
- (3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
- (4) Correcting deficiencies that are identified through monitoring.

Team E: Referenced IDEA Statutory and Regulatory Requirements for Delivery of Services in Natural Environments (qq.v. Team A)

§ 303.12 Early intervention services.

- (a) *General.* As used in this part, *early intervention services* means services that—
 - (1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;
 - (2) Are selected in collaboration with the parents;
 - (3) Are provided—
 - (i) Under public supervision;
 - (ii) By *qualified* personnel, as defined in §303.21, including the types of personnel listed in paragraph (e) of this section;
 - (iii) In conformity with an individualized family service plan; and
 - (iv) At no cost, unless, subject to §303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and
 - (4) Meet the standards of the State, including the requirements of this part.
- (b) *Natural environments.* To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.
- (c) *General role of service providers.* To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—
 - (1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
 - (2) Training parents and others regarding the provision of those services; and
 - (3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.
- (d) *Types of services; definitions.* Following are types of services included under “early intervention services,” and, if appropriate, definitions of those services:
 - (1) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—
 - (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
 - (vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- (2) *Audiology* includes—
- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
 - (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - (v) Provision of services for prevention of hearing loss; and
 - (vi) 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.
- (3) *Family training, counseling, and home visits* means 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.
- (4) *Health services* (See §303.13).
- (5) *Medical services only for diagnostic or evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
- (6) *Nursing services* includes—
- (i) 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;
 - (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - (iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.
- (7) *Nutrition services* includes—
- (i) Conducting individual assessments in—
 - (A) Nutritional history and dietary intake;
 - (B) Anthropometric, biochemical, and clinical variables;
 - (C) Feeding skills and feeding problems; and
 - (D) Food habits and food preferences;
 - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.
- (8) *Occupational therapy* includes services to address the functional needs of a child 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—
- (i) Identification, assessment, and intervention;
 - (ii) 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
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- (9) *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—
- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- (10) *Psychological services* includes—
- (i) Administering psychological and developmental tests and other assessment procedures;
 - (ii) Interpreting assessment results;
 - (iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
 - (iv) 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.
- (11) *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under §303.23.
- (12) *Social work services* includes—
- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
 - (ii) Preparing a social or emotional developmental assessment of the child within the family context;
 - (iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
 - (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
 - (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
- (13) *Special instruction* includes—
- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
 - (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - (iv) Working with the child to enhance the child's development.
- (14) *Speech-language pathology* includes—
- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
 - (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- (15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.
- (16) *Vision services* means—
- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - (iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
- (e) *Qualified personnel*. Early intervention services must be provided by qualified personnel, including—
- (1) Audiologists;
 - (2) Family therapists;
 - (3) Nurses;
 - (4) Nutritionists;
 - (5) Occupational therapists;
 - (6) Orientation and mobility specialists;
 - (7) Pediatricians and other physicians;
 - (8) Physical therapists;
 - (9) Psychologists;
 - (10) Social workers;
 - (11) Special educators; and
 - (12) Speech and language pathologists.

(Authority: 20 U.S.C. 1401(1) and (2); 1432(4))

Note: The lists of services in paragraph (d) and qualified personnel in paragraph (e) of this section are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§ 303.18 Natural environments.

As used in this part, *natural environments* means settings that are natural or normal for the child's age peers who have no disabilities.

(Authority: 20 U.S.C. 1435 and 1436) [63 FR 18294, Apr. 14, 1998]

Team F: Referenced IDEA Statutory and Regulatory Requirements for a State Interagency Coordinating Council

§ 303.600 Establishment of Council.

- (a) A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council.
- (b) The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State.
- (c) The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under § 303.500 may not serve as the chairperson of the Council.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(a))

NOTE: To avoid a potential conflict of interest, it is recommended that parent representatives who are selected to serve on the Council not be employees of any agency involved in providing early intervention services. It is suggested that consideration be given to maintaining an appropriate balance between the urban and rural communities of the State.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.601 Composition.

(a) The Council must be composed as follows:

- (1)(i) At least 20 percent of the members must be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.
- (ii) At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.
- (2) At least 20 percent of the members must be public or private providers of early intervention services.
- (3) At least one member must be from the State legislature.
- (4) At least one member must be involved in personnel preparation.
- (5) At least one member must—

- (i) Be from each of the State agencies involved in the provisions of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and

- (ii) Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

(6) At least one member must—

- (i) Be from the State educational agency responsible for preschool services to children with disabilities; and

- (ii) Have sufficient authority to engage in policy planning and implementation on behalf of that agency.

- (7) At least one member must be from the agency responsible for the State governance of health insurance.

- (8) At least one member must be from a Head Start agency or program in the State.

- (9) At least one member must be from a State agency responsible for child care.

(b) The Council may include other members selected by the Governor, including a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(b))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.602 Use of funds by the Council.

(a) *General*. Subject to the approval of 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.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1438, 1441 (c) and (d))
[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.603 Meetings.

- (a) The Council shall meet at least quarterly and in such places as it deems necessary.
- (b) The meetings must—
 - (1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend; and
 - (2) To the extent appropriate, be open and accessible to the general public.
- (c) Interpreters for persons who are deaf and other necessary services must be provided at Council meetings, both for Council members and participants. The Council may use funds under this part to pay for those services.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441 (c) and (d))

§ 303.604 Conflict of interest.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(f))

§ 303.650 General.

- (a) Each Council shall—
 - (1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;
 - (2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;
 - (3) Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes—
 - (i) Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and
 - (ii) Taking steps to ensure that any policy problems identified under paragraph (a)(3)(i) of this section are resolved; and
 - (4) To the extent appropriate, assist the lead agency in the resolution of disputes.
- (b) Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.
- (c) Each Council may advise appropriate agencies in the State 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 in the State.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(e)(1)(A) and (e)(2))
[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.651 Advising and assisting the lead agency in its administrative duties.

Each Council shall advise and assist the lead agency in the—

- (a) Identification of sources of fiscal and other support for services for early intervention programs under this part;
- (b) Assignment of financial responsibility to the appropriate agency; and
- (c) Promotion of the interagency agreements under § 303.523.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(e)(1)(A))

§ 303.652 Applications.

Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(e)(1)(B))

§ 303.653 Transitional services.

Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under part B of the Act, to preschool and other appropriate services.

(Approved by the Office of Management and Budget under control number 1820-0578) (Authority: 20 U.S.C. 1441(e)(1)(C))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.654 Annual report to the Secretary.

(a) Each Council shall—

- (1) Prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within the State for children eligible under this part and their families; and
- (2) Submit the report to the Secretary by a date that the Secretary establishes.

(b) Each annual report must contain the information required by the Secretary for the year for which the report is made.

(Approved by the Office of Management and Budget under control number 1820-0550) (Authority: 20 U.S.C. 1441(e)(1)(D))

