

**IDAHO**

**Infant Toddler Program  
Federal Application Under  
Part C**

**FFY 2020**



# FFY 2020 Part C Grant Application - Idaho

## TABLE OF CONTENTS

<b>ANNUAL STATE APPLICATION UNDER PART C .....</b>	<b>1</b>
Cost Allocation Plan Approval Letter .....	2
Notice of Public Comment Period .....	5
Definitions .....	6
 <b>SECTION I .....</b>	 <b>18</b>
<b>A. Submission Statements for Part C of IDEA .....</b>	<b>18</b>
<b>B. Conditional Approval for Current Grant Year .....</b>	<b>18</b>
 <b>SECTION II.....</b>	 <b>20</b>
<b>A. State Policies, Procedures, Methods, and Descriptions.....</b>	<b>20</b>
<b>B. Assurances and Optional Assurances.....</b>	<b>30</b>
B-1. Availability of Early Intervention Services.....	39
B-2. Statewide System of Early Intervention Services .....	39
B-3. State Conformity with Part C, IDEA .....	39
B-4. Components for Statewide System .....	40
B-5. Scientific Research Based Early Intervention Services.....	40
B-6. Evaluation, Assessment and Non-Discriminatory Procedures.....	40
B-7. Individualized Family Service Plan (IFSP).....	43
B-8. Comprehensive Child Find System.....	47
B-9. Public Awareness Program .....	52
B-10. Central Directory .....	54
B-11. Comprehensive System of Personnel Development (CSPD) .....	55
B-12. Personnel Standards .....	57
B-13. Lead Agency.....	70
B-13a. Lead Agency: General Supervision and Monitoring.....	71
B-13b. Lead Agency: Coordination of Resources .....	74
B-13d. Lead Agency: Resolution of Disputes Among Agencies and Service Providers .....	75
B-13(c,e,f).Lead Agency: Interagency Agreement, Resolution of Disputes, Assignment of Financial Responsibility .....	77
B-14. Procedures for Arranging Services.....	78
B-15. Reimbursement Procedures.....	78
B-16. Procedural Safeguards .....	80
B-17. System for Data Collection.....	88
B-18. State Interagency Coordinating Council (Early Childhood Coordinating Council) .....	89
B-19. Natural Environments .....	91
B-20. Expenditure of Funds .....	93
B-21. Payor of Last Resort and Provision of, and Financial Responsibility for Part C Services .....	93
B-22. Control of Funds and Property.....	94
B-23. Reports and Records .....	94
B-24. Prohibition Against Supplanting; Indirect Costs .....	95
B-25. Fiscal Control .....	95
B-26. Traditionally Underserved Groups .....	96
B-27. Ongoing Efforts to Recruit and Hire.....	96

**FFY 2020 Part C Grant Application - Idaho**  
**TABLE OF CONTENTS** (continued)

C. Certifications.....	97
D. Statement and Authorized Signature .....	98
<b>SECTION III.....</b>	<b>99</b>
A. Description of Use of Part C Funds for the Lead Agency.....	99
B. Maintenance and Implementation Activities for the Lead Agency.....	102
C. Description of Use of Part C Funds for the Interagency Coordinating Council (ICC).....	104
D. Maintenance and Implementation Activities for the Interagency Coordinating Council (ICC) .....	105
E. Direct Services (Funded by Part C Federal Dollars).....	106
F. Description of Optional Use of Part C Funds .....	107
<b>SECTION IV .....</b>	<b>108</b>
A. System of Payments/Use of Insurance/Program Income .....	108
B. Restricted Indirect Cost Rate/Cost Allocation Plan Information .....	108

OMB NO. 1820-0550  
Expires: 11/30/2020

**ANNUAL STATE APPLICATION UNDER PART C OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004  
FOR FEDERAL FISCAL YEAR (FFY) 2020**

CFDA No. 84.181A

ED FORM No. 1 B20—26P

**UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION PROGRAMS**

Washington, DC 20202-2600

**Paperwork Burden Statement**

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

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**AMENDMENT 18-2**

July 30, 2018

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

Dear Ms. Osborn:

This is to advise you of the approval of the Public Assistance Cost Allocation Plan (PACAP) amendments which you submitted in accordance with 45 CFR 95.509. The amendment to be effective on January 01, 2018, dated November 9, 2017.

In accordance with 45 CFR Part 95, Subpart E this approval is continuous until the allocation method(s) shown in this plan is outdated as a result of organizational changes within your agency or legislative, regulatory, or other changes that make necessary the submission of an amendment or new plan by you. The regulations require that as a condition of receipt of Federal financial participation in administration services (excluding assistance and medical vendor payments and purchased services) and training for any quarterly period, the State's claim for expenditures must be in accordance with the cost allocation plan on file and approved by CAS for that period. Amendments to your plan would be required for any changes indicated above. The responsibility for submission of amendments rests solely with the State.

Approval of the plan/amendment cited above is predicated upon conditions that (1) no costs other than those incurred pursuant to the approved State plan are included in claims to the Federal government and that such costs are legal obligations, (2) the same costs that have been treated as indirect costs have not been claimed as direct costs (3) similar types of costs have been accorded consistent treatment (4) the approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate (5) the allocation methods proposed result in an equitable distribution of costs to programs, and (6) the costs claimed for the appropriate rate of Federal financial participation must be allowable under the law, the cost principles contained in Title 2 of the Code of Federal Regulations, Part 200.

Ms. J. Osborn  
July 30, 2018  
Page 2 of 2

This approval presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal government. Approval of this cost allocation plan/amendment does not constitute the approval of the estimated costs or statistical data submitted with the amendment nor the actual expenditures reported on your quarterly expenditure reports. The actual expenditures and statistical data remain subject to Federal review. This approval relates to the accounting treatment of the costs of your programs only, and nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The operation of the cost allocation plan/amendment approved by this document may from time to time be reviewed by authorized Federal staff including CAS, HHS Audit, and General Accounting Office staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

If you have any questions, please call Wanda Rayfield at (214)-767-5249

Sincerely,

Darryl W. Mayes  
Deputy Director  
Cost Allocation Services

cc: Patricia Fisher, ACF  
Joann Simmons, ORR  
Frank Schneider, CMS  
Francisco Lebron, FNS

## NOTICE OF PUBLIC COMMENT PERIOD

The Idaho Department of Health and Welfare  
Infant Toddler Program  
WELCOMES YOUR COMMENTS

A comment period has been scheduled to invite you to review and submit comments about the Idaho Infant Toddler Program and the implementation of the early intervention system for infants, toddlers, and their families. The Department of Health and Welfare is the lead agency to assure that needed services are available to families of children with developmental delays or children whose development is at risk of delay. The Department is responsible for identifying children who need services, evaluating their needs, providing and coordinating services, and protecting families' and children's rights.

The Department of Health and Welfare prepares and submits an application for federal funds to implement services under Part C of the Individuals with Disabilities Education Act (IDEA). The Department invites your participation in the review of the application.

Upon written request, the application is available for review from January 31 through March 30, 2020. Requests should be directed to the address listed below.

The application will also be available for review on the Infant Toddler Program page under the Reports tab of the Department of Health and Welfare's website at <http://infanttoddler.idaho.gov>.

Comments regarding the application must be submitted in writing between March 1 and March 30, 2020 to:

Donna McNearney  
Idaho Infant Toddler Program  
P.O. Box 83720  
Boise, ID 83720-0036

Comments must be submitted in writing and should be clearly identified as concerning the Part C application as they relate to the IDEA and Part C regulations; including policies and procedures. Please note that the Department will not accept comment by phone, fax, or e-mail to Department or Infant Toddler Program staff.

## DEFINITIONS

The State of Idaho has adopted definitions for the following terms from 34 CFR Part 303 in the Individuals with Disabilities Education Act, Part C regulations for use in implementing the state's early intervention program.

**ACT:** Act means Individuals with Disabilities Education Act (IDEA), as amended.

**AT RISK:** An individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

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

- The child's unique strengths and needs.
- The resources, priorities, and concerns of the family, and identification of supports and services necessary to enhance the developmental needs of the child.
- The nature and extent of early intervention services that are needed by the child and the child's family.

**ASSISTIVE TECHNOLOGY DEVICE:** 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 infants and toddlers with disabilities.

**ASSISTIVE TECHNOLOGY SERVICE:** 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:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those included in the Individualized Family Service Plan (IFSP).
- Training or technical assistance for an infant or toddler with disabilities or, if appropriate, that child's family.
- Training or technical assistance for professionals including individuals providing early intervention services or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

**AUDIOLOGY:** Includes:

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

- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**CHILD FIND:** A coordinated regional system for identifying eligible children and families. States are required to insure that:

- The Child Find efforts under Part B extend to infants and toddlers (birth through two years of age).
- A comprehensive evaluation is conducted at no cost to parents (i.e., is consistent with the "free and appropriate" requirements under Part B). The Child Find policy includes a process for initial screening that identifies and refers children and families in need of further evaluation and possible intervention services.

**CHILDREN:** Infants and toddlers with developmental delays, disabilities, or found to be eligible using informed clinical opinion.

**CONSENT:**

- The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication.
- The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom.
- The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
- The parent has the right to determine whether the infant, toddler, or other family members will accept or decline an early intervention service under this part in accordance with state law, without jeopardizing other early intervention services under this part.

**COUNCIL:** State Interagency Coordinating Council as established in the Individuals with Disabilities Education Act, Section 641, and referred to as the Infant Toddler Coordinating Council in accordance with Idaho Executive Order No. 2006-12.

**CUED LANGUAGE SERVICES:** Provide a visual communication system that makes the sounds of spoken language look different from one another.

**DAYS:** Calendar days.

**DESTRUCTION:** Physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

**DEVELOPMENTAL DELAY:** Children with or without an established diagnosis who by assessment measures have fallen significantly behind developmental norms in one or more of the following areas:

(1) cognitive development, (2) physical development, including vision and hearing, (3) communications skills, (4) social or emotional development, and (5) adaptive development.

**EARLY INTERVENTION PROGRAM:** The total effort in the state that is directed at meeting the needs of children eligible under IDEA, Part C, Idaho Infant Toddler Program and their families.

**EARLY INTERVENTION SERVICES:**

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 in any one or more of the following areas:
  - a. Physical development.
  - b. Cognitive development.
  - c. Communication development.
  - d. Social or emotional development.
  - e. Adaptive development.
2. Are selected in collaboration with the parents.
3. Are provided (a) under public supervision, (b) by qualified personnel, (c) in conformity with an IFSP, and (d) at no cost unless subject to a sliding fee schedule.
4. Meet the standards of the state including the requirements of this part.

To the maximum extent appropriate to the needs of the child, early intervention services are provided in natural environments which infants and toddlers without disabilities would participate including home and community settings.

Service providers are responsible for:

- Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure effective provision of services in that area.
- Training parents and others regarding those services.
- Participating in the multi-disciplinary 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.

Early Intervention Services include:

- Assistive technology devices and assistive technology services.
- Audiology.
- Family training, counseling, and home visits.
- Early identification, screening and assessment services.
- Health services necessary to enable the infant or toddler to benefit from the other early intervention services.
- Medical services for diagnostic or evaluation purposes.
- Nursing services.
- Nutrition services.
- Occupational therapy.
- Physical therapy.
- Psychological service.
- Respite care (per Idaho Code, Title 16, Chapter 1).
- Service coordination.
- Social work services.
- Special instruction/family education.
- Speech-language pathology.
- Transportation and related costs that are necessary to enable an infant or toddler and the child's family to receive another service described in this paragraph.
- Vision services.

**EARLY INTERVENTION SERVICE PROVIDER:** An entity, whether public, private, or nonprofit or an individual that provides early intervention services under Part C of the IDEA, whether or not the entity or individual receives Federal funds under Part C of the IDEA, and may include, where appropriate, the state lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in New Jersey under Part C of the IDEA. In New Jersey, such an entity is referred to as an early intervention provider agency and an individual is referred to as a practitioner hired by or under contract with an Early Intervention (EI) provider agency that is responsible for the supervision of the provision of early intervention services.

An EIS provider agency/practitioner is responsible for:

- Participating in the multidisciplinary individualized family service plan (IFSP) team's ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP.
- Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability.
- Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability.

Early Intervention Services are provided by qualified personnel, including:

- Audiologists
- Developmental Specialists
- Family Therapists
- Nurses
- Nutritionists
- Occupational Therapists
- Orientation and Mobility Specialists
- Physical Therapists
- Pediatricians and other Physicians
- Psychologists
- Social Workers
- Speech/Language Pathologists

**EDGAR:** Education Department General Administrative Regulations:

**Applicant:** A party requesting a grant or subgrant under a program of the Department.

**Award:** Amount of funds that the Department provides under a contract, grant or cooperative agreement.

**Contract:** Procurement contract under a grant (except as used in the definitions for "grant" where qualified by "Federal").

**Department:** The U. S. Department of Education.

**Fiscal Year:** The Federal fiscal year - a period that begins on October 1 and ends the following September 30.

**Grant:** An award of financial assistance including cooperative agreements in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.

**Grantee:** The nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided.

**Grant Period:** Period for which funds have been awarded.

**Private:** As applied to an agency, organization, or institution, means that it is not under Federal or public supervision or control.

**Public:** As applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administrative supervision or control of a government other than the Federal Government.

**Secretary:** The Secretary of the Department of Education or official or employee of the Department acting for the Secretary under a delegation of authority.

**EDUCATION RECORDS:** The type of records covered under the definition of "education records" in 34 CFR Part 99 (which are the regulations implementing the Family Education Rights and Privacy Act (FERPA) of 1974).

**ENVIRONMENTAL RISK:** Children who regardless of biological risk are vulnerable because of environmental conditions; they and their families are identified here not in judgment of the family's life situation, but because intervening services can positively impact the child's development and family's health.

**ESTABLISHED CONDITION:** Children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

**EVALUATION:** 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," including determining the status of the child in each of the developmental areas.

**FAMILY TRAINING, COUNSELING, AND HOME VISITS:** 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.

**FREE AND APPROPRIATE PUBLIC EDUCATION:** Free appropriate public education or FAPE, as used in these policies and procedures means special education and related services that:

- Are provided at public expense, under public supervision and direction, and without charge.
- Meet the standards of the state educational agency (SEA), including the requirements of Part B of IDEA.
- Include an appropriate preschool, elementary school, or secondary school education in Idaho.
- Are provided in conformity with an individualized education program (IEP) that meets the requirements under regulations for Part B of IDEA.

**FREQUENCY AND INTENSITY:** The number of days/sessions a service is provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis.

**HEAD START:** A program that provides comprehensive services to low-income children and their families. Comprehensive Head Start services include children's cognitive, intellectual and social development, their physical growth and development, their health and nutritional needs, and their mental and emotional health. Head Start also provides family support for training, education, health care services and other social services to help strengthen their role as the child's primary mentor and teacher. Regular Head Starts or Region X grantees serve four-year-old through eight programs. Three Tribal Head Start grantees serve primarily three- to four-year-old children. These programs operate during the regular school year. Migrant and Seasonal Head Starts or Region XII grantees serve children six months to six years old of farm worker families. The Migrant Head Start program is a full-day, seasonal program that operates during the summer months. Early Head Start serves families with children from birth to age three.

**HEALTH SERVICES:** Means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. The term includes:

- Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.
- Consultation by physicians with other early intervention service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

- Services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus), or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drug for any purpose).
- Devices necessary to control or treat a medical condition.
- Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children. (Authority: 20 USC 1432(4))

NOTE: The definition in this section distinguishes between the health services that are required under this part; and the medical-health services that are not required. The IFSP requirements in Subpart D provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part.

**HOMELESS CHILDREN:** Homeless children means children who meet the definition given the term homeless children and youths in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

**IDEA:** Individuals with Disabilities Education Act.

**INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP):** A written plan for providing early intervention services to each child eligible for services and for the child's family. The plan must:

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

**IMPARTIAL PERSON:** The person appointed to implement the complaint resolution process.

**INFANTS AND TODDLERS WITH DISABILITIES:** Individuals from birth through age two who need early intervention services because they:

- Are experiencing developmental delays as measured by appropriate diagnostic procedures in one or more of the following areas: (1) cognitive development, (2) physical development including vision and hearing, (3) communication development, (4) social or emotional development, or (5) adaptive development, or
- Have a diagnosed physical or mental condition (established condition) that has a high probability of resulting in developmental delay.

Utilizing informed clinical opinion of the multidisciplinary team, children from birth to 36 months who are at risk of substantial developmental delays if early intervention services are not provided may be found eligible for early intervention services in Idaho.

**INFORMED CLINICAL OPINION:** "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience with evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion.

**INTERAGENCY AGREEMENTS:** A delineation of the responsibilities of the parties to perform activities associated with the federally funded implementation of a statewide early intervention services system for young children with special needs and their families. It is the assigning of operation and fiscal responsibility for serving eligible children and their families.

**LEAD AGENCY:** The agency designated by the Idaho State Governor under Part C of IDEA and these policies and procedures that receives funds under Part C of Act to administer the state's responsibilities under Part C of IDEA. In Idaho this is the Department of Health and Welfare (DHW).

**LOCATION:** Actual place or places where a service is provided (i.e., home, center, childcare setting, hospital, etc.).

**MEDICAL/BIOLOGICAL RISK:** Children who do not have an identified disability or delay, but who, because of biological circumstances, such as very low birth weight, prematurity, or genetic predisposition, have a higher than normal chance of developmental problems.

**MEDICAL SERVICES ONLY FOR DIAGNOSTIC OR EVALUATION PURPOSES:** Services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

**METHOD:** How a service is provided.

**MULTI-DISCIPLINARY:** The involvement of two or more disciplines or professions in the provision of integrated and coordinated services including evaluation and assessment activities and the development of the Individualized Family Service Plan.

**NATIVE LANGUAGE:** Native language, when used with respect to an individual who has limited English proficiency (LEP), as that term is defined in IDEA, means:

- The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in this section.
- For evaluations and assessments conducted pursuant to these policies and procedures, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment.

Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual, such as sign language, Braille, or oral communication.

**NATURAL ENVIRONMENTS:** Settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of these policies and procedures.

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

**NURSING SERVICES:** Include:

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

**NUTRITION SERVICES:** Include:

1. Conducting individual assessments in:
  - a. Nutritional history and dietary intake
  - b. Anthropometric, biochemical, and clinical variables
  - c. Feeding skills and feeding problems
  - d. Food habits and food preferences
2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on evaluation findings.
3. Making referrals to appropriate community resources to carry out nutrition goals.

**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:

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

**PARENT:** A parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed. The term does not include the state if the child is a ward of the state. State law may provide that a foster parent qualifies as a parent under this part if:

- The natural parents' authority to make early intervention or educational decisions on the child's behalf has been relinquished under state law.
- The foster parent has an ongoing, long-term parental relationship with the child.
- The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf.
- The foster parent has no interest that would conflict with the interests of the child.

**PART C OF IDEA:** Infants and Toddlers with Disabilities Program under the Individuals with Disabilities Education Act at 20 U.S.C. 1431-1443, as amended.

**PARTICIPATING AGENCY:** Any agency or institution which collects, maintains, or uses personally identifiable information or from which information is obtained under this part.

**PERSONALLY IDENTIFIABLE INFORMATION:** Includes:

- The name of the child, the child's parents or other family member.
- The address of the child.
- A personal identifier, such as the child's or parent's social security number.
- A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

**PERSONNEL PREPARATION:** Personnel training and development is the provision of a well-educated staff in adequate numbers to effectively operate the programs. A staff development and training needs assessment is required to evaluate professional and paraprofessional knowledge on new techniques and state-of-the-art information. Training is provided to broaden the qualifications and skills of professionals working with young children with disabilities and their families. Securing adequate number of qualified staff also means developing effective standards, certification, and endorsement procedures.

**PHYSICAL THERAPY:** Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction.
- Obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- Providing individual and group services or treatment to prevent or alleviate or compensate for movement dysfunction and related functional problems.

**POLICIES:** State statutes, regulations, Executive Orders, directives by the lead agency, or other written documents that represent the state's position concerning any matter covered under Part C.

Policies include:

- The state's commitment to develop and implement the statewide system.
- The state's eligibility criteria and procedures.
- A statement that (1) provides that services under this part will be provided at no cost to parents except where state law allows for payment under the sliding fee schedule, (2) describes what fees (if any) will be charged and the basis for those fees.
- The state's standards for personnel who provide services to children eligible under this part.
- The state's position and procedures related to contracting or making other arrangements with service providers.
- The state's position and procedures related to implementing other requirements of this law (e.g., the remaining components).

**PRIMARY REFERRAL SOURCE:** Includes:

- Hospitals
- Physicians
- Parents
- Child care programs
- Local educational agencies
- Public health facilities
- Other social service agencies
- Other health care providers

**PSYCHOLOGICAL SERVICES:** Include:

- Administering psychological and developmental tests, and other assessment procedures.
- Interpreting assessment results.
- Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development.
- 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.

**PUBLIC AGENCY:** Includes the lead agency and any other political subdivision of the state that is responsible for providing early intervention services to children eligible under this part and their families.

**PUBLIC AWARENESS:** A program focusing on the early identification of infants and toddlers with disabilities which includes preparation and dissemination of information on the availability of early intervention services to all primary referral sources, including families. Public information is the provision of education aimed at improving community awareness and understanding of the needs of young children with disabilities and their families.

**QUALIFIED PERSONNEL:** A person has met state-approved or state-recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

**REFERRAL:** A structured contact to provide eligibility and services information, to obtain parental consent to begin the process of gathering appropriate information, and to assist families to access early intervention services.

**RESPIRE CARE:** Provides brief periods of care for children eligible for early intervention whose care places special demands on families. Respite care assists families with day-to-day responsibilities.

**SCREENING:** A systematic process for determining which children in the general population are more likely than others in need of services. Screening procedures are quick, inexpensive, and should identify children suspect of having a problem and who then can be referred for further assessment and diagnosis.

**SERVICE COORDINATION:** 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.

- Service Coordination is an active, ongoing process that involves:
- Assisting parents of eligible children in gaining access to early intervention services and other services identified in the Individualized Family Service Plan (IFSP).
- 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.
- Facilitating timely delivery of available services.
- Continuing to seek appropriate services and situations necessary to benefit development of each child being served for the duration of the child's eligibility.

The activities may include:

- Coordinating the performance of evaluations and assessments.
- Facilitating and participating in the development, review, and evaluation of individualized family service plans.
- Assisting families in identifying available service providers.
- Coordinating and monitoring the delivery of available services.
- Informing families of the availability of advocacy services.
- Coordinating with medical and health providers.
- Facilitating the development of a transition plan to preschool services or other community resources as appropriate.

**SERVICE COORDINATION SERVICES:** 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 section §303.34 of Federal regulations.

**SERVICE COORDINATOR:** The individual selected or assigned by the team for each family to carry out service coordination activities to assist or enable a child or family to receive the rights, procedural safeguards and services authorized under Idaho's Early Intervention Services Act. Each eligible child or family must be provided one service coordinator who will coordinate all services across agency lines and

serve as the single point of contact in helping parents obtain services and assistance which they need. 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.

A state's policies and procedures for implementing early intervention services must be designed and implemented to ensure that service coordinators are able to carry out on an interagency basis the functions and services listed above.

The service coordinator demonstrates knowledge and understanding about:

- Infant and toddlers who are eligible under this part, and families.
- The sections of the Individuals with Disabilities Education Act relevant to infants and toddlers and the regulations of this Act.
- 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 including procedural safeguards.

**SOCIAL WORK SERVICES:** Include:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction.
- Preparing a social/emotional developmental assessment of the child within the family context.
- Providing individual and family group counseling with parents and other family members, and appropriate social skill building activities with the child and parents.
- Working with those circumstances 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.
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

**SPECIAL INSTRUCTION:** In Idaho is frequently called, but is not limited to, family education and includes:

- 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.
- 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.
- Providing families with information and coaching families to develop skills, and support related to enhancing the skill development of the child.
- Working with the child to enhance the child's development.

**SPEECH/LANGUAGE PATHOLOGY:** Includes:

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

**STATE:** Means the State of Idaho.

**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.

**VISION SERVICES:** Means:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities.
- Referral for medical or the professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both.
- Communications skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

## Section I

### A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

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

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

2.  The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistently with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the 2011 Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2021. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.<sup>1</sup>

Optional:

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

### B. Conditional Approval for Current Grant Year

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

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

- a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2019 conditional approval letter (attach any additional documentation required by the FFY 2019 letter).
- b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2019 conditional approval letter.

<sup>1</sup> If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2020.

**2. Conditional Approval Related to Other Issues:**

- a. The State previously submitted documentation of completion of all issues identified in the FFY 2019 conditional approval letter.
- b. The State is attaching documentation of completion of all issues identified in the FFY 2019 conditional approval letter. *(Attach documentation showing completion of all issues.)*
- c. The State has not completed all issues identified in the FFY 2019 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

## Section II

### A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431–1443 and the Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2020 grant award, the State will operate consistently with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations by the date indicated below and not later than June 30, 2021.

- Check and enter date(s) as applicable.
- Enclose relevant documents.

**Yes** (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)

**N** = 'New' Policy and/or Procedure

**R** = 'Revised' Policy and/or Procedure

**OF** = Policy and/or Procedure is already 'On File' with the USDE

**No** (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2021.)

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
<b>Subpart C—State Policies and Procedures</b>				
		X		1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided under this part. (34 CFR §303.201)
		X		2. Each application must include a description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system. (34 CFR §303.203(a))
				3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303.  <i>The State must have policies and procedures that meet the requirements listed in 3(a) and the methods identified in 3(b), and must provide responses to those</i>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>entries. If the State has not adopted a system of payments, it may respond "NA" to 3(a).</p>
		X		<p>(a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees).</p> <p>(34 CFR §303.203(b)(1))</p> <p><b>The policies and procedures listed in 3(a) are optional. Enter 'NA' in the cells to the left if the State has elected not to adopt a system of payments (which includes a system to use public insurance or benefits or private insurance or family fees to pay for Part C services); otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</b></p> <p><b>The State's response under 3(a) of Section II.A must match the State's response under Section IV.A.</b></p>
		X		<p>(b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3).</p> <p>(34 CFR §303.203(b)(2))</p> <p><b>If the State uses signed interagency agreements or "other appropriate written method(s)" to meet the requirements in 3(b), please check 'N' or 'R' and submit with the application. If the State's method is a State statute or regulation, the State does not need to submit that method (the statute or regulation) with its application.</b></p>
		X		<p>4. Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of <u>developmental delay</u>, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must—</p> <p>(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment</p>

Yes: N	Yes: R	Yes: OF	No	<b>State Policies, Procedures, Methods, and Descriptions</b>
				<p>procedures, consistent with §303.321, that will be used to measure a child's development; and</p> <p>(b) Specify the level of developmental delay in functioning or other comparable criteria that constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1). (34 CFR §§303.203(c) &amp; 303.111)</p>
			N/A	<p>5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include—</p> <p>(a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and</p> <p>(b) A description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a). (34 CFR §303.204).</p> <p><b><i>The policies and procedures listed in 5 are optional (i.e., they only apply if the State opts to serve at-risk children). Enter 'NA' in the cells to the left if the State has elected not to provide services under Part C to at-risk infants and toddlers; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach the definition and description.</i></b></p>
				<p>6. Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. (34 CFR §303.205)</p> <p><b><i>The State must complete Section III of this application.</i></b></p>
		X		<p>7. Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in §303.303(b) (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (34 CFR §303.206)</p>
		X		<p>8. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State. (34 CFR §303.207)</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
		X		<p>9. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency—</p> <ul style="list-style-type: none"> <li>(1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure);</li> <li>(2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and</li> <li>(3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303.</li> </ul> <p>(34 CFR §303.208(b))</p>
		X		<p>10. (a) <u>Application Requirements</u>: Each State must include the following in its application:</p> <ul style="list-style-type: none"> <li>(1) A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities.</li> <li>(2) A description of how the State will meet each requirement in §303.209(b) through (f).</li> <li>(3) (i) (A) If the lead agency is not the SEA, an interagency agreement between the lead agency and the SEA; or (B) If the lead agency is the SEA, an intra-agency agreement between the program within that agency that administers Part C of the Act and the program within the agency that administers section 619 of the Act</li> <li>(ii) To ensure a seamless transition between services under Part C and under Part B of the Act, an interagency agreement under paragraph (a)(3)(i)(A) of this section or an intra-agency agreement under paragraph (a)(3)(i)(B) of this section must address how</li> </ul>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>the lead agency and the SEA will meet the requirements of paragraphs (b) through (f) of this section (including any policies adopted by the lead agency under §303.401(d) and (e)), §303.344(h), and 34 CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that—</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(c) <u>Conference to discuss services</u>. The State must ensure that—</p> <ol style="list-style-type: none"> <li>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler’s third birthday to discuss any services the toddler may receive under Part B of the Act.</li> <li>(2) If a toddler with a disability is determined to not be potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.</li> </ol> <p>(d) <u>Transition plan</u>. The State must ensure that for all toddlers with disabilities –</p> <ol style="list-style-type: none"> <li>(1)(i) It reviews the program options for the toddler with a disability for the period from the toddler’s third birthday through the remainder of the school year; and</li> <li>(ii) Each family of a toddler with a disability who is served under Part C is included in the development of the transition plan required under this section and §303.344(h);</li> <li>(2) It establishes a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler’s third birthday; and</li> <li>(3) The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate— <ol style="list-style-type: none"> <li>(i) Steps for the toddler with a disability and his or her family to exit from the Part C program; and</li> <li>(ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.</li> </ol> </li> </ol> <p>(e) <u>Transition conference and plan meeting requirements</u>. Any conference conducted under paragraph (c) of this section or meeting to develop the transition plan under paragraph (d) of this section (which conference and meeting may be combined into one meeting) must meet the requirements in §§303.342(d) and (e) and 303.343(a).</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(f) <u>Applicability of transition requirements.</u>            (1) The transition requirements in paragraphs (b)(1) and (2), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211.            (2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1). (3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii).            (34 CFR §303.209)</p>
		X		<p>11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <u>et seq.</u>, as amended), early education and child care programs, and services under Part C.            (34 CFR §303.210)</p>
		X		<p>12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C.            (34 CFR §303.212(a))</p>
			N/A	<p>13. (a) General. (1) Subject to paragraphs (a)(2) and (b) of this section, a State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school.</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities—</p> <ul style="list-style-type: none"> <li>(i) From age three until the beginning of the school year following the child's third birthday;</li> <li>(ii) From age three until the beginning of the school year following the child's fourth birthday; or</li> <li>(iii) From age three until the beginning of the school year following the child's fifth birthday.</li> </ul> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <ul style="list-style-type: none"> <li>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii)) that contains— <ul style="list-style-type: none"> <li>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</li> <li>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including— <ul style="list-style-type: none"> <li>(A) The types of services and the locations at which the services are provided;</li> <li>(B) The procedural safeguards that apply; and</li> <li>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</li> </ul> </li> </ul> </li> <li>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</li> <li>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of</li> </ul>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under §300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by: (A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and percentage of children with disabilities who are eligible for services under section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds.</u> The State policy described in §303.211(a) must describe the funds—including an identification as Federal, State, or local funds—that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction.</u></p> <p>(1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><b><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></b></p>

**B. Assurances and Optional Assurance**

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

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

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>  <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b>  (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>(b) Infants and toddlers with disabilities who are homeless children and their families. (34 CFR §303.112)</p>
<p>X</p>		<p>6. (a) The Statewide system ensures the performance of—</p> <ul style="list-style-type: none"> <li>(1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and</li> <li>(2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler.</li> </ul> <p>(b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of 34 CFR §303.321.</p> <p>(34 CFR §303.113)</p>
<p>X</p>		<p>7. The Statewide system ensures that, for each infant or toddler with a disability and his or her family in the State, an IFSP, as defined in 34 CFR §303.20, is developed and implemented that meets the requirements of 34 CFR §§303.340 through 303.345 and that includes service coordination services, as defined in 34 CFR §303.34. (34 CFR §303.114)</p>
<p>X</p>		<p>8. The Statewide system includes a comprehensive child find system that meets the requirements in 34 CFR §§303.302 and 303.303. (34 CFR §303.115)</p>
<p>X</p>		<p>9. The Statewide system includes a public awareness program that—</p> <ul style="list-style-type: none"> <li>(a) Focuses on the early identification of infants and toddlers with disabilities; and</li> <li>(b) Provides information to parents of infants and toddlers through primary referral sources in accordance with 34 CFR §303.301.</li> </ul> <p>(34 CFR §303.116)</p>
<p>X</p>		<p>10. The Statewide system includes a central directory that is accessible to the general public (i.e., through the lead agency's Web site and other appropriate means) and includes accurate, up-to-date information about:</p> <ul style="list-style-type: none"> <li>(a) Public and private early intervention services, resources, and experts available in the State;</li> </ul>

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

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b>  (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
Act, if applicable. (34 CFR §303.118)		
X		<p>12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Nothing in Part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under Part C of the Act to infants and toddlers with disabilities. (34 CFR §303.119(a)–(c))</p>
X		<p>13. The Statewide system includes a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following—</p> <p>(a) (1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act; and</p> <p>(2) The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including—</p> <ul style="list-style-type: none"> <li>(i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act;</li> <li>(ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and 34 CFR Part 303;</li> <li>(iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations and EIS providers;</li> <li>(iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of</li> </ul>

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b> <i>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</i></p>
		<p>the noncompliance; and</p> <p>(v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with 34 CFR §§303.700 through 303.707, and any other activities required by the State under those sections.</p> <p>(b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of 34 CFR Part 303.</p> <p>(c) The assignment of financial responsibility in accordance with subpart F of 34 CFR Part 303.</p> <p>(d) The development of procedures in accordance with subpart F of 34 CFR Part 303 to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.</p> <p>(e) The resolution of intra- and interagency disputes in accordance with subpart F of 34 CFR Part 303.</p> <p>(f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of 34 CFR Part 303.</p> <p>(34 CFR §303.120)</p>
<p>X</p>		<p>14. The Statewide system includes a policy pertaining to the contracting or making of other arrangements with public or private individuals or agency service providers to provide early intervention services in the State, consistent with the provisions of Part C of the Act and 34 CFR Part 303, including the contents of the application, and the conditions of the contract or other arrangements. The policy —</p> <p>(a) Includes a requirement that all early intervention services must meet State standards and be consistent with the provisions of Part C; and</p> <p>(b) Is consistent with the Education Department General Administrative Regulations in 34 CFR Part 80.</p> <p>(34 CFR §303.121)</p>

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b>  (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
X		15. The Statewide system includes procedures for securing the timely reimbursement of funds used under Part C of the Act, in accordance with subpart F of 34 CFR Part 303. (34 CFR §303.122)
X		16. The Statewide system includes procedural safeguards that meet the requirements of subpart E of 34 CFR Part 303. (34 CFR §303.123)
X		17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124)
X		18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125)
X		19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided—  (a) To the maximum extent appropriate, in natural environments; and  (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment.  (34 CFR §303.126)
X		20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221)

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b> <i>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</i></p>
<p>X</p>		<p>21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222)</p>
<p>X</p>		<p>22. The Statewide system ensures that— (a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in 34 CFR Part 303; and (b) A public agency will administer the funds and property. (34 CFR §303.223)</p>
<p>X</p>		<p>23. The Statewide system ensures that it will— (a) Make reports in the form and containing the information that the Secretary may require; and (b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224)</p>
<p>X</p>		<p>24. The Statewide system ensures that – (a) Federal funds made available under section 643 of the Act to the State – (1) Will not be commingled with State funds; and (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—</p>

<p><b>Yes</b> <i>(Assurance is hereby provided.)</i></p>	<p><b>No</b> <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b> <i>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</i></p>
		<p>(1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and</p> <p>(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.</p> <p>(c) Requirement regarding indirect costs.</p> <p>(1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant.</p> <p>(2) If approved by the lead agency's cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either—</p> <p>(i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or</p> <p>(ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR Part 76 of EDGAR.</p> <p><u>(3) In charging indirect costs under paragraph (c)(2)(i) and (c)(2)(ii) of this section, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.</u></p> <p>(34 CFR §303.225)</p>
<p>X</p>		<p>25. The Statewide system ensures that fiscal control and fund accounting procedures will be adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 34 CFR Part 303. (34 CFR §303.226)</p>
<p>X</p>		<p>26. The State ensures that policies and practices have been adopted to ensure that—</p> <p>(a) Traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C; and</p> <p>(b) These families have access to culturally competent services within their local geographical areas.</p> <p>(34 CFR §303.227)</p>

<p><b>Yes</b></p> <p><i>(Assurance is hereby provided.)</i></p>	<p><b>No</b></p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p><b>Subpart B—Assurances</b></p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>Assurance Regarding Optional Policy</p>
<p>X</p>		<p><i>Enter 'NA' in the cell to the left if this assurance is not applicable to your State.</i></p> <p>27. A State may adopt and has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section. (34 CFR §303.119(d))</p>

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

### Assurances

Idaho Code, Title 16, Chapter 1, assures that an appropriate statewide system of early intervention services based on scientifically-based research, to the extent practicable, are available to all eligible infants and toddlers and their families, including infants and toddlers with disabilities and their families living on reservations geographically located in their state, infants and toddlers with disabilities who are homeless children and their families, and infants and toddlers with disabilities who are wards of the state in accordance with 34 CFR §303.101(a).

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

### Assurances

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

- Idaho Code, Title 16, Chapter 1.
- Idaho Infant Toddler Program eManual.
- Contracts with providers of Early Intervention Services.
- Interagency agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

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

### Assurances

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

- Part C, IDEA.
- Idaho Code, Title 16, Chapter 1.
- Idaho Administrative Procedures Act (IDAPA) Rules.
- Idaho Infant Toddler Program eManual.
- Contracts with providers of Early Intervention Services.
- Interagency agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

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

### Assurances

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

- Idaho Code, Title 16, Chapter 1.
- Idaho Infant Toddler Program eManual.
- Contracts with providers of Early Intervention Services.
- Interagency agreements with State Department of Education and Idaho Educational Services for the Deaf and Blind.

## **B-5 POLICY TO ASSURE EARLY INTERVENTION SERVICES FOR ALL INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES ARE BASED ON SCIENTIFICALLY-BASED RESEARCH (§303.112)**

### Assurances

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

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

### Assurances

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

### Procedures

#### **A. Referral**

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

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

#### **B. Evaluation of the Child**

Evaluations are conducted by qualified personnel, based on informed clinical opinion, and include pertinent records and information regarding the child's current level of function in each developmental area. With consent of the parent, this includes assessment activities relating to

the child and the child's family. In accordance with the Comprehensive Child Find System, the lead agency assures that within 45 days of receipt of referral, public agencies will complete evaluation and assessment activity and hold an Individualized Family Service Plan (IFSP) meeting.

1. Family involvement is an integral part of the evaluation and assessment process. Information provided by family members is critically important both for designing appropriate intervention strategies and for comprehensive evaluation.
  - a. The early intervention system includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child aged birth through two, who is referred for evaluation.
  - b. The lead agency (Department of Health and Welfare) is responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the state.
  - c. The lead agency ensures an IFSP is in effect and implemented for each eligible child and the child's family.
  
2. The evaluation of each child is:
  - a. Performed by multidisciplinary team members whose training qualifies them to assess children in the developmental area of concern, utilizing appropriate methods and procedures.
  - b. Based on informed clinical opinion and feedback from the family, including the following:
    - 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, as needed, in each of the following developmental areas: cognitive development; physical development including hearing, vision and motor; communication development; social or emotional development; adaptive development.
  
3. Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the 45-day time period. In this instance, the service coordinator establishes an interim IFSP. The service coordinator performs the following to establish an interim IFSP:
  - a. Meets with the family, identifies needed services, and completes the interim IFSP.
  - b. Obtains parent(s) consent prior to carrying out the services in the interim IFSP.
  - c. Assures the interim IFSP contains the name of the service coordinator responsible for the implementation of the IFSP and the services that are determined to be immediately required.
  - d. Assures evaluation and assessment are completed within the 45-day time period.

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

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

**C. Assessment of the Child**

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

- The unique strengths and needs of the child, in terms of each of the developmental areas.
- Early intervention services appropriate to meet those needs.
- The family's information regarding the child, including the resources, priorities, and concerns of the family and supports or services necessary to enhance the family's capacity to meet the developmental needs of the child.

**D. Family Assessment**

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

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

**E. Nondiscriminatory Procedures**

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

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

## **B-7 INDIVIDUALIZED FAMILY SERVICE PLAN (§ 303.114)**

### Assurances

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

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

### Procedures

- A. The Individualized Family Service Plan (IFSP)** is a written plan for providing early intervention services to each child eligible for services and for the child's family. The plan must:
1. Be developed jointly by the family (to the extent they wish to be involved) and appropriately-qualified persons involved in the provision of early intervention services.
  2. Be based on the multidisciplinary evaluation and assessment of the child and information provided by the family or family assessment if the family wants to have such information included.
  3. Include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

For a child who has been evaluated for the first time and determined eligible, a meeting to develop the initial IFSP is conducted within 45 days from the date the agency received the referral.

Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the 45-day time period. In this case the early intervention services may begin if the following conditions are met:

1. Parental consent is obtained.
2. An interim IFSP is written that includes:
  - a. The name of the service coordinator responsible for implementation of the interim IFSP and coordination with other agencies and persons.
  - b. A specific description of the early intervention services that have been determined to be needed immediately by the child and the child's family.

3. The evaluation and assessment are completed within the 45-day time period. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), the lead agency will:
  - c. Document the reason the program is unable to comply.
  - d. Develop and implement an interim IFSP as appropriate and consistent with pertinent regulations.

If a dispute between agencies exists regarding the development or implementation responsibility for Individualized Family Service Plans, the lead agency resolves the dispute or assigns responsibility according to the established timely dispute resolution procedures.

#### **B. Periodic Review**

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

#### **C. Annual Meeting to Evaluate the Individualized Family Service Plan (IFSP)**

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

#### **D. Accessibility and Convenience of Meetings**

Individualized Family Service Plan meetings are conducted:

1. In settings and times that are convenient to families.
2. In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
3. Meeting arrangements are made with input from families and other participants, and written notice is provided far enough in advance to allow them to make plans 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. Only early intervention services for which parental consent is obtained are provided.

## F. Participants in IFSP Meetings and Periodic Reviews

1. **Initial and annual IFSP Meetings.** Each initial and annual meeting to develop the IFSP must include participants to represent the following roles:
  - a. The parent or parents of the child.
  - b. Other family members, as requested by the parents, if feasible to do so.
  - c. An advocate or person outside the family, if the family requests such.
  - d. 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.
  - e. A person or persons directly involved in conducting the evaluations and assessments.
    - i. If the person(s) involved in conducting the evaluation and assessment is (are) unable to attend the IFSP meeting, arrangements are made (i.e., telephone or video conference), for an authorized representative to attend meeting, or for pertinent records to be made available at meeting.
  
2. **Periodic Review.** Each periodic review provides for the participation of the same persons (at a minimum, parent, service coordinator, and other persons involved), including, if possible other family members or advocates as requested by the family who attend initial IFSP meetings. If conditions warrant, provisions are made for the participation of other representatives (e.g. telephone or video conference, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting).
  
3. **Transition.** At least 6 months prior to age-completion (age 3) of the early intervention plan (IFSP), parents are informed orally and in writing of their rights to the Part B preschool and school age children mandated special education services, to ensure the parents' timely access to services. Parents are also informed orally and in writing of transition planning for their child to access Part B services and other relevant services that may be available. Procedures for transition from the Infant Toddler Program to special education services follow the operating procedures as described in the Idaho Infant Toddler Program Interagency Agreement with the Idaho State Department of Education.

## G. Content of Individualized Family Service Plan

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

1. **Status.** Information about the infant's or toddler's status. A statement of the infant's or toddler's present levels of physical development (including vision, hearing, motor, and health status), cognitive development, communication development, social or emotional development, and adaptive development.  
  
This statement is based on professionally-acceptable objective criteria.
  
2. **Family information.** With the family's concurrence, the IFSP will address the family's resources, priorities, and concerns related to enhancing the development of the family's infant or toddler with a disability.
  
3. **Outcomes.** The IFSP includes a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and timelines, used to determine:
  - a. The degree to which progress toward achieving the outcomes is being made.
  - b. Whether modification or revision of the outcomes or services is necessary.

4. Early intervention services. The IFSP includes a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes identified in the IFSP, including the frequency, intensity, and method of delivering the services, and payment source for each service.
5. Natural environments. The IFSP contains a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

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

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

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

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

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

6. Other services. Individualized Family Service Plan (IFSP). To the extent appropriate, the IFSP may include medical and other services the child needs, but that are not required under IDEA, Part C, as well as the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private resources.
7. Dates for implementation of services. The IFSP includes the projected dates for initiation of the services as soon as possible after the IFSP meeting and the anticipated duration of those services.
8. Service coordination. Service coordination is available to each eligible infant or toddler and the child's family.
  - a. The IFSP includes the name of the service coordinator, who is selected based on professional capabilities, including service coordination, that are most

immediately relevant to the needs of the infant/toddler or the family's needs (or who is otherwise qualified to carry out all applicable responsibilities), and who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

- b. In meeting the requirements for a service coordinator:
    - i. The service coordinator who was appointed at the time the child was initially referred for evaluation may be selected to be responsible for implementing a child's and family's IFSP.
    - ii. A new service coordinator may be selected.
9. Transition. Transition outcomes are incorporated into the IFSP as appropriate for each family. The steps to support the transition of the toddler with a disability to preschool or other appropriate community services are outlined in the IFSP.

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

- a. The lead agency will notify the local education agency (LEA) from the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B as determined by state law. See the Transition section for detailed procedures for transitions from Part C to Part B.
- b. For children eligible for participation in early childhood special education services under Part B of IDEA, the procedures to ensure smooth transitions are addressed in the interagency agreement between the Department of Health and Welfare and the Idaho Department of Education. See Transition section for procedures.
- c. For children who may not be eligible for preschool services under Part B, the service coordinator makes reasonable efforts with the approval of the family, to convene a conference among the lead agency, family, and providers of other appropriate services to discuss the services the child may receive.

## **B-8 COMPREHENSIVE CHILD FIND SYSTEM (§ 303.115)**

### Assurances

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

The system consists of a coordinated statewide effort to actively identify, locate and evaluate infants and toddlers with developmental and special health care needs, or who are at-risk of developing such.

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

## **Procedures**

### **A. Coordination**

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

- Part B under the State Department of Education.
- Maternal and Child Health programs under title V of the Social Security Act.
- Medicaid's Early Periodic Screening, Diagnosis and Treatment program under title XIX of the Social Security Act.
- State Program for Developmental Disabilities.
- Head Start.
- Supplemental Security Program under title XVI of the Social Security Act.
- Child and Family Services.
- Idaho Child Care Program.
- Family Violence Prevention Program.
- Early Hearing Detection and Intervention Program.
- Medicaid Children's Health Insurance Program under title XXI of the Social Security Act.
- Idaho Educational Services for the Deaf and the Blind.
- Tribes and tribal organizations that receive money under Part C.
- Other tribes and tribal organizations as appropriate.

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

### **B. Primary Referral Sources**

Primary referral sources include, but are not limited to:

- Hospitals.
- Private clinics and physicians.
- District Health Departments.
- Developmental Disability Program.
- Parents and parent support groups.
- Head Start.
- Private therapists.
- Public schools.
- Child and Family Services.
- Child care programs.
- Early Periodic Screening, Diagnosis, and Treatment (PSDT) and other public and private screening programs.
- Migrant, Indian, and community health clinics.
- Women, Infants and Children's Program.
- Homeless family shelters.
- Domestic violence shelters.
- Other.

Primary referral sources have a responsibility to initiate a referral to the Infant Toddler Program as soon as possible, but in no case more than 7 calendar days after identifying a child.

(CFR34, Section 303.303(a)(2)(i)).

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

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

**C. Implementation of a Statewide Child-find System**

1. The Child Find Coordinator is responsible to perform the following tasks: Provide outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
  - a. Distribute the Idaho Infant Toddler Program Developmental Milestones brochures and Infant Toddler Program materials to primary referral sources and provide information about how to make a referral.
    - i. Program brochures and materials can be found at various locations throughout the community (e.g., doctor's offices, child care centers, Health Districts, hospitals, Early Head Start programs, etc.).
  - b. Assure contacts with the family to provide information about the Infant Toddler Program and establish a working relationship with them. A phone call to the parent/guardian is acceptable.
  - c. Collaborate with the family to decide where to enter the child in the Infant Toddler Program (i.e., monitoring, screening, or referral for multidisciplinary evaluation), consulting the hub/regional supervisor as needed.
  
2. When a referral is received from a referral source, the Child Find Coordinator:
  - a. Determines with the family whether current developmental concerns exist that warrant referral for evaluation.
  - b. Refers a child for a multidisciplinary evaluation as soon as possible, but in no case more than seven calendar days after receipt of the referral or identification of a child that indicates such a need.
  - c. Notifies the Case Management Hub Supervisor of the referral.
  - d. Ensures that information about the Infant Toddler Program using Program Brochures is provided to the parent/guardian when making a referral for a multidisciplinary evaluation.
  - e. Provides the option to the parent/guardian to enroll child who doesn't need an evaluation in developmental monitoring, known as Developmental Milestones.

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

3. The Child Find Coordinator is responsible to perform the following tasks:
  - a. Provide outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
  - b. Distribute the Idaho Infant Toddler Program Developmental Milestones brochure and Infant Toddler Program materials to primary referral sources and provides information about how to make a referral.
  - c. Contact parent/guardian to provide information about Developmental Milestones and the Idaho Infant Toddler Program and establish a working relationship with family. A phone call to the parent/guardian is acceptable.
  - d. Collaborate with the family to decide where to enter the child in the Infant Toddler Program (i.e., developmental monitoring, screening, or referral for multidisciplinary evaluation) consulting with Case Management Hub Supervisor, as needed.

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

**D. Monitoring At-Risk Infants and Toddlers**

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

**1. Medical/Biological Risk**

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

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

- a. Respiratory Distress Syndrome (documented diagnosis in chart, differentiated from other signs of respiratory distress; must have assisted ventilation and/or Continuous Positive Airway Pressure (CPAP) equal to more than every four hours).
- b. Symptomatic hypoglycemia low blood sugar of newborn (e.g. jitteriness, seizures, lethargy).
- c. Neonatal seizures.
- d. Hypertonia or hypotonia at the newborn discharge examination (tight muscle tone or low muscle tone).
- e. Intracranial hemorrhage (bleeding within the skull).
- f. Head circumference equal to or less than 5th percentile or equal to or more than 90th percentile for gestational age (excessively large or small for age).
- g. Birth weight equal to or less than 1800 grams (4 pounds).
- h. Documented diagnosis of microbial central nervous system infection: bacterial, protozoan, viral, fungal.
- i. Asphyxia neonatorum with Central Nervous System (CNS) depression or sequelae.
- j. Intrauterine Growth Retardation (IUGR, less than 5th percentile).
- k. Hyperbilirubinemia equal to or more than 25mg/dl and or requiring exchange transfusion (yellow or jaundice).
- l. Neonatal apnea, if significant (repeated episodes, especially if accompanied by low heart rate, breathing stop, long pauses).
- m. Risk factors for hearing impairments and /or strong family history of hearing impairment.
- n. Meconium aspiration (baby inhales fecal material during birth) with associated neonatal depression.
- o. Suspected visual impairment (e.g. nystagmus, strabismus, myopia, deficit in focus/following).
- p. Significant maternal/fetal concerns prior to birth:
  - i. Fetal distress with associated neonatal difficulty.
  - ii. Perinatal infections such as Toxoplasmosis, Other [Syphilis], Rubella, Cytomegalovirus, and Herpes Simplex Virus (TORCH); blood borne disease such as hepatitis or AIDS; exposure to teratogenic drugs,

- chemotherapy, or environmental chemicals.
- iii. Other factors such as oligohydramnios, polyhydramnios, maternal substance abuse, maternal diabetes, maternal hyperthyroidism, maternal Phenylketonuria (PKU), mother on chemotherapy or exposed to teratogenic drugs or environmental chemicals.
- q. Acquired medical risk. (e.g. meningitis, head injury or neurological insult, chronic disease, failure-to-thrive, accidents, life-threatening episodes, etc.)

## 2. Environmental Risk

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

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

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

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

## E. Screening

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

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

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

### *Child Find Coordinator Responsibilities*

The Child Find Coordinator performs the following to coordinate screenings:

- Assures an appointment is offered to the parent/guardian for a developmental screening for their child.
- May coordinate the screening through the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), primary physician, high risk clinics, or other regional screening

activities.

- Obtains written consent (permission) from the parent/guardian for screening.
- May conduct the developmental screening or make arrangements with other qualified personnel to conduct the screening.
- With parent consent, enrolls the child in developmental monitoring (Developmental Milestones), if no immediate concerns are identified.
- Refers family to an appropriate health care provider or Idaho 2-1-1 CareLine for current immunization schedules.
- Forwards the results of the screening to the child's primary care physician or medical home if the parent/guardian provides a written consent to exchange information.
- Makes a referral for a multidisciplinary evaluation as soon as possible (but in no case more than seven working days) when concerns are noted in one or more skill areas. In this instance, the Case Management Hub Supervisor or Intake Coordinator is notified of the referral.
- Provides information about the multidisciplinary evaluation and the Infant Toddler Program to parent/guardian.

#### **F. Outreach, Public Awareness and Central Directory**

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

##### *Child Find Coordinator Responsibilities*

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

1. Distributes Idaho Infant Toddler Developmental Milestones brochure and checklist to primary referral sources and the general public, as requested.
2. Maintains accurate and current resource information by submitting routine updates to the Idaho 2-1-1 CareLine Coordinator.
  - a. The Case Management Hub Supervisor assists with the routine updates, as appropriate.
  - b. Routine updates are submitted to the 2-1-1 CareLine Coordinator annually, at a minimum.
3. Coordinates with the Case Management Hub Supervisor to carry out recommendations of the Regional Early Childhood Committee (RECC) regarding public awareness activities.

### **B-9 PUBLIC AWARENESS PROGRAM (§ 303.116)**

#### Assurances

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

#### Procedures

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

- The early intervention procedures as defined by the Department of Health and Welfare and the Infant Toddler Coordinating Council (ITCC).
- The availability of the Central Directory.

The public awareness information for an effective program focuses on:

- Typical child development.
- The importance of prenatal care.
- Information for parents with premature infants.
- The importance and efficacy of early intervention.

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

1. Demonstrate that critical decision makers are involved, including but not limited to, the lead agency or designees, the Infant Toddler Coordinating Council, and parent groups.
2. Prepare and disseminate the materials necessary for education of each respective audience:
  - a. Physicians and nurses.
  - b. Parents.
  - c. Minority groups.
  - d. Grandparents and other family members.
  - e. Agencies.
  - f. Advocates.
  - g. Parent groups.
  - h. Child care providers.
3. Demonstrate that an evaluation process exists for assessing the results of the public awareness campaign, including review of primary referral source data and child count data, by age and geographic area.
4. Provide a continuous, ongoing effort throughout the state, including rural areas.
5. Provide for the involvement of, and communication with, major organizations throughout the state that have a direct interest, including public agencies at the state and local level, private providers, professional associations, parent groups, advocate associations, other organizations, and any interested persons in the community.
6. Provide for the field testing of developed materials within the state. The materials should be tested by the general populations as well as the professional community. They should be tested for readability and cultural sensitivity.
7. Reach the general public.
8. Include a variety of methods for informing the public about the provisions of Part C. Examples include:
  - a. Use of television and radio.
  - b. Newspaper.
  - c. Pamphlets and posters displayed in appropriate locations.
  - d. Publishing information on websites and maintaining links to related sources of information.
  - e. The use of a toll-free telephone service.
9. Publish information in other languages when necessary.
10. Provide accommodation through audio tapes and large printed text, as needed.

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

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

## **B-10 CENTRAL DIRECTORY (§ 303.117)**

### Assurances

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

### Procedures

Idaho has a well-developed, comprehensive information and referral system. The service is designed to assist the public to connect with needed services. The Idaho 2-1-1 CareLine houses the directory information about early intervention services. The system permits any citizen of Idaho to dial a single number or visit the website and access a statewide provider database which includes:

- Public and private early intervention service resources.
- Early intervention experts in the state.
- Research and demonstration projects.
- Professional groups and organizations.
- Family support and advocacy groups which provide assistance to eligible children and their families.

Additionally, because of the joint effort by all divisions, the directory includes information on prenatal care, health services, and child care services. The directory information is available to callers, a website provides a searchable index, and written information is provided to consumers upon request. The public can access provider data by phone, online, or by letter. Brochures distributed about early intervention services and child development have the Idaho 2-1-1 CareLine toll free number printed on them and serve as a transmittal letter to the public.

The directory is maintained with regular updates. Following initial data entry, each service provider/agency is re-contacted to verify the accuracy of the data. This update occurs annually.

The lead agency ensures that the Central Directory is maintained in a manner to ensure continual access.

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

### Assurances

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

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

### Procedures

1. The procedures and activities associated with training personnel to implement services for infants, toddlers and their families comprise a Comprehensive System of Personnel Development (CSPD).
2. The CSPD Part C system includes the following criteria:
  - a. Conducting annual update of the staffing and training needs assessment identifying personnel development need statewide.
  - b. Developing a statewide plan for addressing personnel development needs.
  - c. Assuring that in-service training delivered relates to the topics and competencies identified in needs assessments.
  - d. Providing specialized orientation to new staff or contracted professionals and paraprofessionals as well as specialized continuing education to long-term practitioners.
  - e. Making available scholarships for personnel who need coursework or training to meet standards and certification.
  - f. Supporting development of personnel training and technical assistance grants.
3. In-service training is coordinated through the regional Infant Toddler Program to public health and private providers, primary referral sources, service coordinators, and parents regarding:
  - a. Requirements for:
    - i. Child Find.
    - ii. Multidisciplinary evaluation/assessment.
    - iii. Individualized Family Service Plan (IFSP)/Service Coordination.
    - iv. Procedural Safeguards.
  - b. Understanding of the basic components of the Idaho Early Intervention System.
  - c. Meeting the interrelated social or emotional, health, developmental, and educational needs of Part C eligible children.

- d. How to assist families in enhancing the development of their infant/toddler by fully participating in their Individualized Family Service Plan's development and implementation.

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

Additionally, regional/hub supervisors regularly contact and train groups and individual primary referral sources to orient to the Infant Toddler Program, the benefits of early intervention, risks and eligibility criteria, how to make referrals, and procedural requirements. Pediatric and medical groups, the Idaho Perinatal Project, parent organizations, child providers, Family and Children Services child protection workers, and WIC clinicians are examples of target audiences included in the program's outreach efforts.

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

Parent education activities are facilitated by Idaho Parents Unlimited (IPUL) Parent Training Information Center and Regional Early Childhood Committees.

Idaho Parents Unlimited, through their regional consultants, offers training annually on IFSP development, resource identification and coordination, and parent rights. Idaho Parents Unlimited also sponsors a semi-annual parent conference with a wide variety of sessions concerning parenting and disability issues.

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

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

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

## B-12 PERSONNEL STANDARDS (§ 303.119)

### Assurances

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

### Procedures

#### A. Definitions

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

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

In any geographic area of the state where there is a demonstrated shortage of fully qualified, adequately trained personnel, the lead agency may hire, contract, or approve the use of the most qualified individuals available who are making satisfactory progress toward completing applicable coursework and training necessary to meet the standards described above in 1, 2, 3, and 4.

The following minimum procedures will be used when necessary to hire a less than fully qualified individual:

1. A good faith effort will be made by the supervisor or the Program Manager to recruit personnel who meet the highest standard by:
  - a. Requesting a register of qualified candidates from the Idaho State Division of Human Resources.
  - b. Requesting an announcement for employment through the required state process of the Division of Human Resources (if the register is insufficient to identify fully

qualified candidates), which includes statewide dissemination of the position announcement.

- c. Screening and interviewing all potentially qualified applicants.
  - d. Hiring the most qualified individuals under a signed conditional hiring agreement which outlines a plan, with timelines, for the candidate to achieve applicable coursework and other required training or experience within three years of the date of hire.
  - e. Supervising closely the job performance of the employee by a fully qualified individual.
  - f. Monitoring progress toward achievement of the goals contained in the conditional hiring agreement at least annually and documenting progress in the employee record.
  - g. Terminating the employment of the individual if the progress toward completion is deemed unsatisfactory according to the provisions of the conditional hiring agreement.
  - h. Notifying the Infant Toddler Policy Program Manager (Part C Coordinator) when any employee is hired using this procedure for conditional hiring.
- C. The standards for each early intervention discipline or profession used by the lead agency to implement Part C are consistent with the highest requirements in Idaho for that profession or discipline, except in the instance of a demonstrated personnel shortage according to the procedures in B, above. The lead agency's regional Infant Toddler Program maintains files of information on Part C personnel and personnel standards.
- D. In identifying the "highest standards in the state," the requirements of all state statutes and rules of all state agencies applicable to services for children and families are considered.

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

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

### **Audiologist**

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

A licensed audiologist must have the following qualifications:

- Possess a master's or doctoral degree with emphasis in Audiology, or not less than 75 semester credit hours of post-baccalaureate study that culminates in a doctoral or other recognized degree from a nationally-accredited school for Audiology with a curriculum acceptable to the Board.
- Pass an examination in Audiology approved by the Speech and Hearing Services Licensure Board [Certificate of Clinical Competence in Audiology (CCC-A)].
- Meet the current supervised academic clinical practicum, and supervised postgraduate professional experience approved by the Board.
- Never have had a license for Audiology revoked.

### **Developmental Specialist**

IDAPA 16.03.10.657.08

A developmental specialist must have the following qualifications:

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

-OR-

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

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

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

When the Department, in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA), has determined that there is a shortage of qualified personnel to meet service needs in a specific geographic area, the Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable coursework, in accordance with the individual's approved plan, to meet the required standard within three years of being hired. Satisfactory progress will be determined on an annual review by the Department.

### **Family Therapist**

The following subsections describe the qualifications necessary for marriage and family therapist and professional counselor.

#### **Marriage and Family Therapist**

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

A licensed marriage and family therapist must have the following qualifications:

- Possess a graduate degree as outlined in Section 54-3405C(1), Idaho Code.
- Successfully complete a written examination as approved by the Board and defined by rule.
- Meet the completion of a 1-year practicum of supervised marriage and family therapy experience, consisting of a minimum of 300 direct client contact hours, of which 150 hours

shall be with couples or families, as part of the graduate program requirements as outlined in Section 54-3405C(2), Idaho Code.

- Meet the 3,000-hour requirement as outlined in Section 54-3405C(3), Idaho Code. Effective July 1, 2004, a marriage and family therapist must be registered with the Board in order to provide post-graduate supervision.

### **Professional Counselor**

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

A licensed professional counselor must have the following qualifications:

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

### **Therapy Technicians Delivering Services to Children Birth – Three**

IDAPA 16.03.10.657.9

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

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

-OR-

- Have three years of documented experience providing care to infants, toddlers, or children less than 5 years of age with Developmental Delays or Disabilities under the supervision of a child development professional, certified educator, licensed therapist, or developmental specialist.

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

### **Occupational Therapist**

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

A licensed occupational therapist must have the following qualifications:

- Be of good moral character. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of having successfully completed a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be a minimum of 6 months of supervised fieldwork experience.

- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit. The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

A licensed occupational therapist shall be responsible for the supervision of the certified occupational therapist assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the occupational therapist assistant is performing the service.

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

### **Certified Occupational Therapist Assistant (COTA)**

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

A certified occupational therapist assistant must have the following qualifications:

- Be of good moral character. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of successfully completing a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be, a minimum of 2 months of supervised fieldwork experience.
- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit. The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

The licensed occupational therapist shall be responsible for the supervision of the certified occupational therapist assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the occupational therapist assistant is performing the service. The mode and extent of the communication between the supervising or consulting occupational therapist and the occupational therapist assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

### **Orientation/Mobility Specialist**

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

1. Proof of a minimum of a Bachelor's degree (or foreign equivalent, as verified through an independent credential evaluation company), with an emphasis in Orientation and Mobility (O&M) from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)-approved university or college O&M program at the time the degree or program of study was granted or completed.

2. In conjunction with the university program, successful completion of 350 hours of "discipline- specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc." The practice must be supervised by an onsite certified orientation and mobility specialist.
3. A signed written statement agreeing to uphold high ethical and professional standards.

The preceding orientation and mobility specialist standards were taken from the website of The Academy for Certification of Vision Rehabilitation and Education Professionals.

### **Optometrist**

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

A licensed optometrist must have the following qualifications:

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

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

### **Pediatrician/Physician**

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

A licensed pediatrician/physician must have the following qualifications:

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

The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database. Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and the Federal Bureau of Investigation Identification Division for this purpose.

2. Pass an examination conducted by or acceptable to, the Board that shall thoroughly test the applicant's fitness to practice medicine.
  - a. If an applicant fails to pass the examination on two separate occasions, the applicant shall not be eligible to take the examination for at least one year, and before taking the examination again, the applicant must make a showing to the Board that they have successfully engaged in a course of study for the purpose of improving their ability to engage in the practice of medicine.
  - b. Applicants who fail two separate examinations in another state, territory, or district of the United States or Canada, must make the same showing of successful completion of a course of study prior to examination for licensure.
3. The Board may require an applicant to be personally interviewed by the Board or a designated committee of the Board. Such an interview shall be limited to a review of the applicant's qualifications and professional credentials.

### Physician Assistant

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

A licensed physician assistant must have the following qualifications:

1. Applicants for licensure shall have completed an approved program as defined in Subsection 010.03 and shall provide evidence of having received a college baccalaureate degree from a nationally-accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both; or from a school accredited by another such agency approved by the Board.
2. Satisfactory completion and passage of the certifying examination for physician assistants, administered by the National Commission of Certification of Physician Assistants, or such other examinations; which may be written, oral, or practical, as the Board may require.
3. The Board may, at its discretion require the applicant or the supervisory physician, or both, to appear for a personal interview.
4. If the applicant is to practice in Idaho, the applicant must submit payment of the prescribed fee and a completed form provided by the Board indicating:
  - a. The applicant has completed a delegation of services agreement signed by the applicant, supervising physician, and alternate supervising physicians.
  - b. The agreement is on file at each practice location, the address of record of the supervising physician, and the central office of the Board.

-OR-

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

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

### Nurse Practitioner

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

A licensed nurse practitioner must have the following qualifications:

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

### Physical Therapist

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

A licensed physical therapist must have the following qualifications:

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

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

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

### Physical Therapist Assistant

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

A licensed physical therapist assistant must have the following qualifications:

1. Be of good moral character.
2. Submit a completed, written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school with a curriculum acceptable to the Board, for physical therapists or physical therapist assistants, and have completed the application process.
3. Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a physical therapist or physical therapist assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
4. Have a degree from a school or course of physical therapist assistant with a curriculum approved by:
  - a. The American Physical Therapy Association (APTA) from 1926 to 1936, or the APTA Accreditation Commission; or
  - b. The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or

- c. An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

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

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

### **Psychologist**

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

A licensed psychologist must have the following qualifications:

1. Be of acceptable moral character.
2. Graduate from either:
  - a. An accredited college or university with a degree of doctor of philosophy in psychology and two years of postgraduate experience acceptable to the Board, such two years not to include terms of internship, or
  - b. A recognized college or university with a doctoral degree in a field related to psychology, provided experience and training are acceptable to the Board.
3. Successful passage of an examination, if such examination is required by the rules duly adopted by the Board. The Board will require a written examination of applicants. The written examination will be the National Examination for Professional Practice in Psychology (EPPP).

### **Registered Dietician**

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

A licensed registered dietician must have the following qualifications:

- Successfully complete the academic requirements of an education program in dietetics approved by the Licensure Board.
- Successfully complete a dietetic internship or pre-professional practice program, coordinated program, or such other equivalent experience as may be approved by the Licensure Board.
- Pass an examination as provided in section 54-3507, Idaho Code.
- Be of good moral character and shall meet the requirements set forth in Section 54-3506, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3510, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Either pass an examination required by the Board or shall be entitled to apply for a waiver pursuant to Section 54-3508, Idaho Code.
- The written examination shall be the examination conducted by the Commission on Dietetic Registration and the passing score shall be the passing score established by the Commission.
- An applicant who fails to pass the examination must submit a new application.

- An applicant who has failed to pass the examination on two separate occasions will be denied eligibility to reapply; however, applications may be considered on an individual basis if proof of additional training is submitted.

### **Registered Nurse**

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

A licensed registered nurse must:

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

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

### **Licensed Practical Nurse**

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

A licensed practical nurse must:

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

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

### **Service Coordinator**

IDAPA 16.03.10

A qualified service coordinator must:

- Be an employee or contractor of an agency that has a valid provider agreement with the Idaho Department of Health and Welfare.
- Have at least 12 months' experience working with the population they will be serving or be supervised by a qualified service coordinator.
- Have a minimum of a bachelor's degree in a human services field from a nationally-accredited university or college or be a licensed professional nurse.

### **Social Worker**

IDAPA 24.14.01 and Idaho Statutes, Title 54, Chapter 32

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

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

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

### **Speech/Language Pathologist**

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

A licensed speech/language pathologist must:

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

In addition, the speech/language pathologist shall not be found by the Board to have engaged in conduct prohibited by section 54-2923, Idaho Code. However, the Board may take into consideration the rehabilitation of the applicant and other mitigating circumstances, as appropriate.

#### *Speech/Language Pathologist's Responsibilities*

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

The speech/language pathology aide/assistant must be supervised by a speech/language pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active

interest and wants to use support personnel, and has practiced speech/language pathology for at least two years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for the first 90 workdays. For a 40-hour workweek, 12 hours would be both direct and indirect supervision.

Direct supervision of patient/client care should be no less than 20 percent of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

### **Speech/Language Pathologist Aide**

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

A licensed speech/language pathologist aide must:

- File a written application with the Board on forms prescribed and furnished by the Board. A nonrefundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses a baccalaureate degree from a nationally-accredited school of speech-language pathology aide with a curriculum acceptable to the Board.
- Pass an examination in speech-language pathology aide approved by the Board.

### *Speech/Language Pathologist's Responsibilities*

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

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

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for

the first 90 workdays. For a 40-hour workweek 12 hours would be both direct and indirect supervision.

Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

### **Speech/Language Pathologist Assistant**

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

A licensed speech/language pathologist assistant must:

- File a written application with the Board on forms prescribed and furnished by the Board. A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses an associate's degree from a nationally-accredited school of Speech/Language Pathology Assistant with a curriculum acceptable to the Board.
- Pass an examination in Speech/Language Pathology Assistant approved by the Board.

#### *Speech/Language Pathologist's Responsibilities*

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

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

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30 percent direct and indirect supervision should be provided weekly for the first 90 workdays. For a 40-hour workweek, 12 would be both direct and indirect supervision.

Direct supervision of patient/client care should be no less than 20 percent of the actual patient/client contact time weekly for each speech/language pathology aide/assistant. This ensures that the supervisor will have direct contact time with the speech/language pathology aide/assistant as well as with the patient/client.

During each week, data on every patient/client seen by the speech/language pathology aide/assistant should be reviewed by the supervisor. In addition, the 20 percent direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech/language pathologist at least once every two weeks.

**Teacher for Visually Impaired**

IDAPA 08.02.02

A certified teacher for visually impaired must possess both a Standard Exceptional Child Certificate and a Visual Impairment Endorsement (K-12).

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

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

-OR-

  - c. Complete a program from an out-of-state college or university in elementary, secondary, or special education currently approved by the educational agency of the state which the program was completed.
2. Complete a program of a minimum of 30 semester credit hours in the area of visual impairment and must receive an institutional recommendation specific to this endorsement from an accredited college or university.

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

Assurances

As the lead agency, the Idaho Department of Health and Welfare assures implementation of statewide coordinated comprehensive, early intervention services to all eligible infants and toddlers and their families. Idaho Code, Title 16, Chapter 1, an act for early intervention services for infants and toddlers, was enacted in 1991. The code defines Health and Welfare as the lead agency and designates the Department as the single line of responsibility for the administration of the early intervention system and all funds appropriated to implement the provisions of the act.

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

Administrative responsibilities of the Department of Health and Welfare include:

- The general administration, supervision, and monitoring of programs and activities.
- The identification and coordination of all available resources within the state from federal, state, local, and private sources.
- The assignment of financial responsibility.
- The development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes among public agencies or service providers.

- The resolution of intra- and interagency disputes.
- The entry into formal intra- and interagency agreements with other agencies involved in early intervention services.
- The writing of policies, procedures, and administrative rules in conjunction with the Infant Toddler Coordinating Council; and the provision of staff and services as necessary to carry out the functions of the council.

## **B-13(a) LEAD AGENCY – GENERAL SUPERVISION AND MONITORING (§ 303.120)**

### Assurances

The Idaho Department of Health and Welfare is responsible for the general administration, supervision and monitoring of programs and activities used by the state to implement Part C, and to ensure compliance with the Part C regulations. This authority has been established by Idaho Code, Title 16, Chapter 1. To ensure compliance with Part C, the lead agency is also responsible for the monitoring of programs and activities used by the state to carry out this part whether or not the programs or activities are receiving assistance under Part C.

### Procedures

The department has established and will use proper methods of administering the Part C program within the state, including the following:

#### **A. Overview of Monitoring System**

- Idaho Infant Toddler Program uses specific quality indicators and compliance measures to determine regional performance of regulatory requirements and other standards identified by Office of Special Education Programs (OSEP) and the state.
- Lead Agency monitors data reflecting these standards and indicators on a regular basis.
- Many indicators are monitored on a regular basis by regional staff.
- Summary reports are routinely provided to Infant Toddler Coordinating Council (TCC) and other interest groups.
- Monitoring data is used to inform discussions and policy decisions.
- State web-based data system and ECO Family Outcomes Survey-Revised (FOS-R) are closely aligned with compliance and performance indicators.
- Idaho's general supervision system employs self-assessments by regional programs.
- Technical assistance is used to ensure correction of non-compliance and improved performance.

#### **B. Advisory Council**

Monitoring of agencies, institutions, organizations, and activities used by the state to implement Part C is performed by the Department with the advice and assistance of the Infant Toddler Coordinating Council and the Regional Early Childhood Committees.

#### **C. Data System and Verification**

1. Idaho Infant Toddler Program's electronic data collection and management system is a web-based system that contains all collected data regarding child enrollment, demographic, caregiver, and service coordination provision, as well as eligibility and service categories.
2. The web-based data system has undergone extensive revisions to allow for improved capacity for data collection, analysis, report generation and billing capabilities. The data system provides real-time data to both regional and central office personnel.

3. Data in web-based system is used to:
  - a. Report 618 data to OSEP.
  - b. Respond to many compliance and performance indicators in each program's self- assessment.
  - c. Determine compliance and performance status for State Performance Plan (SPP)/Annual Performance Report (APR) indicators.
4. Data from the web-based data system populates relevant local program compliance and performance indicators included in the Regional Annual Performance Report (RAPR) document. Reports are generated in Central Office and data is transferred to the RAPR document.
5. Lead Agency verifies the data entered in the web-based data system for accuracy, reliability, non-duplication, etc. during desk audit procedures.

#### **D. Family Survey**

Idaho Infant Toddler Program utilizes results from the ECO Family Outcomes Survey-Revised (FOS-R) family survey as part of the identification of issues and areas for improvement.

#### **E. Desk Audit**

Lead Agency conducts a desk audit process using data compiled through the web-based system to accomplish the following:

- Ensure data in the web-based system are accurate.
- Identify potential areas of noncompliance and areas for improvement.
- Conduct inquiry to obtain additional information, as needed.
- Issue findings of non-compliance, if necessary.
- Monitor implementation of corrective action plans.
- Provide technical assistance to regional users.
- Assure correction of noncompliance in accordance with federal requirement.

#### **F. Self-Assessment**

1. Regional assessment is completed by local programs annually utilizing a standardized tool titled the Regional Annual Performance Report.
2. Self-assessment indicators developed by the state (focusing on both compliance and quality) are aligned with the SPP/APR and the state's web-based data system.
3. Lead Agency populates relevant self-assessment indicators with data from the web-based data system, ECO Family Outcomes Survey-Revised (FOS-R) family survey results, and child outcome data and sends to programs to complete other elements from targeted file reviews, regional complaint logs, and other sources of information.
4. Number of other data sources that programs are required to use in completing self-assessment and determining performance in meeting targets is limited (e.g., record review, family survey, previous monitoring reports).
5. Lead Agency will verify program self-assessment data through desk audit procedures such as comparison of data reports from multiple data sources (e.g. file review and web-based data system reports).
6. Lead Agency will provide technical assistance to programs in developing a negotiated action plan, which identifies concrete steps/timelines to remediate system challenges, areas of concern or desired growth, and areas of non-compliance as appropriate (e.g., regional corrective action plans).

7. Regional programs will include baseline data and measurable, time-specific objectives and performance targets as well as technical assistance and training needs in Corrective Action Plans (CAPs) and enhancement plans as strategies to help achieve the targeted objectives.
8. In implementing CAPs and enhancement plans, the Hub/Regional leadership team is responsible for:
  - a. Ensuring the Action Plan is implemented as developed.
  - b. Documenting that the activities listed are occurring within the given timelines identified in the Action Plan.
  - c. Reviewing progress quarterly and making adjustments in the plan and the activities as warranted. On compliance issues, the process reports performance data and status of record review findings in the CAP document.
  - d. Requesting specific technical assistance from central office to implement the plan and resolve system challenges and areas of non-compliance, if any are identified.
  - e. Advising central office of barriers to implementation (and possible solutions) that are not controlled at the Regional level.

For regional programs that identify non-compliance, Lead Agency completes quarterly corrective action plan monitoring calls to assess status and progress. In instances where no progress toward expected targets is made over a period of more than two quarters, monthly monitoring, increased technical assistance, further troubleshooting, or other sanctions may result.

#### **G. Technical Assistance (TA) for Monitoring**

- Lead Agency provides TA to regional programs regarding use of the web-based data system and the development and implementation of CAPs and enhancement plans.
- Lead Agency can require specific TA if non-compliance and improvements are not being addressed in a timely manner.
- Hub/regional leadership teams access TA from in-state and national experts as needed, to ensure correction of non-compliance, improve performance in meeting targets, and enhance quality practices to improve results for children and families.

#### **H. Analysis of Complaints and/or Due Process Resolutions for Monitoring and TA Purposes**

- All families are provided with information on complaint and dispute resolution processes, including the availability of mediation.
- Formal and informal complaints are managed by the Lead Agency where a log of complaints and resolutions is maintained.
- When a complaint is aired by a family, whether verbally or in writing, they are informed of the procedural safeguards and advised how to submit a complaint in writing should they choose.
- Families are also informed about mediation and encouraged to consider it as one option to help resolve a dispute.
- Should a family choose to request mediation or due process, Lead Agency contacts appropriate mediators/hearing officers, confirms arrangements, and facilitates connection between the family and the mediator/hearing.
- Lead Agency investigates administrative complaints when filed.
- Lead Agency aggregates data/results from formal/informal complaints and due process hearings to identify or emphasize areas that need attention during on improvement plans and to inform management of provider contracts.
- When non-compliance or areas needing improvement are identified, CAPs and enhancement plans are written.
- Lead Agency ensures correction of non-compliance as required.

- Lead Agency maintains a complaint log and ensures timeliness of completing findings/resolutions.
- Lead Agency analyzes data to modify policies, procedures and practices, as necessary.

**I. Data Collection for SPP/APR**

1. Idaho Infant Toddler Program enforces compliance and performance through the following:
  - a. Reporting Data to the Public.
  - b. Using results of program self-assessment to identify non-compliance, target technical assistance, and support programs in developing meaningful and effective improvement plans.
  - c. Reviewing the following with the Infant Toddler Coordinating Council: Systemic non-compliance or low performance and resulting corrective actions required. These may be identified through review of web-based data, program self-assessment, complaints, and due process activities.
  
2. In instances where correction of non-compliance does not occur within 12 months of identification, Lead agency will take one or more of the following enforcement actions:
  - a. Advise the region of available sources of technical assistance.
  - b. Direct the use of regional program funds on areas in which the region needs assistance.
  
  - c. Require the region to prepare a corrective action plan, an improvement plan, and/or to enter into a compliance agreement with the Lead Agency involving upper level administrators.
  - d. In extreme instances, the Lead Agency may withhold Part C funds to the region.
  
3. Regional programs will impose the following hierarchy of monitoring and enforcement actions for contracted services:
  - a. Monitoring of contracts at least every six months.
  - b. Releasing payments only upon receipt of documentation of actual service provision.
  - c. Denying or recouping payment for services for which non-compliance is documented.
  - d. Halting new referrals until deficiency is substantially remediated by the contractor.
  - e. Amending the provider contract to shorten the term by revising the ending date.
  - f. Termination or non-renewal of the provider contract.
  - g. After written notification of impending enforcement action, the Contractor has the opportunity to meet with the Lead Agency staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be required to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

**B-13(b) LEAD AGENCY: COORDINATION OF RESOURCES (§ 303.120)**

Assurances

The State of Idaho, Department of Health and Welfare services are provided by seven administrative regions. Each geographic region has an early intervention program with satellite and outreach programs. The Department of Health and Welfare, with input from the Infant Toddler Coordinating Council, considers various formulas to distribute funds including equal distribution based on geographic region,

a census formula of the regions' percentage of total live births, regional child count of eligible children receiving services, etc. to assure equitable distribution of resources and personnel according to identified needs.

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

Each Regional Early Childhood Committee is required to prepare a periodic application for funds for planned activities to meet regional coordination goals. These funds are overseen by the Infant Toddler Coordinating Council.

### **B-13(d) LEAD AGENCY: RESOLUTION OF DISPUTES AMONG AGENCIES AND SERVICE PROVIDERS (§ 303.120)**

#### Assurances

The Idaho Department of Health and Welfare has procedures for:

- Receiving and resolving any complaint that one or more requirements of this part are not being met.
- Conducting an independent on-site investigation of a complaint if the lead agency determines that on-site investigation is necessary.
- Informing parents and other interested individuals about the complaint procedures.
- The lead agency widely disseminates information regarding complaint procedures to parents and other appropriate entities and interested individuals. Distribution includes information in parent training by Idaho Parents Unlimited (through collaboration with the Infant Toddler Program) and information in the Parent's Rights brochures that are distributed to participating families with each Prior Written Notice. Complaint resolution procedures are also included in training for providers of all types offered by and about the Idaho Infant Toddler Program. Additionally, complaint procedures are reviewed with the Interagency Coordinating Council (ICC) and Regional Infant Toddler Committee at the time of member orientation.

#### Procedures

1. Any individual or organization may file a written signed complaint with the lead agency regarding the Part C system.
  - a. The complaint must include a statement that a public agency or provider violated the requirements of Part C statute or regulations.
  - b. The complaint must include facts to support the complaint.
  - c. The incident on which the complaint is alleged must have occurred no more than one year before the date the complaint is received, unless:
    - i. The alleged violation is ongoing; or
    - ii. The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint was received.

2. The lead agency:
  - a. Determines the need for on-site investigation.
  - b. Conducts on-site investigation when necessary.
  - c. Interviews complainant and others as necessary during the fact-finding process.
  - d. Gives the complainant the opportunity to submit additional information, either orally or in writing, about allegations in the complaint.
  - e. Reviews all relevant information and makes an independent determination whether the public agency is violating a requirement of Part C or the regulations.
  
3. The lead agency issues a written decision within 60 days after receiving the complaint that addresses each allegation in the complaint and contains:
  - a. Findings of fact and conclusions.
  - b. Reasons for the lead agency's final decision.
  
4. Information about findings made and action taken by the administrative system is made available to both the Infant Toddler Coordinating Council (ITCC) and the public. Accordingly, the Department shall:
  - a. Send to the Infant Toddler Coordinating Council annual reports, excluding information identifying children and families, of findings made and actions by the system.
  - b. Maintain a central file reflecting all findings made and actions taken by the system. A copy of this file, with all identifying information deleted, will be accessible to the public.
  
5. Complaints will be resolved within 60 calendar days unless exceptional circumstances with regard to the complaint require a maximum extension of 60 days.
  
6. The lead agency will provide technical assistance activities, negotiations and corrective actions to achieve compliance, if needed, for effective implementation of the lead agency's final decision.
  
7. If a written complaint is received that is also the subject of a due process hearing, or that contains multiple issues, one or more of which are part of that hearing, the state must set aside any part of the complaint that is addressed in that due process hearing until the conclusion of the hearing. However, any issue of the complaint that is not a part of the due process action must be resolved within the 60 calendar day timeline using the previously described procedures.
  
8. In resolving a complaint in which it finds a failure to provide appropriate services, the lead agency addresses:
  - a. How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and family.
  - b. Appropriate future provision of services for all infants and toddlers with disabilities and their families.

## **B-13(c,e,f) LEAD AGENCY: INTERAGENCY AGREEMENT, RESOLUTION OF DISPUTES, ASSIGNMENT OF FISCAL RESPONSIBILITY (§ 303.120)**

### Assurances

The Department of Health and Welfare assures the maintenance of interagency agreements with other state agencies involved in the early intervention system to define roles and financial responsibilities of each agency paying for early intervention services consistent with Idaho law and Part C regulations.

### Procedures

1. Each interagency agreement includes procedures for timely resolution of interagency disputes regarding payment or other aspects of early intervention services.
2. Each interagency agreement permits agencies to resolve internal disputes in a timely manner based on agency procedures included in the agreement.
3. Each agreement includes the process the lead agency will follow in achieving resolution of intra-agency disputes if agency is unable to resolve its own disputes.
4. Each agreement includes any components necessary to ensure effective cooperation and coordination among all agencies involved in the early intervention system.

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

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

The Interagency Agreement includes a provision that, to the extent necessary to ensure compliance **with its action, the lead agency refers dispute issues first to the Infant Toddler Coordinating Council.**

**After reviewing all aspects of the issue, the Council makes recommendations for resolution to the Director. Subsequently, decisions by the Director of the lead agency may be referred to the Office of the Governor.**

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

### Assurances

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

### Procedures

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

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

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

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

## **B-15 REIMBURSEMENT PROCEDURES (§ 303.122)**

### Assurances

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

### Procedures

- A. The lead agency, with assistance from the Infant Toddler Coordinating Council, has the responsibility for identifying and coordinating all available resources for early intervention services within the state, including those from the following federal, state, local, and private sources:
  1. The Idaho Infant Toddler Program federal grant from US Department of Education.
  2. State General Funds including specific funds to serve infants and toddlers with disabilities and their families.
  3. Early Periodic Screening Diagnosis & Treatment (EPSDT), Medicaid, and Medicaid Waivers.
  4. Social Security Supplemental Income under the Social Security Administration.
  5. The Bureau of Clinical and Preventative Health Services through the Maternal and Child Health (MCH) Title V Block Grant funds, including Woman, Infants, and Children (WIC), Newborn Screening Special Health Care Programs, Home Visiting Program.

6. State Department of Education, Part B, Section 619 of the Individuals with Disabilities Education Act and Even Start.
  7. District Health Departments.
  8. Idaho Council on Developmental Disabilities.
  9. Head Start including Migrant and Seasonal Head Start and Native American Head Start.
  10. Bureau of Indian Affairs and Indian Health Services.
  11. Private resources such as Elks Rehabilitation Center, Hospital NICUs, local high-risk clinics, diagnosis-specific support groups such as the Epilepsy League, United Cerebral Palsy, ARC, etc.
  12. The Bureau of Family and Community Services (Social Services Block Grant) including Child Welfare.
  13. The Child Care and Development Grant.
- B. In accordance with state and local interagency agreements, Part C funds may be used to provide a free and appropriate public education in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year. Additionally, Part B funds may be used to provide a free and appropriate public education to two-year-old children with disabilities who will reach age three during the school year, whether or not such children are receiving, or have received, services under Part C.
- C. The lead agency has the responsibility for updating the information on funding sources if legislative or policy change is made under any of those sources.
- D. The system for delivery of services in a timely manner pending the resolution of disputes among agencies or service providers is the responsibility of the Department of Health and Welfare and includes:
1. The lead agency will ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.
  2. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision.
  3. In final determination of eligibility and financial responsibilities the assigned agency will make arrangements for reimbursement of any expenditures incurred by the agency originally assigned the responsibility, including Part C.
  4. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days.
  5. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare.
  6. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.

- E. The Department of Health and Welfare, as the lead agency, assures the reimbursement of agencies for the timely provision of services to infants and toddlers deemed eligible for early intervention services. If reimbursements are not made in a timely manner, the procedures include the following steps:
1. Contact will be made by the Infant Toddler Program Manager with the appropriate personnel at the state agency of the given program.
  2. If the issue is not resolved, then the director of the Department of Health and Welfare or his designee will contact the respective director of the state agency to solve the problem.
  3. If request for funding is necessary, the request will be made by the Department to the Governor, Joint Finance Appropriation Committee, and Idaho Legislature.
  4. Specific procedural requirements are established through interagency agreements to:
    - a. Assign financial responsibility to appropriate agencies.
    - b. Resolve interagency and intra-agency disputes.
    - c. Secure timely reimbursement of funds.
    - d. Assure that the control of funds and property bought with funds be maintained in a public agency.
    - e. Assure that Part C funds do not supplant or commingle with existing federal, state and local funds.
- F. To the extent necessary to ensure compliance with its action, the lead agency refers to the Infant Toddler Coordinating Council or the Governor, and implements necessary procedures for the delivery of services in a timely manner.

## **B-16 PROCEDURAL SAFEGUARDS (§ 303.123)**

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

- Meet the requirements of IDEA, Part C.
- Ensure effective implementation of the procedural safeguards by each public agency involved in the provision of the early intervention system.
- Ensure confidentiality of family information.
- Assure that parents (including surrogate parents) receive prior written notice of action being taken by the program, detailing content in native language, and obtain consent to the provision of services through the IFSP process.

### **A. Definitions**

1. "Confidentiality" ensures the protection of any personally identifiable data, information, and records collected or maintained by participating agencies, including the state lead agency and early intervention providers in accordance with the protections under the Family Education Rights and Privacy (FERPA) in 20 U.S.C 1232g and 34 CFR part 99.
2. "Consent" means that:
  - a. The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or normal mode of communication.
  - b. The parent understands and agrees in writing to carrying out the activity for which consent is sought. The consent describes that activity and lists the records (if any) that will be released and to whom.

- c. The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
  - d. The parent has the right to determine whether the infant or toddler or other family members will accept or decline an early intervention service under this part in accordance with state law, without jeopardizing other early intervention services under this part.
  - e. The parent has the right to decline any early intervention service after first accepting the service without jeopardizing other early intervention services.
3. "Destruction of records" means the physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.
  4. Disclosure: To permit access to or the release, transfer, or other communication of personally identifiable information contained in education records by any means, including oral, written, or electronic, to any party except the party identified as the party that provided or created the record.
  5. Early intervention records: All records regarding a child that are required to be collected, maintained, or used under IDEA, Part C and its implementing regulations.
  6. Native language, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part.
  7. Participating Agency: Any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the requirements of IDEA, Part C and its implementing regulations with respect to a particular child. A participating agency includes the Infant Toddler Program, service providers, and any individual entity that provides Part C services (including service coordination, evaluations and assessments, and other Part C services), but does not include primary referral sources, or public agencies (such as State Medicaid) or other private entities that act solely as funding sources for Part C services.
  8. Personally identifiable means information including:
    - a. The name of the child, the child's parent or other family member.
    - b. The address of the child.
    - c. A personal identifier, such as the child's or parent's social security number.
    - d. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.
  9. Surrogate Parent: Person assigned to represent the child whenever the parents are not known or cannot be found, or when the child is a ward of the state.

## **B. Parent Consent**

1. As parents voluntarily participate in Part C early intervention services, the parent's informed written consent must be obtained prior to the following:
  - a. Administering screening to determine whether a child is suspected of having a developmental delay or disability.
  - b. Conducting the initial evaluation or re-evaluation.
  - c. Conducting a family assessment.
  - d. Initiating provision of early intervention services.
  - e. Using public benefits or insurance or private insurance to pay for services.
  - f. Releasing personally identifiable information.

2. If parent does not give consent, the public agency:
  - a. Makes an effort to ensure that the parent understands his or her child will not be able to receive screening, evaluation, assessment or other services without consent.
  - b. Makes an effort to ensure that the family is fully aware of the nature of the screening, evaluation, assessment or services that would be available if consent was given.
  
3. In the event the parent refuses consent for initial evaluation/assessment, no action is taken to coerce a parent to accept the evaluation other than in a circumstance where refusal to consent to such procedures constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code Sec. 16-1601, et seq.
  - a. If the service coordinator believes that such refusal to consent is within the statutory definition of neglect or abuse, above, the parent is so notified and a referral is made immediately, verbally and/or in writing, to Child Protection Services.
  - b. Evaluation/assessment may be provided without parental consent only when ordered by a court of competent jurisdiction.
  - c. Guardian(s) appointed by a court of competent jurisdiction may consent for such evaluation/assessment.

### **C. Surrogate Parents**

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

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

#### D. Prior Notice

1. Prior written notice is given to parents a reasonable time before a public agency or service provider proposes OR refuses to initiate or change identification, evaluation, or placement of the child, or provision of early intervention services to the child and/or family.  
Appropriate occasions for notice may include but are not limited to:
  - a. The family's initial contact with the early intervention system.
  - b. The initial evaluation and assessment is proposed or refused.
  - c. A change in services or placement is proposed or refused, including transition.
  
2. Content of prior written notice:
  - a. A description of the action proposed or refused by the agency.
  - b. An explanation of why the agency proposes or refuses to take the action.
  - c. A description of any other options that the agency considered and the reasons why those options were rejected.
  - d. A description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action.
  - e. A description of any other factors relevant to the agency's proposal or refusal.
  - f. A statement that the parents of a child with a disability have protection under the procedural safeguards of this part, including a description of mediation, state complaint and due process hearing procedures, and how to file a complaint, and the timelines for those procedures.
  - g. Sources for parents to contact to obtain assistance in understanding the provisions of this part.
  
3. Notice shall be:
  - a. Written in language understandable to the general public.
  - b. Provided in parent's native language, unless not feasible and if parent's native language or other mode of communication is not written, public agency or designated service provider takes steps to ensure:
    - i. That the notice is translated orally or by other means to parent in parent's native language or mode of communication.
    - ii. Parent understands notice.
    - iii. There is written evidence that these requirements have been met.
    - iv. If parent is deaf or blind, or has no written language or mode of communication, notice is in language or mode of communication normally used by parent.

#### E. Opportunity to Examine Records

1. Except as provided in 3 below, parents are afforded the opportunity to examine, inspect and review any records regarding their family and child that relate to:
  - a. Screening, evaluation, assessment, eligibility determinations, and the development and implementation of the IFSP.
  - b. Provision of service.
  - c. Individual complaints dealing with the family or child.
  - d. Any other records of the early intervention program involving the child and the child's family.
  
2. Parents are entitled access to records collected, maintained, or used by the lead agency, other public agency and/or a service provider which relate to their child or family.
  
3. When a parent asks to review a record, the agency or service provider maintaining the records must comply without unnecessary delay and before any meeting regarding an IFSP or hearing related to identification, evaluation, placement, or provision of services for the child and family and, in no case, more than 10 calendar days after the request has been made.

- a. The right to review includes:
    - i. The right to a response to a reasonable request for explanations and interpretations of the records.
    - ii. The right to obtain initial copies of the record at no charge.
    - iii. The right to have a representative of the parent's choosing review the record.
    - iv. The right to inspect and review only the information relating to their child in a record containing information on more than one child, or to be informed of that specific information.
  - b. The agency presumes the parent has authority to inspect/review records related to the child unless the agency has been advised the parent does not have the authority under state law governing guardianship, separation, and divorce.
4. Each participating agency may charge a fee for copies of records in excess of 100 pages if fee does not prevent parents from exercising their right to inspect or review records. A fee may not be charged to search for or retrieve information.
5. A parent may request that information in a record be amended or deleted if it is inaccurate, misleading, or violates the privacy or rights of the child or child's family.
- a. When amendment or deletion is requested the agency or provider shall act on the request within a reasonable period of time after it receives the request.
  - b. If the request to amend or delete is refused, the agency or provider shall:
    - i. Inform the parent.
    - ii. Notify the parent that he may request a hearing to challenge information in the record. A hearing is conducted under procedures set forth in the Family Education Rights and Privacy Act (FERPA).
  - c. If, following a hearing, it is determined that information in the record is inaccurate, misleading or violates privacy or other rights of the child, the agency shall amend the record and inform the parents in writing of the amendment.
  - d. If the parent chooses not to request a hearing, or if the record is not altered as a result of the hearing, the parent may place in the involved record a corrective statement commenting on the information in the record or a statement setting forth why the parent disagrees with the decision on appeal.
    - i. The corrective statement is maintained by the agency as long as the child's record is maintained.
    - ii. If the disputed information is ever disclosed by the agency or provider, the parental statement shall also be disclosed.
6. The lead agency, public agency or private provider of Part C services provides parents upon request a list of the types and locations of records collected, maintained or used by public agencies and service providers.

**F. Confidentiality**

- 1. Details of public notice to parents regarding identification, location, and assessment of children can be found in the Comprehensive Child Find System section of the application.
- 2. The Department of Health and Welfare, the lead agency, ensures the protection of personally identifiable information which is collected, used, or maintained concerning a child, the child's parent or another family member. Personally identifiable information is confidential. Confidential information is protected and is not released, as provided by Idaho Code 9-340 and any regulations adopted pursuant to that statute. The lead agency also ensures the right of parents or guardians to receive written notice of the exchange of personally identifiable information and the right for parents or guardians to consent to the exchange of this information consistent with federal and state law.

3. IDAPA Rules 16.05.01- 300 apply regarding disclosures.
  - a. Parents are informed, as soon as practicable, of disclosures made without their prior consent under the circumstances in the disclosure rules.
  - b. All such disclosures are noted in the child's or family's records.
4. A log is kept and is accessible to parents, of all disclosures made pursuant to the general release. The log includes the purpose for which the party is authorized to use the record, the name of the person to whom information is disclosed, and the date of disclosure.
5. Parental consent is required before personally identifiable information is disclosed to anyone other than an official of the participating agency collecting or using this information. Parental consent must be obtained if personally identifiable information is to be used for any purpose other than meeting requirements under Part C.
  - a. Parents are informed by the public agency or service provider of their right to refuse to sign such release and such notice will be on each release form.
  - b. The release shall name with specificity all agencies, providers, and individuals (by name or position) to whom information may be disclosed, specific type of information to be disclosed, and the purpose of the disclosure.
  - c. Parents may limit the information disclosed and to whom by so indicating in writing.
  - d. All such releases of information are revocable at any time and shall so state. No consent for the release of information is valid for more than 12 months.
  - e. Information from the record shall not be released to participating agencies without parental consent unless authorized to do so under Family Education Rights and Privacy Act (FERPA), Section 99.31.
6. If parents refuse to consent to the release of information, the family is informed by the public agency or service provider regarding the potential benefit of releasing the information and the possible adverse effect of refusal.

No action is taken to coerce a parent to consent to release information except in a circumstance where refusal to consent constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code, Section 16-1601, et seq.

- a. If the service provider believes that such refusal to consent is within the statutory definition of neglect or abuse above, the parent is notified and referral made immediately, verbally or in writing, to Child Protection Services.
  - b. Information may be released without parental consent only according to procedure 5e above, or when ordered by a court of competent jurisdiction.
7. The lead agency's procedures on confidentiality meet the requirements of Section 300.610-.627 with the following modifications:
    - a. State educational agency means the lead agency under this part (Idaho Department of Health and Welfare).
    - b. Special education, related services, free appropriate public education, free public education, or education means "early intervention services" under this part.
    - c. Participating agency, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part.
    - d. Reference to Section 300.111 (Identification, Location and Evaluation of Disabled Children) means Sections 303.115 and 116 (Comprehensive Child Find System).
    - e. Reference to Section 300.610 (Confidentiality of Personally Identifiable Information) means Section 303.402 (Confidentiality of Information).

8. To safeguard confidentiality of personally identifiable information, each participating agency:
  - a. Ensures records are maintained in a secure location.
  - b. Ensures protection of personally identifiable information at collection, storage, disclosure and destruction stages.
  - c. Appoints one official of the agency to assume responsibility for insuring confidentiality of personally identifiable information.
  - d. Provides training and instruction to all persons collecting or using personally identifying information.
  - e. Maintains for public inspection a current list of names and positions of employees who have access to personally identifiable information.
  - f. Informs parents at exit from early intervention that personally identifiable information will be destroyed when it is no longer needed to provide services to the child (six years after Program exit).
  - g. Assures that information which is no longer required is destroyed at the request of the parent or six years after the child leaves services (permanent records of child's name, address, phone number, program, program location and year completed may be maintained without time limitation).
  - h. Includes sanctions to insure policies and procedures are followed, such as employee discipline pursuant to the Idaho Personnel Commission rules and, in the case of contract providers, contract modification or revocation.
  
9. Confidentiality requirement under Part C, IDEA starts from the when a child is referred for services until the later of when the participating agency is no longer required to maintain or no longer maintains that information under applicable federal and state laws.

**G. Administrative Procedures for Resolving Parents' Complaints**

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

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

#### **H. Mediation**

1. A mediation process is available as a supplement to the formal hearing process, is available prior to the filing of a due process hearing, and may be voluntarily chosen by the parent. The procedures shall ensure that the mediation process:
  - a. Is voluntary on the part of the parties.
  - b. Is not used to deny or delay a parent's right to a due process hearing or to deny any other rights.
  - c. Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

Mediation cannot be used to deny or delay a parent's right to an impartial due process hearing or any other rights afforded under Part C, IDEA. A parent can request mediation alone or simultaneously with a request for an impartial due process hearing and may refuse or withdraw from the mediation process at any time. A parent may also request mediation when filing an administrative complaint.

2. The Infant Toddler Program shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Infant Toddler Program shall bear the cost of the mediation process, including the costs of meetings.
4. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.
5. The mediation process shall be completed within 30 calendar days of the receipt for mediation unless a request for mediation, an impartial due process hearing, or complaint investigation was requested at the same time.
6. An agreement reached in the mediation process by the parties to the dispute shall be set forth in a written mediation agreement.
7. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of such process and must not have a personal or professional interest that conflicts with the person's objectivity.
8. The Infant Toddler Program will select mediators on a random, rotational, or other impartial basis.

## **B-17 SYSTEM FOR DATA COLLECTION (§303.124)**

### Assurances

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

### Procedures

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

Providers, public and private, are informed in writing of data collection requirements and timelines for submission. Provider agreements address compliance requirements and confidentiality concerns. Due to the limited population of Idaho, the use of sampling methods is not routinely used. Data is collected and entered at seven regional sites by individual providers and is available online to central office for a statewide analysis of data. A research analyst prepares federal reports, evaluates and monitors

compliance and consistency in data collection and analysis methodology and assists in system planning through evaluation of program efficacy, service utilization, etc. Sources of information submitted for data collection include but are not limited to the following:

- The Department of Health & Welfare Adult/Child Development Centers
- Idaho Educational Services for the Deaf and Blind regional programs
- Private developmental disability centers
- Migrant and Seasonal and Native American Head Start Programs
- Early Head Start Programs

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

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

## **B-18 STATE INTERAGENCY COORDINATING COUNCIL (Infant Toddler Coordinating Council) (§303.125)**

### Assurances

In Idaho, the Council is mandated by Idaho Code, Title 16, Chapter I, Sections 16 105 and 16 106, which specify membership requirements for appointment by the Governor and duties of the Council. Under Executive Order No. 2006-12, the Council consolidated membership and mission with a Governor- appointed Task Force on Early Care and Learning, was renamed the Early Childhood Coordinating Council (EC3), and merged with the Head Start Collaboration Advisory Council. In 2016, the EC3 was disbanded due to fiscal changes. Therefore, the Infant Toddler Program created the new Infant Toddler Coordinating Council (ITCC) in August of 2016. The ITCC membership meets the following:

- Parents: 20 percent are parents, including minority parents, of infants and toddlers with disabilities, or children 12 years of age or younger with disabilities, who have knowledge of or experience with programs for infants and toddlers with disabilities. At least one of these parents is the parent of an infant or toddler, or a child age 6 or younger, with a disability.
- Service providers: Not less than 20 percent of the members shall be public or private providers of early intervention services.
- State legislature: Not less than one member shall be from the state legislature.
- Personnel preparation: Not less than one member shall be involved in personnel preparation.
- Agency for early intervention services: Not less than one member shall be from each of the state agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.
- Agency for preschool services: Not less than one member shall be from the state educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.
- State Medicaid agency: Not less than one member shall be from the agency responsible for the State Medicaid and CHIP program.
- Head start agency: Not less than one member shall be a representative from a Head Start agency or program in the state.
- Child care agency: Not less than one member shall be a representative from a state agency responsible for child care.
- Agency for health insurance: Not less than one member shall be from the agency responsible for the state regulation of health insurance.

- Office of the coordinator of education of homeless children and youth: Not less than one member shall be a representative designated by the Office of Coordinator for Education of Homeless Children and Youths.
- State foster care representative: Not less than one member shall be a representative from the State child welfare agency responsible for foster care.
- Mental health agency: Not less than one member shall be a representative from the state agency responsible for children's mental health.
- Other members: The Council includes other members selected by the Governor, including representatives from other professional organizations or entities who have interest and investment in early intervention and other early childhood policies and services, including the Bureau of Indian Affairs (BIA), or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

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

Notice of meetings and agendas are mailed at least two weeks prior to meeting dates to the following: Family and Community Services (FACS) Program Managers; Regional Early Childhood Committee Chairpersons; Hub Supervisors; Division Administrator of FACS and members of the committees of the Department of Health and Welfare; the Council on Developmental Disabilities; and Idaho Parents Unlimited. Meetings are open and accessible and as necessary, the Idaho Registry of Interpreters for the Deaf is available to provide information for arranging for interpreters for the deaf and other necessary services for both Interagency Coordinating Council members and other participants. Payment for the services is included in Council meeting expenses.

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

*Use of funds by the Council*

1. General. Subject to approval by the Governor, the Council may use funds under this part:
  - a. To conduct hearings and forums.
  - b. 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).
  - c. 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.
  - d. To hire staff.
  - e. 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.
2. Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part.

The Council's duties and responsibilities are to assist the lead agency and all other appropriate agencies in ensuring the joint development, implementation and maintenance of policies for a statewide system of programs providing early intervention services. The Council assists the lead agency in achieving the full participation, coordination and cooperation of all appropriate public agencies in the state. The Council assists the lead agency in implementation of the Early Intervention System by establishing processes that include seeking information from service providers, service

coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery. The Council also establishes processes to take steps to ensure that policy problems identified are resolved. The interagency agreement specifies roles and responsibilities of the participating agencies related to the specific services required and provides guidance for their implementation including procedures for dispute resolution.

If dispute resolution is not achieved at the level of the local unit and Regional Committee, the issues for arbitration shall be presented to representatives from the Governor's Infant and Toddler Interagency Coordinating Council. After reviewing all aspects of the issue, the Council representatives shall make a recommendation for resolution to the Director of the lead agency.

The Council advises and assists the lead agency and other agencies responsible for the provision of early childhood services regarding appropriate services for children ages 0-8. Additionally, the Council advises and assists the State Department of Education regarding the transition of toddlers with disabilities to preschool services under Part B and other appropriate services to the extent appropriate.

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

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

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

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

## **B-19 EARLY INTERVENTION SERVICES IN THE NATURAL ENVIRONMENT (§ 303.126)**

### Assurances

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

## Procedures

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

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

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

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

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

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

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

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

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

## **B-20 EXPENDITURE OF FUNDS (§ 303.221)**

### Assurances

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

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

## **B-21 PAYOR OF LAST RESORT (§ 303.222)**

### Assurances

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

### Procedures

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

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

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

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

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

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

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

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

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

The Interagency Agreement includes a provision that, to the extent necessary to ensure compliance with its action, the lead agency refers dispute issues to the Infant Toddler Coordinating Council and after reviewing all aspects of an issue; the Council makes recommendations for resolution to the Director.

Subsequently, decisions by the Director of the lead agency may be referred to the Office of the Governor.

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

### Assurances

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

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

## **B-23 REPORTS AND RECORDS (§ 303.224)**

### Assurances

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

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

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

### Assurances

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

1. The federal funds made available under section 643 of IDEA to the State:
  - a. Are not commingled with State funds.
  - b. Are used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds.
2. To meet the requirement in the above paragraph, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under Part C of IDEA and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for:
  - a. A decrease in the number of infants and toddlers who are eligible to receive early intervention services under Part C of IDEA.
  - b. Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.
3. Except as provided in the paragraph below, ITP under Part C of IDEA does not charge indirect costs to its Part C grant.
4. ITP has an approved indirect cost rate through the Department of Health and Welfare as the lead agency's cognizant federal agency. The lead agency charges indirect costs through a restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569.
5. In charging indirect costs, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.

## **B-25 FISCAL CONTROL (§ 303.226)**

### Assurances

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

## **B-26 TRADITIONALLY UNDERSERVED GROUPS (§ 303.227)**

### Assurances

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

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

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

### Assurances

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

**C. Certifications**

The State Lead Agency is providing the following certifications:

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

**D. Statement**

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

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistently with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended), and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2021. (34 CFR §76.104)

I, the undersigned authorized official of the

Idaho Department of Health and Welfare,

Dave Jeppesen, Director

am designated under Part C by the Governor of this State to submit this application for FFY 2020 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State:  Dave Jeppesen, Director	
Signature: 	Date: 4/20/20

### Section III

#### A. Description of Use of Federal IDEA Part C Funds for the State Lead Agency (LA) and the Interagency Coordinating Council (ICC)<sup>1</sup>

**Please Note: Completion of Section IIIA is required for all States, regardless of lead agency.**

When completing this section include:

- Totals for the number of lead agency and ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Federal IDEA Part C funds;
- A general description of the duties which the positions entail;
- A distinction between lead agency and ICC roles: insert (LA) or (ICC) in the “Description of Duties;” after each position; and
- A subtotal of the amount.

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

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds				
32% funded with Part C Funds	17.65 FTE	100% for 17 staff, and 15% for 1 staff, and 50% for 1 staff		<p>Program Managers: (2) 1-General supervision and management of statewide program operations, personnel, and implementation of direct services and service coordination. 1-Central office general oversight and monitoring of policy development and related activities; assure compliance to regulations; provide technical assistance to participating providers; federal coordination/communication; central office staff coordination, technical assistance, and program representation to policymakers, advocates, etc.</p> <p>Research Analyst, Sr. (1): Standard child count and data reporting procedures; federal reporting; staff support for implementation of data system; compile screening and tracking data from developmental monitoring system; prepare case study and follow along data; analysis of program data; information dissemination; training and technical assistance; performance reports,</p>

<sup>1</sup> Federal IDEA Part C funds used to support the SICCC must meet the requirements of 34 CFR §303.603.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
				<p>database development and maintenance. Outcomes data collection and reporting.</p> <p>Program System Specialist-Automated (1): System support and table maintenance for automated data system; assure integrity in billing and claims process,; provide technical assistance and training for data system users and billing clerks; reconcile errors in claims; serve as liaison to third party payees to clarify coding or other system issues; coordinate with the Central Revenue Unit; represent the business in data system development and conduct system and user testing; generate related reports as needed.</p> <p>Central Office Program Specialists (2.5): Maintain and update implementation manual; provide training and ongoing technical assistance to regional personnel and providers; coordinate and facilitate monitoring of compliance and performance and oversee the development of Corrective Action Plans and program evaluation. Complete necessary analysis of data and develop portions of the State Performance Plan and Annual Performance Report. Quality assurance, quality improvement activities; professional development activities; develops standardized professional development materials; provides trainings at the state and local levels; State Systemic Improvement Plan activities.</p> <p>Central Office ICC Coordinator (.5): Staff to support the Infant Toddler Coordinating Council (ITCC), assist with ITCC activity arrangements, processing payments, communication, etc., and support local Regional Early Childhood Coordinating Committee (RECC) chairs.</p> <p>Central Office Child Find Coordinator (.15): Child find outreach; management of Developmental Milestones Program; interagency coordination; and education and outreach; data system business lead.</p> <p>Administrative Assistant (1.5): Office coordination; correspondence; generate reports; meeting coordination/ scheduling, and support to Infant Toddler Program managers and staff.</p> <p>Human Services Program Supervisor (6): Recruits, hires, trains, and supervises front line</p>

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
				<p>therapists for each regional area; coordinates schedules and workloads; assuring equitable distribution of resources across all regional service areas; assures implementation of evidence-based practice models and quality practices that produce favorable outcomes for infants and toddlers and families; develops and tracks data reports to monitor performance and compliance; facilitate team meetings and multi-disciplinary team meetings; provides program technical expertise, training, and technical assistance to front line therapists.</p> <p>Program Supervisor (3): Plans and implements required program operations across designated geographical hub; recruits, hires, trains, and supervises local supervisors, team leads, and other team members for each geographical hub; coordinates schedules and workloads; assuring equitable distribution of resources across all geographic service areas; supports development of service partnerships with agencies that serve young children; assures implementation of evidence-based practice models and quality practices that produce favorable outcomes for infants and toddlers and families; monitors budget expenditures and authorization of services within contract and budget limits; assures compliance with regulatory and quality indicators of performance; develops and tracks data reports to monitor performance and compliance; coordinates with ITPKIDS training and technical assistance supports for Hub providers, identify training needs and develop annual training plan, provides program technical expertise, training, and technical assistance to front line supervisors and field staff.</p>
<b>Subtotal of amount under A:</b>			\$491,983	

**Section III (Continued)**

**B. Maintenance and Implementation Activities for the Lead Agency and the ICC**

When completing this section include:

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

**Special Note: Prior Approval**

Some activities or expenses<sup>2</sup> require prior approval. These items include using Federal IDEA Part C funds for: (1) equipment (with per unit costs of \$5,000 or more); (2) participant support costs (such as training or travel costs for non-employees); (3) construction or renovation of facilities; or (4) rent, occupancy or space maintenance costs. On October 29, 2019, OSERS released *Frequently Asked Questions (FAQs) Prior Approval – OSEP and RSA Formula Grants* which details prior approval flexibilities for **equipment and participant support costs** and describes the parameters under which OSEP has provided prior approval for a subset of these costs. Please review this FAQ at) prior to completing Section III. B. For any activity or expense listed under Section III of this application that falls outside the scope of the FAQ and requires OSEP prior approval, mark an "X" in the chart below. Although the State will be required to submit supporting documentation for any expenses that require OSEP prior approval, you do not need to include this documentation with Section III.

**Approval of the State's FFY 2020 application and Section III does not constitute OSEP's approval of these expenses.**

*(Add rows as needed)*

Major Activity	Part C Funds to be Spent	Description of Activities	Prior Approval Needed
Part C Central Operations	\$53,000	Telephone expenses, printing costs, public hearing expenses, supplies, postage, educational materials, and state staff travel expenses. Data System maintenance.	
Part C Personnel Development	\$10,000	Support/provide training and consultation for state staff Part C supervisors, state staff program specialists and state staff and contracted early intervention providers.	
Part C Public Awareness	\$3,000	Support reprint and dissemination of public awareness materials. Publicly announce child find activities and requirements of the system. Coordinate public awareness efforts.	

<sup>2</sup> IDEA and the Uniform Guidance require prior approval for the following expenses: (1) equipment (tangible personal property (including information technology systems) having a useful life of more than one year and a per unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the nonfederal entity for financial statement purposes, or \$5,000 (see 2 CFR §200.33)); (2) participant support costs (direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees), in connection with conferences or training projects 2CFR §200.75; (3) construction/renovation (see 2 CFR §200.12(b)); and (4) rent (see 2 CFR §200.465)).

Major Activity	Part C Funds to be Spent	Description of Activities	Prior Approval Needed
Infant Toddler Coordinating Council (Idaho's ICC)	\$17,097	Travel, per diem, and meeting expenses for Council meetings and Executive Committee meetings, parent stipends for lost wages, reimbursement of child care for parent members, postage and printing, out-of-state travel expenses for national meetings, conference calls, and printed materials.	
<b>Subtotal of amount under B:</b>	\$83,097		

**Section III (Continued)**

**C. Direct Services (Funded by Federal IDEA Part C Funds)**

When completing this section include:

- A description of any direct early intervention service that the State lead agency expects to provide to eligible children and their families with Federal IDEA Part C funds;
- The approximate amount for each direct service (States must disaggregate by service the approximate amount of Federal IDEA Part C funds expected to be expended for each direct service; and
- A subtotal of the amount.

*(Add rows as needed.)*

<b>Description of Each Direct Early Intervention Service</b>	<b>Approximate Amount of Federal IDEA Part C Funds to be Spent on Each Direct Service</b>
Provision of family education by lead agency personnel or contractors (Developmental Specialists)	\$658,878
Provision of occupational therapy services by lead agency personnel or contractors (Occupational Therapists, Physical Therapists, and Speech Language Pathologists)	\$703,033
Provision of Family Training, Counseling, and Home Visits by lead agency personnel or contractors (Clinician)	\$112,256
<b>Subtotal of amount under C:</b>	<b>\$1,474,167</b>

**Section III (Continued)**

**D. Activities by Other State Agencies**

If State agencies (other than the State lead agency) are to receive a portion of the Federal IDEA Part C funds and that amount is not already identified in Section III.C above, the State must include in this section:

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

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

State Agency Receiving Funds	Amount of Funds	Purpose
N/A	N/A	N/A
<b>Subtotal of amount under D:</b>	\$0	

**Section III (Continued)**

**E. Description of Optional Use of IDEA Part C Funds<sup>3</sup>**

In addition to using Federal IDEA Part C funds to maintain and implement the statewide system of early intervention, States may use funds for:

- expanding and improving on services for infants and toddlers and their families that are otherwise available; and
- initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers in any State that does not provide services for at-risk infants and toddlers. The application must include:
  - The name of the major activity;
  - The approximate amount of funds to be spent; and
  - A description of the activities.

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

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

<sup>3</sup> See IDEA section 638.

**Section III (Continued)**

**F. Totals**

Enter the subtotal amounts for Sub Sections A-E found in Section III and any indirect costs charged as specified in Section IV.B. The subtotal amounts (Rows 1-6) should total the estimated grant application amount. (A State may apply for less than the full estimated allotted amount.)

Row No.	Section	Amount
<b>Enter the subtotal amounts for Sub Sections A-E found in Section III of this application.</b>		
1.	III.A.	\$491,983
2.	III.B.	\$83,097
3.	III.C.	\$1,474,167
4.	III.D.	\$0
5.	III.E.	\$0
<b>Enter any Indirect Costs Charged (See Section IV.B of this application.)</b>		
6.	IV.B	\$582,024
<b>Total (Rows 1-6)</b>		<b>\$ 2,631,271</b>

## Section IV

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

The State

does (check as applicable)

does not (check as applicable)

have a system of payments for Part C services under 34 CFR §§303.203(b)(1), 303.500(b), 303.520, and 303.521 which may include the use of public benefits or insurance, private insurance or family fees, such as a sliding scale. Any family fees collected are treated as "program income" for purposes of 2 CFR §200.307(e) and 34 CFR §303.520(e) and are not included in the State's determination of State and local expenditures for purposes of 20 U.S.C. 1437(b)(5)(B) and 34 CFR §303.225(a) and (b).

*Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 3.a in Section II.A above.*

### B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

Under 34 CFR §303.225(c), a lead agency may not charge indirect costs to its Part C grant unless the lead agency charges indirect costs through either— (i) A restricted<sup>4</sup> indirect cost rate that meets the requirements in 34 CFR §§76.560 through 76.569; or (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR part 76 of EDGAR.

Check the applicable status below (more than one check mark may be necessary) and enclose appropriate documentation for this Federal Fiscal Year.

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

The lead agency is an State educational agency (SEA) and works directly with the U.S. Department of Education's Indirect Cost Unit to ensure that indirect costs are only charged on a restricted basis to the State's IDEA Part C grant.

The lead agency is not an SEA and has a final restricted indirect cost rate that has been approved by the State lead agency's cognizant Federal agency and is in effect for this FFY (ending on June 30, 2021). (The State must attach a copy of the approved restricted indirect cost rate agreement.)

The lead agency is not an SEA and has either a provisional or final restricted indirect cost rate that expires or expired on \_\_\_\_\_ and the State is in the process of negotiating a new restricted indirect cost rate agreement that will be in effect for the period \_\_\_\_\_.<sup>5</sup> The State lead agency will continue to charge or bill the Part C grant using the provisional or previously approved final restricted indirect cost rate until a new rate is negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in

<sup>4</sup> Charging indirect costs on a "restricted" basis is a key part of implementing the IDEA Part C requirement in IDEA section 637(b)(5)(B), which requires that federal funds be used to supplement (and not supplant) "State and local funds expended for infants and toddlers with disabilities and their families. The restricted indirect cost rate formula is described at 34 CFR §§75.564 and 76.565. The formula limits the general administrative costs that can be included in the indirect cost pool (numerator) and requires adjustments to the modified total direct cost (MTDC) base (denominator).

<sup>5</sup> A "provisional" indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year).

- light of the "final" rate. (The State must attach a copy of the previously approved restricted indirect cost rate agreement.)
- The lead agency is not an SEA and has a final cost allocation plan that has been approved by the State lead agency's cognizant Federal agency, which is US Department of Health and Human Services. The cost allocation plan charges costs only on a restricted basis and has also been approved by ED's Indirect Cost Unit. It is in effect for this Federal fiscal year (FFY) (ending on June 30, 2021). (The State must attach a copy of the approved cost allocation plan and approval documentation from both the lead agency's cognizant Federal agency and ED's Indirect Cost Unit.)